

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: January 7, 2026

Subject: Prior Authorization Service List Changes

Summary: New Prior Authorization Service List Changes.

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 **2/6/2026** and **after**.

Questions:

Thank you for your continued support and commitment to our patients' care. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert?

You can always find a complete list of provider alerts on our website's Newsletters and Updates page.

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

Procedure Code	Procedure Description	Authorization Requirement Description
<u>0575U</u>	<u>Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection</u>	<u>Yes Authorization Required</u>
<u>0576U</u>	<u>Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next-generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algo</u>	<u>Yes Authorization Required</u>
<u>0577U</u>	<u>Oncology (ovarian), serum, analysis of 39 glycoproteins by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in multiple reaction monitoring mode, reported as likelihood of malignancy</u>	<u>Yes Authorization Required</u>
<u>0578U</u>	<u>Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for senti</u>	<u>Yes Authorization Required</u>
<u>0579U</u>	<u>Nephrology (diabetic chronic kidney disease), enzyme-linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kid</u>	<u>Yes Authorization Required</u>
<u>0580U</u>	<u>Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG</u>	<u>Yes Authorization Required</u>
<u>0581U</u>	<u>Transplantation medicine, antibody to non-human leukocyte antigens (non-HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported</u>	<u>Yes Authorization Required</u>
<u>0582U</u>	<u>Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported</u>	<u>Yes Authorization Required</u>
<u>0583U</u>	<u>Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (L</u>	<u>Yes Authorization Required</u>

<u>0584U</u>	<u>Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative</u>	<u>Yes Authorization Required</u>
<u>0585U</u>	<u>Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability,</u>	<u>Yes Authorization Required</u>
<u>0586U</u>	<u>Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin-fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene</u>	<u>Yes Authorization Required</u>
<u>0587U</u>	<u>Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score pr</u>	<u>Yes Authorization Required</u>
<u>0588U</u>	<u>Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split-well multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as</u>	<u>Yes Authorization Required</u>
<u>0589U</u>	<u>Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative</u>	<u>Yes Authorization Required</u>
<u>0590U</u>	<u>Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism</u>	<u>Yes Authorization Required</u>
<u>0591U</u>	<u>Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant</u>	<u>Yes Authorization Required</u>
<u>0592U</u>	<u>Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant</u>	<u>Yes Authorization Required</u>
<u>0593U</u>	<u>Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR</u>	<u>Yes Authorization Required</u>

	<u>amplified probe technique, urine, each analyte reported as detected or not detected</u>	
<u>0594U</u>	<u>Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis</u>	<u>Yes Authorization Required</u>
<u>0595U</u>	<u>Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium)</u>	<u>Yes Authorization Required</u>
<u>0596U</u>	<u>Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), reported as an APOE prototype</u>	<u>Yes Authorization Required</u>
<u>0597U</u>	<u>Oncology (breast), RNA expression profiling of 329 genes by targeted next-generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score</u>	<u>Yes Authorization Required</u>
<u>0598U</u>	<u>Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by microarray-based immunoassay, whole blood or serum, report as elevated (positive) or normal (negative) antibody levels</u>	<u>Yes Authorization Required</u>
<u>0599U</u>	<u>Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative</u>	<u>Yes Authorization Required</u>
<u>A2036</u>	<u>Cohealyx Collagen Dermal Matrix, per sq cm</u>	<u>Yes Authorization Required</u>
<u>A2037</u>	<u>G4Derm Plus, per ml</u>	<u>Yes Authorization Required</u>
<u>A2038</u>	<u>MariGen Pacto, per sq cm</u>	<u>Yes Authorization Required</u>
<u>A2039</u>	<u>InnovaMatrix FD, per sq cm</u>	<u>Yes Authorization Required</u>
<u>L5657</u>	<u>Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials</u>	<u>Yes Authorization Required</u>
<u>L6034</u>	<u>Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb,</u>	<u>Yes Authorization Required</u>

