

## HPSM Announcement

**Date:** June 15, 2018

**To:** HPSM Contracted Providers

**Subject:** Prior Authorization List Updates: Notification of Changes Effective July 15th, 2018

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Dear provider,

The HPSM Prior Authorization Required List states which service codes require prior authorization. It is expected that all services requiring prior authorization must be authorized before providing the service, with the exception of services that might be necessary on an emergent or truly urgent basis.

The list of codes requiring prior authorization is updated periodically to reflect current clinical guidelines. **Effective July 15<sup>th</sup>, the changes below will go into effect.**

Please visit our website for the most current Prior Authorization Required Services List. This list is available in both PDF and XLSX format, at:

<https://www.hpsm.org/providers/authorizations.aspx>

Please contact HPSM Health Services at **650-616-2070** with questions.

### Additions to Prior Authorization Required list

The following codes will now *require* prior authorization, effective 7/15/2018:

CPT CODE	DESCRIPTION
<b>HIP</b>	
27090	Removal of hip prosthesis (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
<b>KNEE</b>	
27438	Arthroplasty, patella; with prosthesis
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee

### Deletions from Prior Authorization Required list

The following codes will no longer require prior authorization, effective 7/15/2018:

CPT CODE	DESCRIPTION
<b>Outpatient procedures</b>	
92082	visual field testing
66821	YAG capsulotomy (laser)
52005	cystoscopy and ureter catheter
52356	cysto with stent placement
94621	pulmonary stress test
97802	nutrition consult visit

91200	Fibroscan
78014	thyroid uptake
V5011	fitting of hearing aid
58300	insertion of intrauterine device
93295	cardiac device evaluation
31237	nasal/sinus endoscopy surgery
31238	nasal/sinus endoscopy surgery
31239	nasal/sinus endoscopy surgery
31240	nasal/sinus endoscopy surgery
38222	bone marrow bx w/aspiration
76999	echo exam procedure (transthoracic)
78205	liver imaging 3d
78206	liver imaging 3d with flow
81220	genetic test during pregnancy for Cystic Fibrosis
80299	drug level testing
87633	resp. virus levels
43259	EGD US exam duodenum/jejunum
G0248	INR training at home
G0249	INR test equipment
G0250	MD review of INR monitor
L3650	slings
69990	Microsurgery add-on
64859	additional sutures
<b>DME</b>	
E0100	cane
E0143	standard walker
E0163	standard commode
A6545	compression stockings
L3762	elbow orthos rigid w/o joint prefab
L4316	walking boot, pneumatic
L3170	heel stabilizer, prefabricated, off the shelf
<b>Inpatient procedures</b>	
33320	aortic suture repair