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4/1/2020

## Revision to Prior Notice Re: Prior Authorization and Covered Services Updates – Q1 2020

Changes effective April 1, 2020

Dear Provider,

This is a courtesy notification regarding updates to the previously communicated changes for HPSM’s Prior Authorization Requirements as of 4/1/2020.

As a reminder, until further notice, **prior authorization is not required for home health care, incontinence supplies and non-emergency medical transportation (NEMT)**. Please direct these services without delay to members who need them. During this period, an authorization is **not** required for these services. Please visit and bookmark our website for the most current requirements: <https://www.hpsm.org/Home/provider/authorizations>.

We are sharing other provider updates on the HPSM website here: <https://www.hpsm.org/provider/provider-news-updates/urgent-messages>

If you have any questions, please contact HPSM Health Services at 650-616-2070.

### Updates and final requirements as of 4/1/2020:

Code	Description	3/1/2020 Provider Notice	4/1/2020 Final Update	Prior Auth Required (Y/N or Conditional)
58150	Total hysterectomy	PA required as of 4/1/2020	PA not required at this time	N
58180	Partial hysterectomy	PA required as of 4/1/2020	PA not required at this time	N
58200	Extensive hysterectomy	PA required as of 4/1/2020	PA not required at this time	N
58210	Extensive hysterectomy	PA required as of 4/1/2020	PA not required at this time	N
58260	Vaginal hysterectomy	PA required as of 4/1/2020	PA not required at this time	N
58262	Bag hyst including t/o	PA required as of 4/1/2020	PA not required at this time	N
58290	Vag hyst complex	PA required as of 4/1/2020	PA not required at this time	N
58292	Vag hyst t/o & repair compl	PA required as of 4/1/2020	PA not required at this time	N
51729	Cystometrogram w/vp&up	PA no longer required as of 4/1/2020	No change	N
A0430	Fixed wing air transport	PA required as of 4/1/2020	PA not required at this time	N
A0431	Rotary wing air transport	PA required as of 4/1/2020	PA not required at this time	N
A0433	ALS 2	PA required as of 4/1/2020	PA not required at this time	N

Code	Description	3/1/2020 Provider Notice	4/1/2020 Final Update	Prior Auth Required (Y/N or Conditional)
A0434	Speciality care transport	PA required as of 4/1/2020	PA not required at this time	N
A0435	Fixed wing air mileage	PA required as of 4/1/2020	PA not required at this time	N
A0436	Rotary wing air mileage	PA required as of 4/1/2020	PA not required at this time	N
A7020	Interface, cough stim device	PA required as of 4/1/2020	PA not required at this time	N
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	3/1 notice referenced code B4106 in error as requiring PA	B4105 code added but PA not required at this time	N
C9036	INJECTION, PATISIRAN	Code is no longer valid	No change	N/A
C9038	INJ MOGAMULIZUMAB-KPKC	Code is no longer valid	No change	N/A
C9044	Injection, cemiplimab-rwlc, 1 mg	Code is no longer valid	No change	N/A
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Code is no longer valid	No change	N/A
C9054	Injection, lefamulin (Xenleta), 1 mg	PA required as of 4/1/2020	PA not required at this time	N
C9055	Injection, brexanolone, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
C9447	Inj, phenylephrine ketorolac	Code is no longer valid	No change	N/A
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	PA required as of 4/1/2020	PA not required at this time	N
J0121	Omadacycline Tosylate (Nuzyra)	PA required as of 4/1/2020	PA not required at this time	N
J0122	Eravacycline (Xerava)	PA required as of 4/1/2020	PA not required at this time	N
J0222	Patisiran (Onpattro)	PA required as of 4/1/2020	PA not required at this time	N
J0291	Plazomicin (Zemdri)	PA required as of 4/1/2020	PA not required at this time	N
J0593	Lanadelumab-flyo (Takhzyro)	PA required as of 4/1/2020	PA not required at this time	N
J0179	Injection, brolocizumab-dbl, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
J1096	Dexamethasone ophthalmic insert (Dextenza)	PA required as of 4/1/2020	PA not required at this time	N
J1303	Injection, ravulizumab-cwvz, 10 mg	PA required as of 4/1/2020	PA not required at this time	N
J1942	Injection, aripiprazole lauroxil, 1 mg	Code is no longer valid	No change	N/A
J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg	PA required as of 4/1/2020	PA not required at this time	N
J2794	Risperidone, long acting	PA required as of 4/1/2020	PA not required at this time	N
J2798	Injection, risperidone, (Perseris), 0.5 mg	PA required as of 4/1/2020	PA not required at this time	N

Code	Description	3/1/2020 Provider Notice	4/1/2020 Final Update	Prior Auth Required (Y/N or Conditional)
J3031	Injection, fremanezumab-vfrm, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
J3111	Injection, romosozumab-aqg, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	PA required as of 4/1/2020	PA not required at this time	N
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
J7401	Mometasone furoate sinus implant, 10 mcg	PA required as of 4/1/2020	PA not required at this time	N
J9210	Emapalumab-lzsg	PA required as of 4/1/2020	PA not required at this time	N
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	PA required as of 4/1/2020	PA not required at this time	N
L2006	KNEE-ANKLE-FOOT (KAF) DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS (E.G., SENSORS, BATTERIES, CHARGER), ANY TYPE ACTIVATION, WITH OR WITHOUT ANKLE JOINT(S), CUSTOM FABRICATED	PA required as of 4/1/2020	PA not required at this time	N
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	PA required as of 4/1/2020	PA not required at this time	N
Q4122	Dermacell, awm, porous sq cm	PA required as of 4/1/2020	PA not required at this time	N
Q4154	Biovance 1 square cm	PA required as of 4/1/2020	PA not required at this time	N
Q4165	Keramatrix, kerasorb sq cm	PA required as of 4/1/2020	PA not required at this time	N
Q4184	Cellesta or duo per sq cm	PA required as of 4/1/2020	PA not required at this time	N
S1090	Mometasone sinus implant	Code is no longer valid	No change	N/A

Please go on to the next page for the list of home health, DME, and NEMT codes that do not require prior authorization until further notice.