<u>L6035</u>	<u>Single prosthetic digit, mechanical, can include metacarpophalangeal (MCP), proximal interphalangeal (PIP), and/or distal interphalangeal (DIP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment,</u>	<u>Yes Authorization Required</u>
<u>L6036</u>	<u>Prosthetic thumb, mechanical, can include metacarpophalangeal (MCP), interphalangeal (IP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement</u>	<u>Yes Authorization Required</u>
<u>L6038</u>	<u>Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material</u>	<u>Yes Authorization Required</u>
<u>L6039</u>	<u>Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb</u>	<u>Yes Authorization Required</u>
<u>Q4383</u>	<u>Axolotl Graft Ultra, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4384</u>	<u>Axolotl DualGraft Ultra, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4385</u>	<u>Apollo FT, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4386</u>	<u>Acesso TrifACA, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4387</u>	<u>NeoThelium FT, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4388</u>	<u>NeoThelium 4L, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4389</u>	<u>NeoThelium 4L Plus, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4390</u>	<u>Ascendion, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4391</u>	<u>AmnioPlast Double, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4392</u>	<u>GRAFIX Duo, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4393</u>	<u>SurGraft AC, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4394</u>	<u>SurGraft ACA, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4395</u>	<u>Acelagraft, per sq cm</u>	<u>Yes Authorization Required</u>

<u>Q4396</u>	<u>Natalin, per sq cm</u>	<u>Yes Authorization Required</u>
<u>Q4397</u>	<u>Summit AAA, per sq cm</u>	<u>Yes Authorization Required</u>
<u>E0150</u>	<u>Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height</u>	<u>Yes prior authorization required for all rentals and any purchase over \$750.00</u>
<u>E0658</u>	<u>Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest</u>	<u>Yes prior authorization required for all rentals and any purchase over \$750.00</u>
<u>E0659</u>	<u>Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest</u>	<u>Yes prior authorization required for all rentals and any purchase over \$750.00</u>
<u>L1007</u>	<u>Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated</u>	<u>Yes prior authorization required for all rentals and any purchase over \$750.00</u>
<u>C9305</u>	<u>Injection, nipocalimab-aahu, 3 mg</u>	<u>Yes Authorization Required</u>
<u>C9306</u>	<u>Injection, telisotuzumab vedotin-tllv, 1 mg</u>	<u>Yes Authorization Required</u>
<u>J0458</u>	<u>Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)</u>	<u>Yes Authorization Required</u>
<u>J0614</u>	<u>Injection, treosulfan, 50 mg</u>	<u>Yes Authorization Required</u>
<u>J0675</u>	<u>Injection, carboprost tromethamine, 0.1 mg</u>	<u>Yes Authorization Required</u>
<u>J0681</u>	<u>Injection, ceftobiprole medocaril sodium, 3 mg</u>	<u>Yes Authorization Required</u>
<u>J0738</u>	<u>Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)</u>	<u>Yes Authorization Required</u>
<u>J0752</u>	<u>Oral, lenacapavir, 300 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)</u>	<u>Yes Authorization Required</u>

<u>J0759</u>	<u>Injection, clevidipine butyrate, 1 mg</u>	<u>Yes Authorization Required</u>
<u>J1370</u>	<u>Injection, esomeprazole sodium, 1 mg</u>	<u>Yes Authorization Required</u>
<u>J1807</u>	<u>Injection, ethacrynate sodium, 1 mg</u>	<u>Yes Authorization Required</u>
<u>J1809</u>	<u>Injection, fosdenopterin, 0.1 mg</u>	<u>Yes Authorization Required</u>
<u>J3402</u>	<u>Injection, remestemcel-l-rknd, per therapeutic dose</u>	<u>Yes Authorization Required</u>
<u>J3403</u>	<u>Revakinagene taroretcel-lwey, per implant</u>	<u>Yes Authorization Required</u>
<u>J7173</u>	<u>Injection, concizumab-mtci, 0.5 mg</u>	<u>Yes Authorization Required</u>
<u>J7174</u>	<u>Injection, fitusiran, 0.04 mg</u>	<u>Yes Authorization Required</u>
<u>J9011</u>	<u>Injection, datopotamab deruxtecan-dlnk, 1 mg</u>	<u>Yes Authorization Required</u>
<u>Q0237</u>	<u>Injection, tocilizumab-anoh, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, noninvasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg</u>	<u>Yes Authorization Required</u>
<u>Q5154</u>	<u>Injection, omalizumab-igec (Omlyclo), biosimilar, 5 mg</u>	<u>Yes Authorization Required</u>
<u>Q5155</u>	<u>Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg</u>	<u>Yes Authorization Required</u>
<u>Q5156</u>	<u>Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg</u>	<u>Yes Authorization Required</u>
<u>Q5157</u>	<u>Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg</u>	<u>Yes Authorization Required</u>
<u>Q5158</u>	<u>Injection, denosumab-bnht (Bomynta/Conexence), biosimilar, 1 mg</u>	<u>Yes Authorization Required</u>
<u>Q5159</u>	<u>Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg</u>	<u>Yes Authorization Required</u>
<u>E0465</u>	<u>Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)</u>	<u>No prior auth required-Yes prior authorization required for all rentals and any purchase over \$750.00</u>

