

October 4, 2023

Prior Authorization Required List Changes Effective 10/01/2023

Dear provider,

This is a reminder about changes to the Health Plan of San Mateo's (HPSM's) prior authorization required list, effective 10/1/2023. For the most current updates: <https://www.hpsm.org/provider/authorizations>.

6 codes added requiring prior authorization:

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

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

CPT Code	Description
66989	COMPLEX CATARACT REMOVAL WITH INTRAOCULAR LENS IMPLANT AND CONCOMITANT INTRAOCULAR AQUEOUS DRAINAGE DEVICE
66991	NONCOMPLEX CATARACT REMOVAL WITH INSERTION OF AQUEOUS DRAINAGE SYSTEM
93569	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY, UNILATERAL
93573	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY, BILATERAL
93574	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE PULMONARY VENOUS ANGIOGRAPHY OF EACH DISTINCT PULMONARY VEIN DURING CARDIAC CATHETERIZATION
93575	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
93593	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
93594	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
93595	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
93596	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
93597	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
93598	CARDIAC OUTPUT MEASUREMENT(S), THERMODILUTION OR OTHER INDICATOR DILUTION METHOD, PERFORMED DURING CARDIAC CATHETERIZATION FOR THE EVALUATION OF CONGENITAL HEART DEFECTS
B9002	ENTERAL INFUSION PUMP W/ ALA
E0776	IV POLE

4 codes had conditional authorization requirements updated:

CPT Code	Description	Condition
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	Authorization required after 24 visits
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	Authorization required after 24 visits
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	Authorization required after 24 visits
T4537	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.

Thank you,

The Health Plan of San Mateo