

October 30, 2024

Prior Authorization Required List Changes Effective 12/1/2024

Dear provider,

Here are changes to the Health Plan of San Mateo's (HPSM's) prior authorization required list for December 1, 2024. Find the current list here: <https://www.hpsm.org/provider/authorizations>

3 codes with conditional requirements were updated:

CPT Code	Description	Conditional Requirement
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	PA required for Medi-Cal; PA requirement suspended for CA. Modifier KF required
E0748	OSTOGNS STIM NONINVASV SP APPLIC	PA required for Medi-Cal; PA requirement suspended for CA. Modifier KF required
E0760	OSTOGNS STIM LW INTENS US NONINVASV	PA required for Medi-Cal; PA requirement suspended for CA. Modifier KF required

66 codes added to the list that either require prior authorization or have conditional requirements for authorization:

CPT Code	Description
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
G9008, U1, GQ	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services

G9012, U2, GQ	ECM In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified
H0014, U6	Alcohol and/or drug services; ambulatory detoxification
H0043, U6	Supported housing; per diem
H0044, U2	First month, last month and deposit
H0044, U3	Supported housing, per month.
H0045, U6	Respite care services, not in the home; per diem
H2014, U6	Skills training and development; per 15 minutes
H2016, U6	Comprehensive community support services; per diem
H2022 U5	Community wrap-around services, per diem.
H2024, U6	Supported employment; per diem
H2026, U6	Ongoing support to maintain employment; per diem
S5130, U6	Homemaker services; per 15 minutes
S5151, U6	Unskilled respite care, not hospice; per diem
S5165, U5	Home modifications; per service
S5165, U6	Home modifications; per service
S5170, U6	Home delivered prepared meal
S9125, U6	Respite care, in the home; per diem
S9470, U6	Nutritional counseling, diet
S9977, U6	Meals; per diem, not otherwise specified
T1019, U6	Personal care services; per 15 minutes
T2012, U6	Habilitation, educational; per diem
T2014, U6	Habilitation, prevocational; per diem
T2018, U6	Habilitation, supported employment; per diem
T2020, U6	Day habilitation; per diem

T2033, U6	Residential care, not otherwise specified (NOS), waiver; per diem
T2038, U4	Case management for transition including RCFE search, move in and stabilization. Includes admin rate and travel (first eight months and 9+ months)
T2038, U5	Community transition; per service. (Transition services from home to home or from nursing facility to home. Includes admin rate and travel)
T2040, U6	Financial management, self directed; per 15 minutes
T2041, U6	Support brokerage, self-directed; per 15 minutes
T2050, U6	Financial management, self-directed; per diem
54401	Insertion of penile prosthesis; inflatable [self-contained]
81221	CFTR gene analysis; known familial variants
81222	CFTR gene analysis; duplication/deletion variants
81223	CFTR gene analysis; full gene sequence
81224	CFTR gene analysis; intron 8 poly-T analysis
0488U	UNITY Fetal Antigen™ NIPT, BillionToOne
0494U	Rh Test, Natera™
A2027	Matriderm Per Sq Cm
A2028	Micromatrix flex per mg
A2029	Mirotract Matrix sheet
C9169	Nogapendekin alfa inbakicept-pmIn (ANKTIVA)
C9172	Fidanacogene elaparvovec-dzkt (BEQVEZ™)
J0175	Donanemab-azbt (Kisunla)
J3393	Injection, betibeglogene autotemcel, per treatment
J3394	Injection, lovetibeglogene autotemcel, per treatment
J9329	Tislelizumab-jsgr (TEVIMBRA)
Q4334	Amnioplast 1 per sq cm
Q4335	Amnioplast 2 per sq cm
Q4336	Artecent C per sq cm
Q4337	Artecent Trident per sq cm
Q4338	Artacent Velos per sq cm
Q4339	Artacent Vericlen per sq cm
Q4340	Simpligraft per sq cm
Q4341	Simplimax per sq cm
Q4342	Theramend per sq cm
Q4343	Dermacyte AC Matrx per sq cm
Q4344	Tri Membrane Wrap per sq cm
Q4345	Matrix HD Allogrft per sq cm
Q5108	INJECTION, FULPHILA
Q5113	INJ HERZUMA 10 MG
Q5114	INJ OGIVRI 10 MG

Q5135	Tocilizumab-aazg (TYENNE®)
Q5136	Injection, denosumab-bbdz (jubonti/wyost), biosimilar, 1 mg