<u>E1007</u>	<u>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction</u>	<u>No prior auth required—Yes prior authorization required for all rentals and any purchase over \$750.00</u>
<u>K0825</u>	<u>Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds</u>	<u>No prior auth required—Yes prior authorization required for all rentals and any purchase over \$750.00</u>
<u>64581</u>	<u>Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)</u>	<u>No prior auth required—Prior Auth Required</u>
<u>E1399</u>	<u>Durable medical equipment, miscellaneous</u>	<u>No prior auth required—Prior Auth Required</u>
<u>A9900</u>	<u>Miscellaneous DME supply, accessory, and/or service component of another HCPCS code</u>	<u>No prior auth required—Prior Auth Required</u>
<u>A9999</u>	<u>Miscellaneous DME supply or accessory, not otherwise specified</u>	<u>No prior auth required—Prior Auth Required</u>
<u>80299</u>	<u>Quantitation of drug, not elsewhere specified</u>	<u>No prior auth required—Prior Auth Required</u>
<u>81099</u>	<u>Unlisted urinalysis procedure</u>	<u>No prior auth required—Prior Auth Required</u>
<u>85999</u>	<u>Unlisted hematology and coagulation procedure</u>	<u>No prior auth required—Prior Auth Required</u>
<u>86486</u>	<u>Skin test; unlisted antigen, each</u>	<u>No prior auth required—Prior Auth Required</u>
<u>86849</u>	<u>Unlisted immunology procedure</u>	<u>No prior auth required—Prior Auth Required</u>
<u>86999</u>	<u>Unlisted transfusion medicine procedure</u>	<u>No prior auth required—Prior Auth Required</u>

<u>87999</u>	<u>Unlisted microbiology procedure</u>	<u>No prior auth required</u> –Prior Auth Required
<u>88099</u>	<u>Unlisted necropsy (autopsy) procedure</u>	<u>No prior auth required</u> –Prior Auth Required
<u>88199</u>	<u>Unlisted cytopathology procedure</u>	<u>No prior auth required</u> –Prior Auth Required
<u>88299</u>	<u>Unlisted cytogenetic study</u>	<u>No prior auth required</u> –Prior Auth Required
<u>88399</u>	<u>Unlisted surgical pathology procedure</u>	<u>No prior auth required</u> –Prior Auth Required
<u>88749</u>	<u>Unlisted in vivo (eg, transcutaneous) laboratory service</u>	<u>No prior auth required</u> –Prior Auth Required
<u>89240</u>	<u>Unlisted miscellaneous pathology test</u>	<u>No prior auth required</u> –Prior Auth Required
<u>92499</u>	<u>Unlisted ophthalmological service or procedure</u>	<u>No prior auth required</u> –Prior Auth Required
<u>J0650</u>	<u>Injection, levothyroxine sodium, not otherwise specified, 10 mcg</u>	<u>No prior auth required</u> –Delegated to PerformRx
<u>A4421</u>	<u>Ostomy supply; miscellaneous</u>	<u>No prior auth required</u> –Prior Auth Required
<u>A4913</u>	<u>Miscellaneous dialysis supplies, not otherwise specified</u>	<u>No prior auth required</u> –Prior Auth Required
<u>S8189</u>	<u>Tracheostomy supply, not otherwise classified</u>	<u>No prior auth required</u> –Prior Auth Required
<u>S5126</u>	<u>Attendant care services; per diem</u>	<u>No prior auth required</u> –Prior Auth Required after 30 visits per year