

**To: AmeriHealth Caritas Louisiana Providers**

**Date: April 29, 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 **5/29/2026** and after.

Reminder: If your practice is not registered with our website portal, NaviNet, we highly recommend registering. To register, please visit [www.navinet.net](http://www.navinet.net) to sign up or contact your Provider Account Executive for details.

**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’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 listing of provider alerts on the [Newsletters and Updates](#) page of our website. page of our website.

**Need to update your provider information?** Send full details to [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com)

Procedure Code	Procedure Description	Authorization Requirement Description
<u>0600U</u>	<u>Infectious disease (wound infection), identification of 65 organisms and 30 antibiotic resistance genes, wound swab, real-time PCR, reported as positive or negative for each organism</u>	<u>Yes Prior Auth Required</u>
<u>0601U</u>	<u>Infectious disease (periprosthetic joint infection), analysis of 11 biomarkers (alpha defensins 1-3, C-reactive protein, microbial antigens for Staphylococcus [SPA, SPB], Enterococcus, Candida, and C. acnes, total nucleated cell count, percent neutrophils</u>	<u>Yes Prior Auth Required</u>
<u>0602U</u>	<u>Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and C-peptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score</u>	<u>Yes Prior Auth Required</u>
<u>0603U</u>	<u>Drug assay, presumptive, 77 drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS), results reported as positive or negative</u>	<u>Yes Prior Auth Required</u>
<u>0604U</u>	<u>Allergy and immunology (chronic recurrent angioedema), 4 bradykinin peptides, liquid chromatography and tandem mass spectrometry (LC-MS/MS), whole blood, quantitative</u>	<u>Yes Prior Auth Required</u>
<u>0605U</u>	<u>Allergy and immunology (hereditary alpha tryptasemia), DNA, analysis of TPSAB1 gene copy number variation using digital PCR, whole blood, results reported with genotype-specific interpretation of alpha-tryptase copy number and algorithmic classification a</u>	<u>Yes Prior Auth Required</u>
<u>0606U</u>	<u>Hematology (red cell membrane disorders), RBCs, osmotic gradient ektacytometry, whole blood, quantitative</u>	<u>Yes Prior Auth Required</u>
<u>0607U</u>	<u>Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 31 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations</u>	<u>Yes Prior Auth Required</u>
<u>0608U</u>	<u>Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 10 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations</u>	<u>Yes Prior Auth Required</u>
<u>0609U</u>	<u>Oncology (prostate), immunoassay for total prostate-specific antigen (PSA) and free PSA, serum or plasma, combined with clinical features, algorithm reported as a probability score for clinically significant prostate cancer</u>	<u>Yes Prior Auth Required</u>
<u>0610U</u>	<u>Infectious disease (antimicrobial susceptibility), phenotypic antimicrobial susceptibility testing of positive blood culture using microfluidic sensor technology to quantify bacterial growth response to multiple antibiotic types, reporting categorical sus</u>	<u>Yes Prior Auth Required</u>

