

# PROVIDERALERT



**To:** AmeriHealth Caritas Louisiana Providers

**Date:** July 29, 2024

**Subject:** Prior Authorization Service List

**Summary:** New Prior Authorization Requirements.

AmeriHealth Caritas Louisiana would like to make you aware of changes to the [Prior Authorization Service List](#) that has been approved by the Louisiana Department of Health, in accordance with La.R.S.46:460.54, effective for dates of service 8/28/2024 and after.

**Questions:** Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

**Missed an alert?** You can find a complete list of provider alerts on our website's [Provider Newsletters and Updates](#) page.

**Need to update your provider information?** Send full details to [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com).

Procedure Code	Procedure Code Description	Authorization Rules
<u>A4271</u>	Integrated lancing and blood sample testing cartridges for home blood g	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>A4438</u>	Adhesive clip applied to the skin to secure external electrical nerve stim	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>A4564</u>	<u>Pessary, disposable, any type</u>	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>E0736</u>	<u>Transcutaneous tibial nerve stimulator</u>	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>E0739</u>	Rehab system with interactive interface providing active assistance in re	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>E2104</u>	Home blood glucose monitor for use with integrated lancing/blood sam	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>E2298</u>	Complex rehabilitative power wheelchair accessory, power seat elevatio	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>K1037</u>	Docking station for use with oral device/appliance used to reduce upper	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>L1320</u>	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumfe	Prior authorization required for billed chargers greater than or equal to \$750.00
<u>C9166</u>	<u>Injection, secukinumab, IV, 1 mg</u>	Prior authorization required
<u>C9167</u>	<u>Injection, apadamtase alfa, 10 units</u>	Prior authorization required
<u>C9168</u>	<u>Injection, mirikizumab-mrkz, 1 mg</u>	Prior authorization required
<u>J0177</u>	<u>Injection, aflibercept HD, 1 mg</u>	Prior authorization required
<u>J0577</u>	Injection, buprenorphine extended-release (Brixadi), less than or equal t	Prior authorization required
<u>J0578</u>	Injection, buprenorphine extended-release (Brixadi), greater than 7 day	Prior authorization required
<u>J0589</u>	<u>Injection, daxibotulinumtoxina-lanm, 1 unit</u>	Prior authorization required
<u>J1202</u>	<u>Miglustat, oral, 65 mg</u>	Prior authorization required
<u>J1203</u>	<u>Injection, cipaglucoasidase alfa-atga, 5 mg</u>	Prior authorization required
<u>J1323</u>	<u>Injection, elranatamab-bcmm, 1 mg</u>	Prior authorization required
<u>J1434</u>	<u>Injection, fosaprepitant (Focinvez), 1 mg</u>	Prior authorization required
<u>J2277</u>	<u>Injection, motixafortide, 0.25 mg</u>	Prior authorization required
<u>J2782</u>	<u>Injection, avacincaptad pegol, 0.1 mg</u>	Prior authorization required
<u>J2801</u>	<u>Injection, risperidone (Rykindo), 0.5 mg</u>	Prior authorization required
<u>J3055</u>	<u>Injection, talquetamab-tgvs, 0.25 mg</u>	Prior authorization required
<u>J7165</u>	Injection, prothrombin complex concentrate, human-lans, per IU ofFact	Prior authorization required
<u>J7354</u>	Cantharidin for topical administration, 0.7%, single unit dose applicator	Prior authorization required
<u>J9073</u>	<u>Injection, cyclophosphamide (Ingenus), 5 mg</u>	Prior authorization required
<u>J9074</u>	<u>Injection, cyclophosphamide (Sandoz), 5 mg</u>	Prior authorization required
<u>J9075</u>	<u>Injection, cyclophosphamide, not otherwise specified, 5 mg</u>	Prior authorization required

<u>J9248</u>	<u>Injection, melphalan (Hepzato), 1 mg</u>	<u>Prior authorization required</u>
<u>J9376</u>	<u>Injection, pozelimab-bbfg, 1 mg</u>	<u>Prior authorization required</u>
<u>Q5133</u>	<u>Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg</u>	<u>Prior authorization required</u>
<u>Q5134</u>	<u>Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg</u>	<u>Prior authorization required</u>
<u>0439U</u>	<u>Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nuc</u>	<u>Prior authorization required</u>
<u>0440U</u>	<u>Cardiology (coronary heart disease [CHD]), DNA, analysis of 10single-nu</u>	<u>Prior authorization required</u>
<u>0443U</u>	<u>Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or</u>	<u>Prior authorization required</u>
<u>0444U</u>	<u>Oncology (solid organ neoplasia), targeted genomic sequence analysis p</u>	<u>Prior authorization required</u>
<u>0445U</u>	<u>B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemilu</u>	<u>Prior authorization required</u>
<u>0446U</u>	<u>Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of</u>	<u>Prior authorization required</u>
<u>0447U</u>	<u>Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of</u>	<u>Prior authorization required</u>
<u>0448U</u>	<u>Oncology (lung and colon cancer), DNA, qualitative, next-generationseq</u>	<u>Prior authorization required</u>
<u>0449U</u>	<u>Carrier screening for severe inherited conditions (eg, cystic fibrosis, spin</u>	<u>Prior authorization required</u>
<u>A2026</u>	<u>Restrata MiniMatrix, 5 mg</u>	<u>Prior authorization required</u>
<u>A4593</u>	<u>Neuromodulation stimulator system, adjunct to rehabilitation therapy r</u>	<u>Prior authorization required</u>
<u>A4594</u>	<u>Neuromodulation stimulator system, adjunct to rehabilitation therapy r</u>	<u>Prior authorization required</u>
<u>A9293</u>	<u>Fertility cycle (contraception &amp; conception) tracking software applicatio</u>	<u>Prior authorization required</u>
<u>E0152</u>	<u>Walker, battery powered, wheeled, folding, adjustable or fixed height</u>	<u>Prior authorization required</u>
<u>E0468</u>	<u>Home ventilator, dual-function respiratory device, also performs additio</u>	<u>Prior authorization required</u>
<u>E0738</u>	<u>Upper extremity rehabilitation system providing active assistance to fac</u>	<u>Prior authorization required</u>
<u>L5783</u>	<u>Addition to lower extremity, user adjustable, mechanical, residual limb</u>	<u>Prior authorization required</u>
<u>L5841</u>	<u>Addition, endoskeletal knee-shin system, polycentric, pneumatic swing,</u>	<u>Prior authorization required</u>
<u>Q4305</u>	<u>American Amnion AC Tri-Layer, per sq cm</u>	<u>Prior authorization required</u>
<u>Q4306</u>	<u>American Amnion AC, per sq cm</u>	<u>Prior authorization required</u>
<u>Q4307</u>	<u>American Amnion, per sq cm</u>	<u>Prior authorization required</u>
<u>Q4308</u>	<u>Sanopellis, per sq cm</u>	<u>Prior authorization required</u>
<u>Q4309</u>	<u>VIA Matrix, per sq cm</u>	<u>Prior authorization required</u>
<u>Q4310</u>	<u>Procenta, per 100 mg</u>	<u>Prior authorization required</u>
<u>S4988</u>	<u>Penile contracture device, manual, greater than 3 lbs traction force</u>	<u>Prior authorization required</u>
<u>S9002</u>	<u>Intravaginal motion sensor system, provides biofeedback for pelvicfloor</u>	<u>Prior authorization required</u>