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

CPT Code	Description
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
70336	MAGNETIC IMAGE JAW JOINT
70540	MRI ORBIT/FACE/NECK W/O DYE
70542	MRI ORBIT/FACE/NECK W/DYE
70543	MRI ORBT/FAC/NCK W/O &W/DYE
70551	MRI BRAIN STEM W/O DYE
70552	MRI BRAIN STEM W/DYE
70553	MRI BRAIN STEM W/O & W/DYE
70557	MRI BRAIN W/O DYE
70558	MRI BRAIN W/DYE
70559	MRI BRAIN W/O & W/DYE
71550	MRI CHEST W/O DYE
71551	MRI CHEST W/DYE
71552	MRI CHEST W/O & W/DYE
72141	MRI NECK SPINE W/O DYE
72142	MRI NECK SPINE W/DYE
72146	MRI CHEST SPINE W/O DYE
72147	MRI CHEST SPINE W/DYE
72148	MRI LUMBAR SPINE W/O DYE
72149	MRI LUMBAR SPINE W/DYE
72156	MRI NECK SPINE W/O & W/DYE
72157	MRI CHEST SPINE W/O & W/DYE
72158	MRI LUMBAR SPINE W/O & W/DYE
72195	MRI PELVIS W/O DYE
72196	MRI PELVIS W/DYE
72197	MRI PELVIS W/O & W/DYE
73218	MRI UPPER EXTREMITY W/O DYE
73219	MRI UPPER EXTREMITY W/DYE
73220	MRI UPPR EXTREMITY W/O&W/DYE
73221	MRI JOINT UPR EXTREM W/O DYE
73222	MRI JOINT UPR EXTREM W/DYE

73223	MRI JOINT UPR EXTR W/O&W/DYE
73718	MRI LOWER EXTREMITY W/O DYE
73719	MRI LOWER EXTREMITY W/DYE
73720	MRI LWR EXTREMITY W/O&W/DYE
73721	MRI JNT OF LWR EXTRE W/O DYE
73722	MRI JOINT OF LWR EXTR W/DYE
73723	MRI JOINT LWR EXTR W/O&W/DYE
74181	MRI ABDOMEN W/O DYE
74182	MRI ABDOMEN W/DYE
74183	MRI ABDOMEN W/O & W/DYE
97036	HYDROTHERAPY
97112	NEUROMUSCULAR REEDUCATION
97124	MASSAGE THERAPY
97150	GROUP THERAPEUTIC PROCEDURES
97166	OT EVAL MOD COMPLEX 45 MIN
97168	OT RE-EVAL EST PLAN CARE
97532	COGNITIVE SKILLS DEVELOPMENT
97533	SENSORY INTEGRATION
97535	SELF CARE MNGMENT TRAINING
97537	COMMUNITY/WORK REINTEGRATION
97542	WHEELCHAIR MNGMENT TRAINING
97545	WORK HARDENING
97546	WORK HARDENING ADD-ON
97799	PHYSICAL MEDICINE PROCEDURE
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS
99429	PREVENTIVE MEDICINE SERVICE
99455	WORK RELATED DISABILITY EXAM
99456	DISABILITY EXAMINATION
99500	HOME VISIT PRENATAL
99503	HOME VISIT RESP THERAPY
99504	HOME VISIT MECH VENTILATOR
99505	HOME VISIT STOMA CARE
99506	HOME VISIT IM INJECTION
99507	HOME VISIT CATH MAINTAIN
99509	HOME VISIT DAY LIFE ACTIVITY
99510	HOME VISIT SING/M/FAM COUNS
99511	HOME VISIT FECAL/ENEMA MGMT
99512	HOME VISIT FOR HEMODIALYSIS
99600	HOME VISIT SERVICE OR PROCEDURES

