

Prior Authorization List Updates

Changes effective September 1, 2018

The HPSM Prior Authorization Required List states which service codes do, and do not, require prior authorization. It is expected that all services requiring prior authorization must be authorized *prior* to providing the service, with the exception of services that might be necessary on an emergent or urgent basis.

The list of codes requiring prior authorization is updated regularly to reflect current clinical guidelines and regulatory requirements. HPSM recommends that our providers 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/Home/provider/authorizations>.

This notice is a courtesy reminder to highlight upcoming changes to our Prior Authorization Required Services List. These will be **effective September 1st, 2018**. Please note:

- 10 codes that did not previously require prior authorization now do.
- 29 codes no longer require prior authorization.
- One new code (K0903) has been added.

Code	Description	Change
87631	Resp virus 3-5 targets	Y to N
87632	Resp virus 6-11 targets	Y to N
A9520	Tc99 tilmanocept diag 0.5mci	Y to N
A9515	Choline c-11	Y to N
93976	Vascular study	Y to N
A9588	Fluciclovine f-18	Y to N
A9587	Gallium ga-68	Y to N
51728	Cystometrogram w/vp	Y to N
91040	Esoph balloon distension tst	Y to N
71045	X-ray exam chest 1 view	Y to N
74018	X-ray exam abdomen 1 view	Y to N
77399	External radiation dosimetry	Y to N
97803	Med nutrition indiv subseq	Y to N
81203	Apc gene dup/delet variants	Y to N
81243	Fmr1 gene detection	Y to N

Code	Description	Change
81244	Fmr1 gene characterization	Y to N
81245	Flt3 gene	Y to N
81246	Flt3 gene analysis	Y to N
81275	Kras gene variants exon 2	Y to N
81292	Mlh1 gene full seq	Y to N
81294	Mlh1 gene dup/delete variant	Y to N
81295	Msh2 gene full seq	Y to N
81297	Msh2 gene dup/delete variant	Y to N
81298	Msh6 gene full seq	Y to N
81300	Msh6 gene dup/delete variant	Y to N
81317	Pms2 gene full seq analysis	Y to N
81319	Pms2 gene dup/delet variants	Y to N
81370	Hla i & ii typing 1r	Y to N
81381	Hla i typing 1 allele hr	Y to N
G0422	Intens cardiac rehab w/exerc	N to Y
G0423	Intens cardiac rehab no exer	N to Y
A4281	Replacement breastpump tube	N to Y Per July DME Bulletin, item #2, a TAR is required for these items and they cannot be billed within the same month as breast pump codes.
A4282	Replacement breastpump adpt	
A4283	Replacement breastpump cap	
A4284	Replcmnt breast pump shield	
A4285	Replcmnt breast pump bottle	
A4286	Replcmnt breastpump lok ring	
Q4159	Affinity1 square cm	N to Y
Q4160	Nushield 1 square cm	N to Y
K0903	Mult den insert dir carv/cam	New code, related to A5512 and A5513. Like these codes, K0903 requires prior authorization.
11055, 11056 and 11057	Trim skin lesion, Trim skin lesions 2 to 4, and Trim skin lesions over 4	No change to authorization requirement. However, when these procedures are performed in a SNF / LTC facility during an authorized stay, a single authorization request may now cover these services for a 12 month period.

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