<u>0611U</u>	<u>Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result</u>	<u>Yes Prior Auth Required</u>
<u>0612U</u>	<u>Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result</u>	<u>Yes Prior Auth Required</u>
<u>0613U</u>	<u>Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability</u>	<u>Yes Prior Auth Required</u>
<u>0988T</u>	<u>Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior t</u>	<u>Yes Prior Auth Required</u>
<u>0990T</u>	<u>Transcervical instillation of biodegradable hydrogel materials, intrauterine</u>	<u>Yes Prior Auth Required</u>
<u>0992T</u>	<u>Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat without concurrent computed tomography (CT) scan of the heart, including patient-specific clinical factors, with interpretation and report by a physicia</u>	<u>Yes Prior Auth Required</u>
<u>0993T</u>	<u>Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat with concurrent computed tomography scan of the heart, including patient-specific clinical factors, with interpretation and report by a physician or oth</u>	<u>Yes Prior Auth Required</u>
<u>0996T</u>	<u>Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed</u>	<u>Yes Prior Auth Required</u>
<u>0997T</u>	<u>Precuneus magnetic stimulation; treatment planning using magnetic resonance imaging-guided neuronavigation to determine optimal location, dose, and intensity for magnetic stimulation therapy, derived from evoked potentials from single pulses of electromag</u>	<u>Yes Prior Auth Required</u>
<u>0998T</u>	<u>Precuneus magnetic stimulation; personalized treatment delivery of magnetic stimulation therapy to a prespecified target area derived from analysis of evoked potentials within the precuneus, utilizing magnetic resonance imaging-based neuronavigation, with</u>	<u>Yes Prior Auth Required</u>
<u>0999T</u>	<u>Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performed</u>	<u>Yes Prior Auth Required</u>
<u>1000T</u>	<u>Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystoscopy and post-void residual ultrasound, when performed</u>	<u>Yes Prior Auth Required</u>
<u>1001T</u>	<u>Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasound guidance, when performed</u>	<u>Yes Prior Auth Required</u>

<u>1013T</u>	<u>Laparoscopy, surgical, implantation or replacement of lower esophageal sphincter neurostimulator electrode array and neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or recei</u>	<u>Yes Prior Auth Required</u>
<u>1019T</u>	<u>Lymphovenous bypass, including robotic assistance, when performed, per extremity</u>	<u>Yes Prior Auth Required</u>
<u>1020T</u>	<u>Raman spectroscopy of 1 or more skin lesions, with probability score for malignant risk derived by algorithmic analysis of data from each lesion</u>	<u>Yes Prior Auth Required</u>
<u>1021T</u>	<u>Active thoracic irrigation (separate procedure)</u>	<u>Yes Prior Auth Required</u>
<u>43889</u>	<u>Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed</u>	<u>Yes Prior Auth Required</u>
<u>63032</u>	<u>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, includi</u>	<u>Yes Prior Auth Required</u>
<u>64567</u>	<u>Percutaneous electrical nerve field stimulation, cranial nerves, without implantation</u>	<u>Yes Prior Auth Required</u>
<u>64654</u>	<u>Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoper</u>	<u>Yes Prior Auth Required</u>
<u>64655</u>	<u>Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only</u>	<u>Yes Prior Auth Required</u>
<u>64656</u>	<u>Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only</u>	<u>Yes Prior Auth Required</u>
<u>70471</u>	<u>Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing</u>	<u>Yes Prior Auth Required</u>
<u>70472</u>	<u>Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)</u>	<u>Yes Prior Auth Required</u>
<u>70473</u>	<u>Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy</u>	<u>Yes Prior Auth Required</u>
<u>75577</u>	<u>Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by</u>	<u>Yes Prior Auth Required</u>

<b>81354</b>	<b><u>Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>81524</b>	<b><u>Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4398</b>	<b><u>Summit AC, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4399</b>	<b><u>Summit FX, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4400</b>	<b><u>Polygon3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4401</b>	<b><u>Absolv3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4402</b>	<b><u>XWRAP 2.0, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4403</b>	<b><u>XWRAP Dual Plus, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4404</b>	<b><u>XWRAP Hydro Plus, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4405</b>	<b><u>XWRAP Fenestra Plus, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4406</b>	<b><u>XWRAP Fenestra, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4407</b>	<b><u>XWRAP Tribus, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4408</b>	<b><u>XWRAP Hydro, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4409</b>	<b><u>AmniomatrixF3X, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4410</b>	<b><u>AmchoMatrixDL, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4411</b>	<b><u>AmniomatrixF4X, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4412</b>	<b><u>CHORIOFIX, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4413</b>	<b><u>Cygnus Solo, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4414</b>	<b><u>SimpliChor, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4415</b>	<b><u>AlexiGuard SL-T, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4416</b>	<b><u>AlexiGuard TL-T, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4417</b>	<b><u>AlexiGuard DL-T, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4420</b>	<b><u>NuForm, per sq cm (add-on, list separately in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4431</b>	<b><u>PMA skin substitute product, not otherwise specified (list in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4432</b>	<b><u>510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>
<b>Q4433</b>	<b><u>361 HCT/P skin substitute product, not otherwise specified (list in addition to primary procedure)</u></b>	<b><u>Yes Prior Auth Required</u></b>