0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis
A4913	MISC DIALYSIS SUPPLIES
A6501	COMPRES BURNGARMENT BODYSUIT
A6502	COMPRES BURNGARMENT CHINSTRP
A6503	COMPRES BURNGARMENT FACEHOOD
A6504	CMPRSBURNGARMENT GLOVE-WRIST
A6505	CMPRSBURNGARMENT GLOVE-ELBOW
A6507	CMPRS BURNGARMENT FOOT-KNEE
A6508	CMPRS BURNGARMENT FOOT-THIGH
A6509	COMPRES BURN GARMENT JACKET
A6510	COMPRES BURN GARMENT LEOTARD
A6511	COMPRES BURN GARMENT PANTY
A6512	COMPRES BURN GARMENT, NOC
A6513	COMPRESS BURN MASK FACE/NECK
A6544	GC STOCKING GARTER BELT
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY
A8000	SOFT PROTECT HELMET PREFAB
A8002	SOFT PROTECT HELMET CUSTOM
A8003	HARD PROTECT HELMET CUSTOM
A8004	REPL SOFT INTERFACE, HELMET
A9284	NON-ELECTRONIC SPIROMETER
A9513	LUTETIUM LU 177 DOTATAT THER
A9574	Air polymer-type A intrauterine foam, 0.1 ml
A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MCI
A9593	GALLIUM GA-68 PSMA-11, DIAGNOSTIC, (UCSF), 1 MILLICURIE
A9594	GALLIUM GA-68 PSMA-11, DIAGNOSTIC, (UCLA), 1 MILLICURIE
A9595	Piflufolastat f-18, diagnostic, 1 mCi
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi
A9599	RADIOPHA DX BETA AMYLOID PET
A9601	Flortaucipir F 18 injection, diagnostic, 1 mCi
A9602	Fluorodopa f-18, diagnostic, per mCi
A9604	SM 153 LEXIDRONAM
A9606	RADIUM RA223 DICHLORIDE THER
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi
B4102	EF ADULT FLUIDS AND ELECTRO
B4104	ADDITIVE FOR ENTERAL FORMULA
B4149	EF BLENDERIZED FOODS
B4152	EF CALORIE DENSE >=1.5KCAL

B4153	EF HYDROLYZED/AMINO ACIDS
B4154	EF SPEC METABOLIC NONINHERIT
B4155	EF INCOMPLETE/MODULAR
B4157	EF SPECIAL METABOLIC INHERIT
B9000	ENTER INFUSION PUMP W/O ALRM
C9457	LUMASON CONTRAST AGENT
C9772	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES), WITH INTRAVASCULAR LITHOTRIpsy, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED
C9773	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy, AND TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED
C9774	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED
C9775	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy AND TRANSLUMINAL STENT PLACEMENT(S), AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED
D0600	NON-IONIZING DIAG PROC
D1575	DIST SPACE MAINT, FIXED UNIL
E0105	CANE QUAD/3-PRONG ALL MATL W/TIPS
E0110	CRTCHES FORARM VARIOUS MATL PAIR
E0112	CRTCHS UNDARM WOOD PAIR ADJUSTBL/FIX
E0117	CRTCH UNDERARM ARTIC SPRNG ASSTD EA
E0130	WALKER RIGID ADJUSTBLE/FIXED HEIGHT
E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT
E0140	WALK W/TRNK SUPP ADJUSTBL/FIX HT
E0141	WALKER RIGID WHEELD ADJUSTBL/FIX HT
E0144	WALKER ENCLOS 4 SIDE WHL POST SEAT
E0157	CRUTCH ATTACHMENT WALKER EACH
E0158	LEG EXTENSIONS WALKER PER SET FOUR
E0159	BRAKE ATTCH WHEELED WALK REPLCMT EA
E0165	COMMODE CHAIR WITH DETACHABLE ARMS
E0167	PAIL/PAN USE W/COMMODE CHAIR REPL
E0171	COMMODE CHAIR SEAT LIFT MCH NONELEC
E0188	SYNTHETIC SHEEPSKIN PAD
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE
E0210	ELECTRIC HEAT PAD STANDARD

