

October 31, 2023

Prior Authorization Required List Changes Effective 12/01/2023

Dear provider,

Here are upcoming changes to the Health Plan of San Mateo's (HPSM's) prior authorization required list, effective 12/1/2023. For the most current updates, please visit www.hpsm.org/provider/authorizations.

93 codes added requiring prior authorization:

CPT Code	Description	Comment
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	
15789	CHEMICAL PEEL, FACIAL; DERMAL	
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	
19307	MASTECTOMY, MODIFIED RADICAL	
19325	BREAST AUGMENTATION WITH IMPLANT	
19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	
19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	
19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT	
21060	MENISCECTOMY, TEMPOROMANDIBULAR JOINT	
21070	CORONOIDECTOMY	
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S)	
21700	DIVISION, SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	
21705	DIVISION, SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	
21720	DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITHOUT CAST APPLICATION	

21725	DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITH CAST APPLICATION	
21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM OR CARINATUM; OPEN	
21742	NUSS PROCEDURE, WITHOUT THORACOSCOPY	
22510	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; CERVICOTHORACIC	
22511	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; LUMBOSACRAL	
22512	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY	
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; THORACIC	
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; LUMBAR	
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	
22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE	
22858	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SECOND LEVEL, CERVICAL	
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL	
30220	INSERTION NASAL SEPTAL PROSTHESIS	
31032	SINUSOTOMY, MAXILLARY; INTRANASAL; RADICAL WITH ANTROCHOANAL POLYP REMOVAL	
31050	SINUSOTOMY, SPHENOID	
31051	SINUSOTOMY, SPHENOID, WITH MUCOSAL STRIPPING OR REMOVAL, POLYP(S)	
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL	
31084	SINUSOTOMY FRONTAL; OBLITERATIVE WITH OSTEOPLASTIC FLAP, BROW INCISION	
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE WITH OSTEOPLASTIC FLAP, CORONAL INCISION	
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE	
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	
32851	LUNG TRANSPLANT, SINGLE, WITHOUT CARDIOPULMONARY BYPASS	
32852	LUNG TRANSPLANT, SINGLE, WITH CARDIOPULMONARY BYPASS	

32853	LUNG TRANSPLANT, DOUBLE, WITHOUT CARDIOPULMONARY BYPASS	
32854	LUNG TRANSPLANT, DOUBLE, WITH CARDIOPULMONARY BYPASS	
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION	
37500	VASCULAR ENDOSCOPY WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL	
37700	LIGATION/DIVISION LONG SAPHENOUS VEIN	
37718	LIGATION, DIVISION AND STRIPPING, SHORT SAPHENOUS VEIN	
37722	LIGATION, DIVISION AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS	
37735	LIGATION/DIVISION/STRIPPING SAPHENOUS VEINS, WITH EXCISION OF DEEP FASCIA	
37760	LIGATION OF PERFORATOR VEINS, OPEN	
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, 10-20 INCISIONS	
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, MORE THAN 20 INCISIONS	
37780	LIGATION/DIVISION SHORT SAPHENOUS VEIN	
37785	LIGATION/DIVISION VARICOSE VEINS, ONE LEG	
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA DEPLETION	
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA	
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	
39541	REPAIR, DIAPHRAGMATIC HERNIA, TRAUMATIC; CHRONIC	
J0206	ALLOPURINOL SODIUM FOR INJECTION (ALOPRIM®)	
J1440	FECAL MICROBIOTA, LIVE – JSLM (REBYOTA™)	
J1576	IMMUNE GLOBULIN (PANZYGA)	
J1941	FUROSEMIDE (FUROSCIX)	
J2329	UBLITUXIMAB-XIY (BRIUMVI™)	
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	

J7204	INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIIO), PER FACTOR VIII I.U.	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)
J9029	NADOFARAGENE FIRADENOVEC-VNCG (ADSTILADRIN®)	
J9056	INJECTION, BENDAMUSTINE HCL (VIVIMUSTA), 1 MG	
J9058	INJECTION, BENDAMUSTINE HCL (APOTEX), 1 MG	
J9059	INJECTION, BENDAMUSTINE HCL (BAXTER), 1 MG	
J9063	MIRVETUXIMAB SORAVTANSINE-GYNX (ELAHERE™)	
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	
J9259	PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN AGENT)	
J9381	TEPLIZUMAB-MZWV (TZIELD™)	
Q4272	ESANO A, PER SQ CM	
Q4273	ESANO AAA, PER SQ CM	
Q4274	ESANO AC, PER SQ CM	
Q4275	ESANO ACA, PER SQ CM	
Q4276	ORION, PER SQ CM	
Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQ CM	
Q4278	EPIEFFECT, PER SQ CM	
Q4280	XCELL AMNIO MATRIX, PER SQ CM	
Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	
Q4282	CYGNUS DUAL, PER SQ CM	
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	
Q4284	DERMABIND SL, PER SQ CM	
Q5131	ADALIMUMAB-AACF (IDACIO®)	

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

CPT Code	Description
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES; FIRST HOUR
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES; EACH ADDITIONAL HOUR
96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING, TWO OR MORE TESTS; FIRST 30 MINUTES

96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING, TWO OR MORE TESTS; EACH ADDITIONAL 30 MINUTES
96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS; FIRST 30 MINUTES
96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS; EACH ADDITIONAL 30 MINUTES
96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WITH SINGLE AUTOMATED, STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM, WITH AUTOMATED RESULT ONLY

6 codes on the prior authorization list had comments updated:

CPT Code	Description	Comment
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	Modifier KF required
E0748	OSTOGNS STIM NONINVASV SP APPLIC	Modifier KF required
E0760	OSTOGNS STIM LW INTENS US NONINVASV	Modifier KF required
E0766	ELEC STM DVC CA TX ALL ACC ANY TYPE	Modifier KF required
J3590	UNCLASSIFIED BIOLOGICS	Comment Removed
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	Modifier KF required

Please direct questions to HPSM Provider Services at PSInquiries@hpsm.org.

Thank you,

The Health Plan of San Mateo