<u>Q5160</u>	<u>Injection, bevacizumab-nwgd (Jobevne), biosimilar, 10 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>C9307</u>	<u>Injection, linvoseltamab-gcpt, 1 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J0013</u>	<u>Esketamine, nasal spray, 1 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J1073</u>	<u>Testosterone pellet, implant, 75 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J2596</u>	<u>Injection, vasopressin (Long Grove), not therapeutically equivalent to J2598, 1 unit</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J3387</u>	<u>Injection, elivaldogene autotemcel, per treatment</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J3389</u>	<u>Topical administration, prademagene zamikeracel, per treatment</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J7528</u>	<u>Mycophenolate mofetil, for suspension, oral, 100 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J9184</u>	<u>Injection, gemcitabine HCl (Avyxa), 200 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J9256</u>	<u>Injection, nipocalimab-aahu, 3 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J9282</u>	<u>Mitomycin, intravesical instillation, 1 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>J9326</u>	<u>Injection, telisotuzumab vedotin-tllv, 1 mg</u>	<u>Yes Auth Required: Delegated - PerformRX</u>
<u>11311</u>	<u>Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm</u>	<u><del>Yes Auth Required</del> - No Auth Required</u>
<u>15786</u>	<u>Abrasion; single lesion (eg, keratosis, scar)</u>	<u><del>Yes Auth Required</del> - No Auth Required</u>
<u>77012</u>	<u>Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation</u>	<u><del>Yes Auth Required</del> - No Auth Required</u>

<u>81177</u>	<u>ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</u>	<u>Yes Auth Required–No Auth Required</u>
<u>97022</u>	<u>Application of a modality to 1 or more areas; whirlpool</u>	<u>Yes Auth Required–No Auth Required</u>
<u>97035</u>	<u>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</u>	<u>Yes Auth Required–No Auth Required</u>
<u>97124</u>	<u>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</u>	<u>Yes Auth Required–No Auth Required</u>
<u>97139</u>	<u>Unlisted therapeutic procedure (specify)</u>	<u>Yes Auth Required–No Auth Required</u>
<u>A4333</u>	<u>Urinary catheter anchoring device, adhesive skin attachment, each</u>	<u>Yes Auth Required for all rentals and any purchases over \$750.00–No Auth Required</u>
<u>A4550</u>	<u>Surgical trays</u>	<u>Yes Auth Required for all rentals and any purchase over \$750.00–No Auth Required</u>
<u>A4565</u>	<u>Slings</u>	<u>Yes Auth Required for all rentals and any purchases over \$750.00–No Auth Required</u>
<u>A4660</u>	<u>Sphygmomanometer/blood pressure apparatus with cuff and stethoscope</u>	<u>Yes Auth Required for all rentals and any purchase over \$750.00–No Auth Required</u>
<u>A4928</u>	<u>Surgical mask, per 20</u>	<u>Yes Auth Required for all rentals and any purchases over \$750.00–No Auth Required</u>
<u>A6457</u>	<u>Tubular dressing with or without elastic, any width, per linear yd</u>	<u>Yes Auth Required for all rentals and any purchase over \$750.00–No Auth Required</u>

