

PROVIDER ALERT

To: AmeriHealth Caritas Louisiana Providers

Date: July 8, 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 8/8/2025 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.

| <u>Procedure Code</u> | <u>Procedure Code Description</u> | <u>Authorization Rule</u> |
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| <u>81201</u> | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence | <u>Yes Prior Authorization Required</u> |
| <u>81460</u> | Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary op | <u>Yes Prior Authorization Required</u> |
| <u>81519</u> | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score | <u>Yes Prior Authorization Required</u> |
| <u>0531U</u> | Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma | <u>Yes Prior Authorization Required</u> |
| <u>0532U</u> | Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative | <u>Yes Prior Authorization Required</u> |
| <u>0533U</u> | Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function | <u>Yes Prior Authorization Required</u> |
| <u>0534U</u> | Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score | <u>Yes Prior Authorization Required</u> |
| <u>0535U</u> | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative | <u>Yes Prior Authorization Required</u> |
| <u>0537U</u> | Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially | <u>Yes Prior Authorization Required</u> |

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| | <u>methyated regions (DMRs), plasma, algorithm reported as positive or negative</u> | |
| <u>0538U</u> | <u>Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant</u> | <u>Yes Prior Authorization Required</u> |
| <u>0539U</u> | <u>Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant</u> | <u>Yes Prior Authorization Required</u> |
| <u>0540U</u> | <u>Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection</u> | <u>Yes Prior Authorization Required</u> |
| <u>0541U</u> | <u>Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score</u> | <u>Yes Prior Authorization Required</u> |
| <u>0542U</u> | <u>Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status</u> | <u>Yes Prior Authorization Required</u> |

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| <u>0543U</u> | <u>Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden</u> | <u>Yes Prior Authorization Required</u> |
| <u>0544U</u> | <u>Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection</u> | <u>Yes Prior Authorization Required</u> |
| <u>0545U</u> | <u>Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative</u> | <u>Yes Prior Authorization Required</u> |
| <u>0546U</u> | <u>Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative</u> | <u>Yes Prior Authorization Required</u> |
| <u>0547U</u> | <u>Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative</u> | <u>Yes Prior Authorization Required</u> |
| <u>0548U</u> | <u>Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma</u> | <u>Yes Prior Authorization Required</u> |
| <u>0549U</u> | <u>Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)</u> | <u>Yes Prior Authorization Required</u> |
| <u>0550U</u> | <u>Oncology (prostate), enzyme-linked immunosorbent assays (ELISA) for total prostate-specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer</u> | <u>Yes Prior Authorization Required</u> |
| <u>0551U</u> | <u>Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma</u> | <u>Yes Prior Authorization Required</u> |
| <u>A2030</u> | <u>Miro3d fibers, per milligram</u> | <u>Yes Prior Authorization Required</u> |
| <u>A2031</u> | <u>Mirodry wound matrix, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>A2032</u> | <u>Myriad matrix, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |

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| <u>A2033</u> | <u>Myriad morcells, 4 milligrams</u> | <u>Yes Prior Authorization Required</u> |
| <u>A2034</u> | <u>Foundation drs solo, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>A2035</u> | <u>Corplex p or theracor p or allacor p, per milligram</u> | <u>Yes Prior Authorization Required</u> |
| <u>E0201</u> | <u>Penile contracture device, manual, greater than 3 lbs traction force</u> | <u>Yes Prior Authorization Required</u> |
| <u>L5827</u> | <u>Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6028</u> | <u>Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6029</u> | <u>Upper extremity addition, test socket/interface, partial hand including fingers</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6030</u> | <u>Upper extremity addition, external frame, partial hand including fingers</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6031</u> | <u>Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6032</u> | <u>Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6033</u> | <u>Addition to upper extremity prosthesis, partial hand including fingers, acrylic material</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6037</u> | <u>Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers</u> | <u>Yes Prior Authorization Required</u> |
| <u>L6700</u> | <u>Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement</u> | <u>Yes Prior Authorization Required</u> |
| <u>L7406</u> | <u>Addition to upper extremity, user adjustable, mechanical, residual limb volume management system</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4354</u> | <u>Palingen dual-layer membrane, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4355</u> | <u>Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4356</u> | <u>Abiomend membrane and abiomend hydromembrane, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |

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| <u>Q4357</u> | <u>Xwrap plus, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4358</u> | <u>Xwrap dual, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4359</u> | <u>Choripty, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4360</u> | <u>Amchoplast fd, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4361</u> | <u>Epixpress, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4362</u> | <u>Cygnus disk, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4363</u> | <u>Amnio burgeon membrane and hydromembrane, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4364</u> | <u>Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4365</u> | <u>Amnio burgeon dual-layer membrane, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4366</u> | <u>Dual layer amnio burgeon x-membrane, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q4367</u> | <u>Amniocore sl, per square centimeter</u> | <u>Yes Prior Authorization Required</u> |
| <u>A6515</u> | <u>Gradient compression wrap with adjustable straps, full leg, each, custom</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>A6516</u> | <u>Gradient compression wrap with adjustable straps, foot, each, custom</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>A6517</u> | <u>Gradient compression wrap with adjustable straps, below knee, each, custom</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>A6518</u> | <u>Gradient compression wrap with adjustable straps, arm, each, custom</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>A6519</u> | <u>Gradient compression garment, not otherwise specified, for nighttime use, each</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>A6611</u> | <u>Gradient compression wrap with adjustable straps, above knee, each, custom</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>E1022</u> | <u>Wheelchair transportation securement system, any type includes all components and accessories</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>E1023</u> | <u>Wheelchair transit securement system, includes all components and accessories</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>E1032</u> | <u>Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |

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| <u>E1033</u> | <u>Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>E1034</u> | <u>Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>E1832</u> | <u>Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>L0720</u> | <u>Cervical-thoracic-lumbar-sacral-orthoses (ctls), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>L1933</u> | <u>Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>L1952</u> | <u>Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf</u> | <u>Prior authorization required for billed charges greater than or equal to \$750.00</u> |
| <u>C9301</u> | <u>Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose</u> | <u>Yes Prior Authorization Required</u> |
| <u>C9302</u> | <u>Injection, zanidatamab-hrii, 2 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>C9303</u> | <u>Injection, zolbetuximab-clzb, 1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>C9304</u> | <u>Injection, marstacimab-hncq, 0.5 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>J1072</u> | <u>Injection, testosterone cypionate (azmiro), 1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>J1299</u> | <u>Injection, eculizumab, 2 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>J2351</u> | <u>Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq</u> | <u>Yes Prior Authorization Required</u> |
| <u>J2428</u> | <u>Injection, paliperidone palmitate extended release (erzofri), 1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>J7521</u> | <u>Tacrolimus, granules, oral suspension, 0.1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>J9024</u> | <u>Injection, atezolizumab, 5 mg and hyaluronidase-tqjs</u> | <u>Yes Prior Authorization Required</u> |
| <u>J9038</u> | <u>Injection, axatilimab-csfr, 0.1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>J9054</u> | <u>Injection, bortezomib (boruzu), 0.1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>J9161</u> | <u>Injection, denileukin diftitox-cxdl, 1 mcg</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q2057</u> | <u>Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose</u> | <u>Yes Prior Authorization Required</u> |

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| <u>Q5147</u> | <u>Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q5148</u> | <u>Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q5149</u> | <u>Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q5150</u> | <u>Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q5151</u> | <u>Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q5152</u> | <u>Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg</u> | <u>Yes Prior Authorization Required</u> |
| <u>Q9999</u> | <u>Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg</u> | <u>Yes Prior Authorization Required</u> |