

# PROVIDERALERT



**To:** AmeriHealth Caritas Louisiana Providers

**Date:** October 1, 2024

**Subject:** Prior Authorization Service List Changes

**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 2/13/2024 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).

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Authorization Rules</b>
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (i.e., detection of large gene rearrangements)	No Prior Authorization Required <b><u>Prior Authorization Required</u></b>
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	No Prior Authorization Required <b><u>Prior Authorization Required</u></b>
81215	BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant	No Prior Authorization Required <b><u>Prior Authorization Required</u></b>
81216	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis	No Prior Authorization Required <b><u>Prior Authorization Required</u></b>
81217	BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant	No Prior Authorization Required <b><u>Prior Authorization Required</u></b>
<b><u>0020M</u></b>	<b><u>Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0450U</u></b>	<b><u>Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LC-MS/MS), monoclonal paraprotein sequencing analysis, serum results reported as baseline presence or absence of detectable clonotypic peptides</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0451U</u></b>	<b><u>Oncology (multiple myeloma), LC-MS/MS, peptide ion quantification, serum results compared with baseline to determine monoclonal paraprotein abundance</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0452U</u></b>	<b><u>Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0453U</u></b>	<b><u>Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0454U</u></b>	<b><u>Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations,</u></b>	<b><u>Prior Authorization Required</u></b>

	<u>and other structural variants by optical genome mapping</u>	
<u>0456U</u>	<u>Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy</u>	<u>Prior Authorization Required</u>
<u>0457U</u>	<u>Perfluoroalkyl substances (PFAS) (e.g., perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative</u>	<u>Prior Authorization Required</u>
<u>0458U</u>	<u>Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score</u>	<u>Prior Authorization Required</u>
<u>0459U</u>	<u>B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology</u>	<u>Prior Authorization Required</u>
<u>0460U</u>	<u>Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes</u>	<u>Prior Authorization Required</u>
<u>0461U</u>	<u>Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes</u>	<u>Prior Authorization Required</u>
<u>0463U</u>	<u>Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker</u>	<u>Prior Authorization Required</u>
<u>0464U</u>	<u>Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4, and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result</u>	<u>Prior Authorization Required</u>

<u>0465U</u>	<u>Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative</u>	<u>Prior Authorization Required</u>
<u>0466U</u>	<u>Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease</u>	<u>Prior Authorization Required</u>
<u>0467U</u>	<u>Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden</u>	<u>Prior Authorization Required</u>
<u>0468U</u>	<u>Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis</u>	<u>Prior Authorization Required</u>
<u>0469U</u>	<u>Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination</u>	<u>Prior Authorization Required</u>
<u>0470U</u>	<u>Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma</u>	<u>Prior Authorization Required</u>
<u>0471U</u>	<u>Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations</u>	<u>Prior Authorization Required</u>
<u>0472U</u>	<u>Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjogren syndrome</u>	<u>Prior Authorization Required</u>

<b><u>0473U</u></b>	<b><u>Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0474U</u></b>	<b><u>Hereditary pan-cancer (e.g., hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0475U</u></b>	<b><u>Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0867T</u></b>	<b><u>Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0877T</u></b>	<b><u>Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0878T</u></b>	<b><u>Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0879T</u></b>	<b><u>Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission</u></b>	<b><u>Prior Authorization Required</u></b>
<b><u>0880T</u></b>	<b><u>Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other</u></b>	<b><u>Prior Authorization Required</u></b>

	<u>qualified health care professional interpretation and report</u>	
<u>0881T</u>	<u>Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device</u>	<u>Prior Authorization Required</u>
<u>0888T</u>	<u>Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance</u>	<u>Prior Authorization Required</u>
<u>0889T</u>	<u>Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation</u>	<u>Prior Authorization Required</u>
<u>0890T</u>	<u>Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day</u>	<u>Prior Authorization Required</u>
<u>0891T</u>	<u>Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day</u>	<u>Prior Authorization Required</u>
<u>0892T</u>	<u>Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day</u>	<u>Prior Authorization Required</u>
<u>Q4311</u>	<u>Acesso, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4312</u>	<u>Acesso AC, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4313</u>	<u>DermaBind FM, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4314</u>	<u>Reeva FT, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4315</u>	<u>RegeneLink Amniotic Membrane Allograft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4316</u>	<u>AmchoPlast, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4317</u>	<u>VitoGraft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4318</u>	<u>E-Graft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4319</u>	<u>SanoGraft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4320</u>	<u>PelloGraft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4321</u>	<u>RenoGraft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4322</u>	<u>CaregraFT, per sq cm</u>	<u>Prior Authorization Required</u>

<u>Q4323</u>	<u>alloPLY, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4324</u>	<u>AmnioTX, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4325</u>	<u>ACApatch, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4326</u>	<u>WoundPlus, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4327</u>	<u>DuoAmnion, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4328</u>	<u>MOST, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4329</u>	<u>Singlay, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4330</u>	<u>TOTAL, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4331</u>	<u>Axolotl Graft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4332</u>	<u>Axolotl DualGraft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>Q4333</u>	<u>ArdeoGraft, per sq cm</u>	<u>Prior Authorization Required</u>
<u>J0872</u>	<u>Injection, daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg</u>	<u>Prior Authorization Required</u>
<u>J0911</u>	<u>Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)</u>	<u>Prior Authorization Required</u>
<u>J1748</u>	<u>Injection, infliximab-dyyb (Zymfentra), 10 mg</u>	<u>Prior Authorization Required</u>
<u>J2267</u>	<u>Injection, mirikizumab-mrkz, 1 mg</u>	<u>Prior Authorization Required</u>
<u>J2468</u>	<u>Injection, palonosetron HCl (Avyxa), not therapeutically equivalent to J2469, 25 mcg</u>	<u>Prior Authorization Required</u>
<u>J3247</u>	<u>Injection, secukinumab, IV, 1 mg</u>	<u>Prior Authorization Required</u>
<u>J3263</u>	<u>Injection, toripalimab-tpzi, 1 mg</u>	<u>Prior Authorization Required</u>
<u>J3393</u>	<u>Injection, betibeglogene autotemcel, per treatment</u>	<u>Prior Authorization Required</u>
<u>J3394</u>	<u>Injection, lovetibeglogene autotemcel, per treatment</u>	<u>Prior Authorization Required</u>
<u>J7171</u>	<u>Injection, ADAMTS13, recombinant-krhn, 10 IU</u>	<u>Prior Authorization Required</u>
<u>J7355</u>	<u>Injection, travoprost, intracameral implant, 1 mcg</u>	<u>Prior Authorization Required</u>
<u>J9361</u>	<u>Injection, efbemalenograstim alfa-vuxw, 0.5 mg</u>	<u>Prior Authorization Required</u>
<u>Q5137</u>	<u>Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg</u>	<u>Prior Authorization Required</u>
<u>Q5138</u>	<u>Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg</u>	<u>Prior Authorization Required</u>
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	No Prior Authorization Required <u>Prior Authorization Required</u>
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	No Prior Authorization Required <u>Prior Authorization Required</u>
93740	Temperature gradient studies	No Prior Authorization Required <u>Prior Authorization Required</u>
H1000	Prenatal care, at-risk assessment	Prior Authorization Required <u>No Prior Authorization Required</u>

E0603	Breast pump, electric (AC and/or DC), any type	Prior Authorization Required <b><u>No Prior Authorization Required</u></b>
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