



## Memorandum

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**To:** LDH, MCO Policies  
**From:** Lesli Boudreaux, Director Compliance and Regulatory Affairs  
**Date:** 10/10/2023  
**Subject:** AmeriHealth Caritas Louisiana – Prior Authorization Requirements

AmeriHealth Caritas Louisiana submits these proposed prior authorization requirement revisions for consideration. These revisions will become effective upon receipt of LDH's approval and will remain in effect until such time that revisions are submitted to LDH for review and approval.

This information was reviewed and approved by AmeriHealth Caritas Louisiana.

A handwritten signature in black ink, appearing to read "Kyle Viator".

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Kyle Viator  
Market President

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Authorization Rules</b>
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quanti	<b><u>Prior Authorization Required</u></b>
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	<b><u>Prior Authorization Required</u></b>
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	<b><u>Prior Authorization Required</u></b>
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cance	<b><u>Prior Authorization Required</u></b>
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), cir	<b><u>Prior Authorization Required</u></b>
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	<b><u>Prior Authorization Required</u></b>
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	<b><u>Prior Authorization Required</u></b>
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR),	<b><u>Prior Authorization Required</u></b>

0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	<b><u>Prior Authorization Required</u></b>
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	<b><u>Prior Authorization Required</u></b>
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	<b><u>Prior Authorization Required</u></b>
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian c	<b><u>Prior Authorization Required</u></b>
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen depriva	<b><u>Prior Authorization Required</u></b>
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	<b><u>Prior Authorization Required</u></b>
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	<b><u>Prior Authorization Required</u></b>
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tu	<b><u>Prior Authorization Required</u></b>
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	<b><u>Prior Authorization Required</u></b>

0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score r	<b><u>Prior Authorization Required</u></b>
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular fil	<b><u>Prior Authorization Required</u></b>
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	<b><u>Prior Authorization Required</u></b>
A2019	Kerecis Omega3 MariGen Shield, per sq cm	<b><u>Prior Authorization Required</u></b>
A2020	AC5 Advanced Wound System (AC5)	<b><u>Prior Authorization Required</u></b>
A2021	NeoMatriX, per sq cm	<b><u>Prior Authorization Required</u></b>
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
A7049	Expiratory positive airway pressure intranasal resistance valve	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
C9145	Injection, aprepitant, (Aponvie), 1 mg	<b><u>Prior Authorization Required</u></b>
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg	<b><u>Prior Authorization Required</u></b>
C9147	Injection, tremelimumab-actl, 1 mg	<b><u>Prior Authorization Required</u></b>
C9148	Injection, teclistamab-cqyv, 0.5 mg	<b><u>Prior Authorization Required</u></b>
C9149	Injection, teplizumab-mzww, 5 mcg	<b><u>Prior Authorization Required</u></b>

E0677	Nonpneumatic sequential compression garment, trunk	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
J0208	Injection, sodium thiosulfate, 100 mg	<b><u>Prior Authorization Required</u></b>
J0218	Injection, olipudase alfa-rpcp, 1 mg	<b><u>Prior Authorization Required</u></b>
J0612	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	<b><u>Prior Authorization Required</u></b>
J0613	Injection, calcium gluconate (WG Critical Care), per 10 mg	<b><u>Prior Authorization Required</u></b>
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	<b><u>Prior Authorization Required</u></b>
J1449	Injection, eflapegrastim-xnst, 0.1 mg	<b><u>Prior Authorization Required</u></b>
J1747	Injection, spesolimab-sbzo, 1 mg	<b><u>Prior Authorization Required</u></b>
J2403	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	<b><u>Prior Authorization Required</u></b>
J9196	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg	<b><u>Prior Authorization Required</u></b>
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	<b><u>Prior Authorization Required</u></b>
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	<b><u>Prior Authorization Required</u></b>
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	<b><u>Prior Authorization Required</u></b>
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
Q4265	NeoStim TL, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4266	NeoStim Membrane, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4267	NeoStim DL, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4268	SurGraft FT, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4269	SurGraft XT, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4270	Complete SL, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4271	Complete FT, per sq cm	<b><u>Prior Authorization Required</u></b>
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	<b><u>Prior Authorization Required</u></b>
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	<b><u>Prior Authorization Required</u></b>
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	<b><u>Prior Authorization Required</u></b>

Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	<b><u>Prior Authorization Required</u></b>
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<b><u>Prior Authorization Required</u></b>
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression	<b><u>Prior Authorization Required</u></b>
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration det	<b><u>Prior Authorization Required</u></b>
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for	<b><u>Prior Authorization Required</u></b>
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations	<b><u>Prior Authorization Required</u></b>
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	<b><u>Prior Authorization Required</u></b>
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	<b><u>Prior Authorization Required</u></b>
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	<b><u>Prior Authorization Required</u></b>

0395U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	<b><u>Prior Authorization Required</u></b>
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	<b><u>Prior Authorization Required</u></b>
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	<b><u>Prior Authorization Required</u></b>
0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	<b><u>Prior Authorization Required</u></b>
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for I	<b><u>Prior Authorization Required</u></b>
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative	<b><u>Prior Authorization Required</u></b>
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	<b><u>Prior Authorization Required</u></b>
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	<b><u>Prior Authorization Required</u></b>
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	<b><u>Prior Authorization Required</u></b>

0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results wh	<b><u>Prior Authorization Required</u></b>
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or program	<b><u>Prior Authorization Required</u></b>
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or program	<b><u>Prior Authorization Required</u></b>
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or program	<b><u>Prior Authorization Required</u></b>
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantifica	<b><u>Prior Authorization Required</u></b>
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including da	<b><u>Prior Authorization Required</u></b>
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	<b><u>Prior Authorization Required</u></b>
C9150	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose	<b><u>Prior Authorization Required</u></b>
C9151	Injection, pegcetacoplan, 1 mg	<b><u>Prior Authorization Required</u></b>
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	<b><u>Prior Authorization Required</u></b>
J0206	Injection, allopurinol sodium, 1 mg	<b><u>Prior Authorization Required</u></b>



J1440	Fecal microbiota, live - jsIm, 1 ml	<b><u>Prior Authorization Required</u></b>
J1941	Injection, furosemide (Furoscix), 20 mg	<b><u>Prior Authorization Required</u></b>
J2329	Injection, ublituximab-xiiy, 1mg	<b><u>Prior Authorization Required</u></b>
J2561	Injection, phenobarbital sodium (Sezaby), 1 mg	<b><u>Prior Authorization Required</u></b>
J2598	Injection, vasopressin, 1 unit	<b><u>Prior Authorization Required</u></b>
J2599	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit	<b><u>Prior Authorization Required</u></b>
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	<b><u>Prior Authorization Required</u></b>
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	<b><u>Prior Authorization Required</u></b>
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	<b><u>Prior Authorization Required</u></b>
J9058	Injection, bendamustine HCl (Apotex), 1 mg	<b><u>Prior Authorization Required</u></b>
J9059	Injection, bendamustine HCl (Baxter), 1 mg	<b><u>Prior Authorization Required</u></b>
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	<b><u>Prior Authorization Required</u></b>
J9259	Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg	<b><u>Prior Authorization Required</u></b>
J9322	Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	<b><u>Prior Authorization Required</u></b>
J9323	Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	<b><u>Prior Authorization Required</u></b>
J9347	Injection, tremelimumab-actl, 1 mg	<b><u>Prior Authorization Required</u></b>
J9350	Injection, mosunetuzumab-axgb, 1 mg	<b><u>Prior Authorization Required</u></b>
J9380	Injection, teclistamab-cqyv, 0.5 mg	<b><u>Prior Authorization Required</u></b>
J9381	Injection, teplizumab-mzwv, 5 mcg	<b><u>Prior Authorization Required</u></b>
Q4272	Esano A, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4273	Esano AAA, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4274	Esano AC, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4275	Esano ACA, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4276	ORION, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4277	WoundPlus membrane or E-Graft, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4278	EPIEFFECT, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4280	Xcell Amnio Matrix, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4281	Barrera SL or Barrera DL, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4282	Cygnus Dual, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4284	DermaBind SL, per sq cm	<b><u>Prior Authorization Required</u></b>
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	<b><u>Prior Authorization Required</u></b>
C9152	Injection, aripiprazole, (Abilify Asimtufii), 1 mg	<b><u>Prior Authorization Required</u></b>
C9153	Injection, amisulpride, 1 mg	<b><u>Prior Authorization Required</u></b>
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	<b><u>Prior Authorization Required</u></b>