<u>E0163</u>	<u>Commode chair, mobile or stationary, with fixed arms</u>	<u><del>Yes Auth Required for all rentals and any purchases over \$750.00</del>-No Auth Required</u>
<u>E0168</u>	<u>Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each</u>	<u><del>Yes Auth Required for all rentals and any purchase over \$750.00</del>-No Auth Required</u>
<u>E0235</u>	<u>Paraffin bath unit, portable (see medical supply code A4265 for paraffin)</u>	<u><del>Yes Auth Required for all rentals and any purchases over \$750.00</del>-No Auth Required</u>
<u>E0434</u>	<u>Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing</u>	<u><del>Yes Auth Required for all rentals and any purchase over \$750.00</del>-No Auth Required</u>
<u>E0570</u>	<u>Nebulizer, with compressor</u>	<u><del>Yes Auth Required for all rentals and any purchases over \$750.00</del>-No Auth Required</u>
<u>E0954</u>	<u>Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot</u>	<u><del>Yes Auth Required</del>-No Auth Required</u>
<u>E1028</u>	<u>Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory</u>	<u><del>Yes Auth Required</del>-No Auth Required</u>
<u>E1031</u>	<u>Rollabout chair, any and all types with castors 5 in or greater</u>	<u><del>Yes Auth Required for all rentals and any purchase over \$750.00</del>-No Auth Required</u>
<u>E1237</u>	<u>Wheelchair, pediatric size, rigid, adjustable, without seating system</u>	<u><del>Yes Auth Required for all rentals and any purchase over \$750.00</del>-No Auth Required</u>
<u>E2613</u>	<u>Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware</u>	<u><del>Yes Auth Required for all rentals and any purchase over \$750.00</del>-No Auth Required</u>
<u>J0295</u>	<u>Injection, ampicillin sodium/sulbactam sodium, per 1.5 g</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del>-No Auth Required</u>

<u>J1030</u>	<u>Injection, methylprednisolone acetate, 40 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J1040</u>	<u>Injection, methylprednisolone acetate, 80 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J2001</u>	<u>Injection, lidocaine HCl for intravenous infusion, 10 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J2260</u>	<u>Injection, milrinone lactate, 5 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J2930</u>	<u>Injection, methylprednisolone sodium succinate, up to 125 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J3370</u>	<u>Injection, vancomycin HCl, 500 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J3420</u>	<u>Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J7507</u>	<u>Tacrolimus, immediate release, oral, 1 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>J7517</u>	<u>Mycophenolate mofetil, oral, 250 mg</u>	<u><del>Yes Auth Required: Delegated to PerformRX</del> No Auth Required</u>
<u>K0002</u>	<u>Standard hemi (low seat) wheelchair</u>	<u><del>Yes Auth Required for all rentals and any purchase over \$750.00</del> No Auth Required</u>
<u>K0018</u>	<u>Detachable, adjustable height armrest, upper portion, replacement only, each</u>	<u><del>Yes Auth Required for all rentals and any purchase over \$750.00</del> No Auth Required</u>

<u>K0037</u>	<u>High mount flip-up footrest, each</u>	<del>Yes Auth Required for all rentals and any purchase over \$750.00</del> <u>No Auth Required</u>
<u>K0045</u>	<u>Footrest, complete assembly, replacement only, each</u>	<del>Yes Auth Required for all rentals and any purchase over \$750.00</del> <u>No Auth Required</u>
<u>L1290</u>	<u>Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad</u>	<del>Yes Auth Required for all rentals and any purchase over \$750.00</del> <u>No Auth Required</u>
<u>L5940</u>	<u>Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)</u>	<del>Yes Auth Required</del> <u>No Auth Required</u>
<u>L5972</u>	<u>All lower extremity prostheses, foot, flexible keel</u>	<del>Yes Auth Required for all rentals and any purchase over \$750.00</del> <u>No Auth Required</u>
<u>17110</u>	<u>Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions</u>	<del>Yes Auth Required</del> <u>No Auth Required</u>
<u>17111</u>	<u>Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions</u>	<del>Yes Auth Required</del> <u>No Auth Required</u>