

August 31, 2023

## Prior Authorization Required List Changes Effective 10/01/2023

Dear provider,

Here are upcoming changes to the Health Plan of San Mateo's (HPSM's) prior authorization required list. For the most current updates, please visit [www.hpsm.org/provider/authorizations](http://www.hpsm.org/provider/authorizations).

### 6 codes added requiring prior authorization:

CPT Code	Description
<b>0232T</b>	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED
<b>19370</b>	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY
<b>J9202</b>	GOSERELIN ACETATE IMPLANT, PER 3.6 MG (ZOLADEX®)
<b>Q5111</b>	INJECTION, UDENYCA 0.5 MG
<b>Q5122</b>	INJ, NYVEPRIA
<b>Q5130</b>	INJ, FYLNETRA, 0.5 MG

### 15 codes removed from the list for no longer requiring prior authorization:

CPT Code	Description
<b>66989</b>	COMPLEX CATARACT REMOVAL WITH INTRAOCULAR LENS IMPLANT AND CONCOMITANT INTRAOCULAR AQUEOUS DRAINAGE DEVICE
<b>66991</b>	NONCOMPLEX CATARACT REMOVAL WITH INSERTION OF AQUEOUS DRAINAGE SYSTEM
<b>93569</b>	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY, UNILATERAL
<b>93573</b>	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY, BILATERAL
<b>93574</b>	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE PULMONARY VENOUS ANGIOGRAPHY OF EACH DISTINCT PULMONARY VEIN DURING CARDIAC CATHETERIZATION
<b>93575</b>	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE PULMONARY ANGIOGRAPHY OF MAJOR AORTOPULMONARY COLLATERAL ARTERIES (MAPCAS) ARISING OFF THE AORTA

	OR ITS SYSTEMIC BRANCHES, DURING CARDIAC CATHETERIZATION FOR CONGENITAL HEART DEFECTS, EACH DISTINCT VESSEL
<b>93593</b>	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE; NORMAL NATIVE CONNECTIONS
<b>93594</b>	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE; ABNORMAL NATIVE CONNECTIONS
<b>93595</b>	LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE, NORMAL OR ABNORMAL NATIVE CONNECTIONS
<b>93596</b>	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); NORMAL NATIVE CONNECTIONS
<b>93597</b>	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); ABNORMAL NATIVE CONNECTIONS
<b>93598</b>	CARDIAC OUTPUT MEASUREMENT(S), THERMODILUTION OR OTHER INDICATOR DILUTION METHOD, PERFORMED DURING CARDIAC CATHETERIZATION FOR THE EVALUATION OF CONGENITAL HEART DEFECTS
<b>B9002</b>	ENTERAL INFUSION PUMP W/ ALA
<b>E0776</b>	IV POLE
<b>J9035</b>	BEVACIZUMAB INJECTION

**4 codes had conditional authorization requirements updated:**

<b>CPT Code</b>	<b>Description</b>	<b>Condition</b>
<b>98940</b>	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	Authorization required after 24 visits
<b>98941</b>	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	Authorization required after 24 visits
<b>98942</b>	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	Authorization required after 24 visits
<b>T4537</b>	IC UNDERPAD REUSABLE BED	Use this code when billing for reusable waterproof sheets. Hard cap of 2 per year. Incontinence related diagnosis code required. Reimbursement for this item is not included in the \$180 reimbursement cap

Please direct questions to HPSM Provider Services at [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you,

The Health Plan of San Mateo