C9155	Injection, epcoritamab-bysp, 0.16 mg	<b><u>Prior Authorization Required</u></b>
C9157	Injection, tofersen, 1 mg	<b><u>Prior Authorization Required</u></b>
C9158	Injection, risperidone, (Uzedly), 1 mg	<b><u>Prior Authorization Required</u></b>
J0174	Injection, lecanemab-irmb, 1 mg	<b><u>Prior Authorization Required</u></b>
J0349	Injection, rezafungin, 1 mg	<b><u>Prior Authorization Required</u></b>
J0801	Injection, corticotropin (Acthar Gel), up to 40 units	<b><u>Prior Authorization Required</u></b>
J0802	Injection, corticotropin (ANI), up to 40 units	<b><u>Prior Authorization Required</u></b>
J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	<b><u>Prior Authorization Required</u></b>
J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	<b><u>Prior Authorization Required</u></b>
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	<b><u>Prior Authorization Required</u></b>
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	<b><u>Prior Authorization Required</u></b>
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm	<b><u>Prior Authorization Required</u></b>
J9051	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	<b><u>Prior Authorization Required</u></b>
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	<b><u>Prior Authorization Required</u></b>
J9345	Injection, retifanlimab-dlwr, 1 mg	<b><u>Prior Authorization Required</u></b>
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	<b><u>Prior Authorization Required</u></b>
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	<b><u>Prior Authorization Required</u></b>
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	<b><u>Prior Authorization Required</u></b>
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	<b><u>Prior Authorization Required</u></b>
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer	<b><u>Prior Authorization Required</u></b>

0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with	<b><u>Prior Authorization Required</u></b>
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified m	<b><u>Prior Authorization Required</u></b>
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	<b><u>Prior Authorization Required</u></b>
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	<b><u>Prior Authorization Required</u></b>
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of	<b><u>Prior Authorization Required</u></b>
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	<b><u>Prior Authorization Required</u></b>
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive	<b><u>Prior Authorization Required</u></b>
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) sco	<b><u>Prior Authorization Required</u></b>

0416U	Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	<b><u>Prior Authorization Required</u></b>
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions,	<b><u>Prior Authorization Required</u></b>
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	<b><u>Prior Authorization Required</u></b>
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	<b><u>Prior Authorization Required</u></b>
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	<b><u>Prior Authorization Required</u></b>
A2023	InnovaMatrix PD, 1 mg	<b><u>Prior Authorization Required</u></b>
A2024	Resolve Matrix, per sq cm	<b><u>Prior Authorization Required</u></b>
A2025	Miro3D, per cu cm	<b><u>Prior Authorization Required</u></b>
A9268	Programmer for transient, orally ingested capsule	<b><u>Prior Authorization Required</u></b>
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	<b><u>Prior Authorization Required</u></b>
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	<b><u>Prior authorization required for billed chargers greater than or equal to \$750.00</u></b>
C9789	Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	<b><u>Prior Authorization Required</u></b>
C9790	Histotripsy (i.e., nonthermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	<b><u>Prior Authorization Required</u></b>
C9792	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra proce	<b><u>Prior Authorization Required</u></b>

E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	<b><u>Prior Authorization Required</u></b>
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	<b><u>Prior Authorization Required</u></b>
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	<b><u>Prior Authorization Required</u></b>
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	<b><u>Prior Authorization Required</u></b>
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	<b><u>Prior Authorization Required</u></b>
L1681	Hip orthosis (HO), bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a s	<b><u>Prior Authorization Required</u></b>
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	<b><u>Prior Authorization Required</u></b>
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	<b><u>Prior Authorization Required</u></b>
Q4286	NuDYN SL or NuDYN SLW, per sq cm	<b><u>Prior Authorization Required</u></b>
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	<b><u>Prior Authorization Required</u></b>