PROVIDER***ALERT***

AmeriHealth Caritas Louisiana

To: **AmeriHealth Caritas Louisiana Providers**

Date: **September 9, 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 have been approved by the Louisiana Department of Health, in accordance with La.R.S.46:460.54, effective for dates of service **10/10/2025** 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.

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Need to update your provider information? Send full details to network@amerihealthcaritasla.com.

Procedure Code	Procedure Description	Authorization Requirement Description
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	~~No Auth Required~~ **Yes Prior Authorization Required**
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	~~No Auth Required~~ **Yes Prior Authorization Required**
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	~~No Auth Required~~ **Yes Prior Authorization Required**
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	**Yes Prior Authorization Required**
C9175	Injection, treosulfan, 50 mg	**Yes Prior Authorization Required**
J1326	Injection, zolbetuximab-clzb, 2 mg	**Yes Prior Authorization Required**
J2313	Injection, naloxone HCl (Zimhi), 0.01 mg	**Yes Prior Authorization Required**
J3391	Injection, atidarsagene autotemcel, per treatment	**Yes Prior Authorization Required**
J7172	Injection, marstacimab-hncq, 0.5 mg	**Yes Prior Authorization Required**
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	**Yes Prior Authorization Required**
J9174	Injection, docetaxel (Beizray), 1 mg	**Yes Prior Authorization Required**
J9275	Injection, cosibelimab-ipdl, 2 mg	**Yes Prior Authorization Required**

J9276	Injection, zanidatamab-hrii, 2 mg	**Yes Prior Authorization Required**
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	**Yes Prior Authorization Required**
J9341	Injection, thiotepa (Tepylute), 1 mg	**Yes Prior Authorization Required**
J9342	Injection, thiotepa, not otherwise specified, 1 mg	**Yes Prior Authorization Required**
J9382	Injection, zenocutuzumab-zbco, 1 mg	**Yes Prior Authorization Required**
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	**Yes Prior Authorization Required**
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	**Yes Prior Authorization Required**
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	**Yes Prior Authorization Required**
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg	**Yes Prior Authorization Required**
Q5153	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	**Yes Prior Authorization Required**
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as lo	**Yes Prior Authorization Required**
0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/ba	**Yes Prior Authorization Required**

0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal	**Yes Prior Authorization Required**
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality contro	**Yes Prior Authorization Required**
0556U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as dete	**Yes Prior Authorization Required**
0557U	Infectious disease (bacterial vaginosis and vaginitis), real-time amplification of DNA markers for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), Mobiluncus species,	**Yes Prior Authorization Required**
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	**Yes Prior Authorization Required**
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	**Yes Prior Authorization Required**
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD	**Yes Prior Authorization Required**

0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	**Yes Prior Authorization Required**
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as	**Yes Prior Authorization Required**
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	**Yes Prior Authorization Required**
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	**Yes Prior Authorization Required**
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected	**Yes Prior Authorization Required**
0566U	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	**Yes Prior Authorization Required**
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions,	**Yes Prior Authorization Required**

0568U	Neurology (dementia), beta amyloid (AB40, AB42, AB42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, a	**Yes Prior Authorization Required**
0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tu	**Yes Prior Authorization Required**
0570U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-ele	**Yes Prior Authorization Required**
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionab	**Yes Prior Authorization Required**
0572U	Oncology (prostate), high-throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	**Yes Prior Authorization Required**
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	**Yes Prior Authorization Required**
0574U	Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)	**Yes Prior Authorization Required**
0950T	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	**Yes Prior Authorization Required**
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	**Yes Prior Authorization Required**

0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor	**Yes Prior Authorization Required**
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor	**Yes Prior Authorization Required**
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers	**Yes Prior Authorization Required**
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components	**Yes Prior Authorization Required**
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	**Yes Prior Authorization Required**
0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	**Yes Prior Authorization Required**
0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	**Yes Prior Authorization Required**
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array	**Yes Prior Authorization Required**
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	**Yes Prior Authorization Required**
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	**Yes Prior Authorization Required**
0979T	Submucosal cryolysis therapy; soft palate only	**Yes Prior Authorization Required**

0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only	**Yes Prior Authorization Required**
Q4368	AmchoThick, per sq cm	**Yes Prior Authorization Required**
Q4369	AmnioPlast 3, per sq cm	**Yes Prior Authorization Required**
Q4370	AeroGuard, per sq cm	**Yes Prior Authorization Required**
Q4371	NeoGuard, per sq cm	**Yes Prior Authorization Required**
Q4372	AmchoPlast EXCEL, per sq cm	**Yes Prior Authorization Required**
Q4373	Membrane Wrap-Lite, per sq cm	**Yes Prior Authorization Required**
Q4375	duoGRAFT AC, per sq cm	**Yes Prior Authorization Required**
Q4376	Duograft AA, per sq cm	**Yes Prior Authorization Required**
Q4377	triGRAFT FT, per sq cm	**Yes Prior Authorization Required**
Q4378	Renew FT Matrix, per sq cm	**Yes Prior Authorization Required**
Q4379	AmnioDefend FT Matrix, per sq cm	**Yes Prior Authorization Required**
Q4380	AdvoGraft One, per sq cm	**Yes Prior Authorization Required**
Q4382	AdvoGraft Dual, per sq cm	**Yes Prior Authorization Required**