

PROVIDER ALERT

To: AmeriHealth Caritas Louisiana Providers

Date: January 10, 2025

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.

Procedure Code	Procedure Code Description	Authorization Rules
81511	CG [any form], DIA) utilizing maternal serum, algorithm reported as	Yes Prior Auth Required <u>No Prior Auth Required</u>
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, gener	Yes Prior Auth Required
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, gener	Yes Prior Auth Required
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR an	Yes Prior Auth Required
0479U	Tau, phosphorylated, pTau217	Yes Prior Auth Required
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation	Yes Prior Auth Required
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis c	Yes Prior Auth Required
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genom	Yes Prior Auth Required
0492U	Oncology (solid tumor), circulating tumor cell selection, morpholog	Yes Prior Auth Required
0493U	Transplantation medicine, quantification of donor-derived cell-free	Yes Prior Auth Required
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, f	Yes Prior Auth Required
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 gene	Yes Prior Auth Required
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time	Yes Prior Auth Required
0498U	Oncology (colorectal), next-generation sequencing for mutation de	Yes Prior Auth Required
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-e	Yes Prior Auth Required
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mu	Yes Prior Auth Required
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free	Yes Prior Auth Required
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40	Yes Prior Auth Required
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydro	Yes Prior Auth Required
0508U	Transplantation medicine, quantification of donor-derived cell-free	Yes Prior Auth Required
0509U	Transplantation medicine, quantification of donor-derived cell-free	Yes Prior Auth Required
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of	Yes Prior Auth Required
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment	Yes Prior Auth Required
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized	Yes Prior Auth Required
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized	Yes Prior Auth Required
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for	Yes Prior Auth Required
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for	Yes Prior Auth Required
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 4	Yes Prior Auth Required
A2027	MatriDerm, per sq cm	Yes Prior Auth Required
A2028	MicroMatrix Flex, per mg	Yes Prior Auth Required
A2029	MiroTract Wound Matrix sheet, per cc	Yes Prior Auth Required
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump	Yes Prior Auth Required
E0715	Intravaginal device intended to strengthen pelvic floor muscles dur	Yes Prior Auth Required
E0716	Supplies and accessories for intravaginal device intended to streng	Yes Prior Auth Required
E0721	Transcutaneous electrical nerve stimulator, stimulates nerves in th	Yes Prior Auth Required
E0737	Transcutaneous tibial nerve stimulator, controlled by phone applic	Yes Prior Auth Required
E0743	External lower extremity nerve stimulator for restless legs syndrom	Yes Prior Auth Required
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequ	Yes Prior Auth Required
E2513	Accessory for speech generating device, electromyographic sensor	Yes Prior Auth Required
E3200	Gait modulation system, rhythmic auditory stimulation, including r	Yes Prior Auth Required
L1006	Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid l	Yes Prior Auth Required
L1653	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spr	Yes Prior Auth Required
L1821	Knee orthosis (KO), elastic with condylar pads and joints, with or w	Yes Prior Auth Required
L8720	External lower extremity sensory prosthesis, cutaneous stimulation	Yes Prior Auth Required
L8721	Receptor sole for use with L8720, replacement, each	Yes Prior Auth Required
Q4334	AmnioPlast 1, per sq cm	Yes Prior Auth Required
Q4335	AmnioPlast 2, per sq cm	Yes Prior Auth Required
Q4336	Artacent C, per sq cm	Yes Prior Auth Required
Q4337	Artacent Trident, per sq cm	Yes Prior Auth Required
Q4338	Artacent Velos, per sq cm	Yes Prior Auth Required
Q4339	Artacent Vericlen, per sq cm	Yes Prior Auth Required
Q4340	SimpliGraft, per sq cm	Yes Prior Auth Required
Q4341	SimpliMax, per sq cm	Yes Prior Auth Required
Q4342	TheraMend, per sq cm	Yes Prior Auth Required
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm	Yes Prior Auth Required
Q4344	Tri-Membrane Wrap, per sq cm	Yes Prior Auth Required
Q4345	Matrix HD Allograft Dermis, per sq cm	Yes Prior Auth Required
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves	Prior authorization required for billed charges greater than or equal to \$750.00
A4544	Electrode for external lower extremity nerve stimulator for restless	Prior authorization required for billed charges greater than or equal to \$750.00
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., s	Prior authorization required for billed charges greater than or equal to \$750.00
A7021	Supplies and accessories for lung expansion airway clearance, conti	Prior authorization required for billed charges greater than or equal to \$750.00
E0469	Lung expansion airway clearance, continuous high frequency oscill	greater than or equal to \$750.00
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use,	Yes Prior Auth Required
C9170	Injection, tarlatamab-dlle, 1 mg	Yes Prior Auth Required
C9171	Injection, pegulicanine, 1 mg	Yes Prior Auth Required
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Yes Prior Auth Required
J0175	Injection, donanemab-azbt, 2 mg	Yes Prior Auth Required
J1749	Injection, iloprost, 0.1 mcg	Yes Prior Auth Required
J8541	Dexamethasone (Hemady), oral, 0.25 mg	Yes Prior Auth Required
J9329	Injection, tislatumab-jsgr, 1mg	Yes Prior Auth Required
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Yes Prior Auth Required
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Yes Prior Auth Required