Home health, DME, and NEMT codes that do not require prior authorization until further notice:

Category/Code	Description	Update as of 4/1/2020	Prior Auth Required (Y/N or Conditional)
<b>Home Health:</b>			
99501	Home visit postnatal	PA not required at this time	N
99502	Home visit nb care	PA not required at this time	N
99600	Home Visit Service or Procedures	PA not required at this time	N
G0151	Hhcp-serv of pt,ea 15 min	PA not required at this time	N
G0152	Hhcp-serv of ot,ea 15 min	PA not required at this time	N
G0153	Hhcp-svs of s/l path,ea 15mn	PA not required at this time	N
G0154	Hhcp-svs of rn,ea 15 min	PA not required at this time	N
G0155	Hhcp-svs of csw,ea 15 min	PA not required at this time	N
G0156	Hhcp-svs of aide,ea 15 min	PA not required at this time	N
G0157	Hhc pt assistant ea 15	PA not required at this time	N
G0158	Hhc ot assistant ea 15	PA not required at this time	N
G0159	Hhc pt maint ea 15 min	PA not required at this time	N
G0160	Hhc occup therapy ea 15	PA not required at this time	N
G0161	Hhc slp ea 15 min	PA not required at this time	N
G0162	Hhc rn e&m plan svs, 15 min	PA not required at this time	N
G0299	Hhs/hospice of rn ea 15 min	PA not required at this time	N
G0300	Hhs/hospice of lpn ea 15 min	PA not required at this time	N
G0483	DR TST DEFIN DR ID M P D 22/M DR CL	PA not required at this time	N
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES	PA not required at this time	N

Category/Code	Description	Update as of 4/1/2020	Prior Auth Required (Y/N or Conditional)
G0494	SKILLED SERVICES OF A LICENSED PRACTIAL NURSE (LPN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES	PA not required at this time	N
G0495	SKILLED SERVICES OF A REGISTERED NURSE (RN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES	PA not required at this time	N
G0496	SKILLED SERVICES OF A LICENSED PRACTIAL NURSE (LPN), IN TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER IN THE HOME HEALTH OR HOSPICE SETTING, 15 MINUTES	PA not required at this time	N
T2005	N-et; stretcher van	PA not required at this time	N
<b>Incontinent Supplies:</b>			
A4335	Incontinence supply	PA not required at this time	N
A4520	Incontinence garment anytype	PA not required at this time	N
A4554	Disposable underpads	PA not required at this time	N
A6250	Skin seal protect moisturizr	PA not required at this time	N
T4521	Adult size brief/diaper sm	PA not required at this time	N
T4522	Adult size brief/diaper med	PA not required at this time	N
T4523	Adult size brief/diaper lg	PA not required at this time	N
T4524	Adult size brief/diaper xl	PA not required at this time	N

Category/Code	Description	Update as of 4/1/2020	Prior Auth Required (Y/N or Conditional)
T4525	Adult size pull-on sm	PA not required at this time	N
T4526	Adult size pull-on med	PA not required at this time	N
T4527	Adult size pull-on lg	PA not required at this time	N
T4528	Adult size pull-on xl	PA not required at this time	N
T4529	Ped size brief/diaper sm/med	PA not required at this time	N
T4530	Ped size brief/diaper lg	PA not required at this time	N
T4531	Ped size pull-on sm/med	PA not required at this time	N
T4532	Ped size pull-on lg	PA not required at this time	N
T4533	Youth size brief/diaper	PA not required at this time	N
T4534	Youth size pull-on	PA not required at this time	N
T4535	Disposable liner/shield/pad	PA not required at this time	N
T4536	Reusable pull-on any size	PA not required at this time	N
T4537	Reusable underpad bed size	PA not required at this time	N
T4538	Diaper serv reusable diaper	PA not required at this time	N
T4539	Reuse diaper/brief any size	PA not required at this time	N
T4540	Reusable underpad chair size	PA not required at this time	N
T4541	Large disposable underpad	PA not required at this time	N
T4542	Small disposable underpad	PA not required at this time	N
T4543	Adult disp brief/diap abv xl	PA not required at this time	N
T4544	Adlt disp und/pull on abv xl	PA not required at this time	N
<b>NEMT:</b>			
A0130	Non-emergency transportation: wheelchair van	PA not required at this time	N
A0380	BLS mileage (per mile) (use for wheelchair and litter van transports only)	PA not required at this time	N

Category/Code	Description	Update as of 4/1/2020	Prior Auth Required (Y/N or Conditional)
A0425	Ground mileage, per statute mile (use for ambulance transports only)	PA not required at this time	N
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1).	PA not required at this time	N
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	PA not required at this time	N