E0243	TOILET RAIL EACH
E0244	RAISED TOILET SEAT
E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC
E0424	STATION COMPRS GASOUS O2 SYS RENT;
E0425	STATION COMPRS GAS SYS PURCHASE;
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;
E0431	PRTBLE GASEOUS O2 SYS RENTAL;
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF
E0434	PRTBLE LIQUID O2 SYS RENTAL;
E0435	PRTBLE LIQUID O2 SYS PURCHASE;
E0439	STATION LIQUID O2 SYS RENTAL;
E0440	STATION LIQUID O2 SYS PURCHASE;
E0441	STATIONARY O2 CONT GAS 1 MO SPL=1 U
E0442	STATIONARY O2 CONT LQD 1 MO SPL=1 U
E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U
E0444	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U
E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV
E0487	SPIROMETER ELECTRONIC INCL ACCESS
E0555	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL
E0561	HUMDIFIR NON-HEAT USED W/POS AIRWAY
E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS
E0604	BREAST PUMP HEVY DUTY HOSP GRADE
E0605	VAPORIZER ROOM TYPE
E0618	APNEA MONITOR W/O RECORDING FEATURE
E0619	APNEA MONITOR W/RECORDING FEATURE
E0650	PNEUMAT COMPRS NONSEG HOME MODEL
E0655	NONSEG PNEUMAT APPLINC HALF ARM
E0656	SEG PNEUMAT APPLINC W/COMPRS TRUNK
E0657	SEG PNEUMAT APPLINC W/COMPRS CHEST
E0660	NONSEG PNEUMAT APPLINC FULL LEG
E0665	NONSEG PNEUMAT APPLINC FULL ARM
E0666	NONSEG PNEUMAT APPLINC HALF LEG
E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG
E0668	SEG PNEUMAT APPLINC COMPRS FULL ARM
E0669	SEG PNEUMAT APPLINC COMPRS HALF LEG
E0670	SEG PNEU APPL P C INT 2 F LEG TRNK
E0671	SEG GRAD PRSS PNUMAT APPLINC FUL LEG
E0672	SEG GRAD PRSS PNUMAT APPLINC FUL ARM
E0673	SEG GRAD PRSS PNUMAT APPLINC HLF LEG

E0705	TRANSFER DEVICE ANY TYPE EACH
E0710	RESTRAINT ANY TYPE
E0720	TENS DEVICE 2 LEAD LOCALIZED STIM
E0730	TENS DEVICE 4/> LEADS MX NERVE STIM
E0779	AMB INFUS PUMP MECH INFUS 8 HR/>
E0780	AMB INFUS PUMP MECH INFUS < 8 HR
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMIN
E0783	INFUS PUMP SYSTEM IMPL PROGMABLE
E0785	IMPLANT INTRASPINL CATH PUMP-REPL
E0786	IMPLNT PROGRAM INFUSION PUMP-REPL
E0791	PAR INFUS PUMP STAT SINGLE/MXCHANNEL
E0840	TRACTION FRAME HEADBOARD CERV TRACT
E0850	TRACT STAND FREESTAND CERV TRACT
E0860	TRACTION EQUIPMENT OVERDOOR CERV
E0870	TRACT FRAME FOOTBOARD EXTREM TRACT
E0880	TRACT STAND FREESTAND EXTREM TRACT
E0890	TRAC FRAME ATTCH FOOTBRD PELV TRAC
E0900	TRACT STAND FREESTAND PELV TRACT
E0911	TRAPEZ BAR PT WT >250 LBS BED GRAB
E0912	TRAPEZ BAR PT WT >250 LBS FREE STND
E0920	FX FRAME ATTCH BED INCL WEIGHTS
E0930	FX FRAME FREESTANDING INCL WEIGHTS
E0936	CONT PASS MOTION EXER DEVC NOT KNEE
E0940	TRAPEZ BAR FREESTND Cmpl W/GRAB BAR
E0942	CERVICAL HEAD HARNESS/HALTER
E0944	PELVIC BELT/HARNESS/BOOT
E0945	EXTREMITY BELT/HARNESS
E0947	FX FRAME ATTCH Cmplx PELV TRAC
E0948	FX FRAME ATTCH Cmplx CERV TRAC
E0955	WC ACSS HEADREST CUSHND HARDWARE EA
E0956	WC ACSS LAT TRNK/HIP HARDWARE EA
E1353	REGULATOR
E1354	O2 ACCESS CART PRTBLE CYL/CONC REPL
E1355	STAND/RACK
E1356	O2 ACCESS BATTERY PACK/CRTRDGE REPL
E1357	O2 ACCESS BATTERY CHARGER REPL EA
E1358	O2 ACCESS DC POWER ADAPTER REPL EA
E1391	O2 CONC 2 DEL 85%/>O2 CONC FLW RATE
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL
E1902	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC

E2000	GASTR SUCTN PUMP HOME MODEL ELEC
E8000	GAIT TRAINER PED SZ POST SUPP
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP
E8002	GAIT TRAINER PED SZ ANT SUPP
G0088	PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF ANTI- INFECTIVE, PAIN MANAGEMENT, CHELATION, PULMONARY HYPERTENSION, INOTROPIC, OR OTHER INTRAVENOUS INFUSION DRUG OR BIOLOGICAL (EXCLUDING CHEMOTHERAPY OR OTHER HIGHLY COMPLEX DRUG OR BIOLOGICAL) FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MIN
G0089	PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY OR OTHER SUBCUTANEOUS INFUSION DRUG OR BIOLOGICAL FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MIN
G0245	INITIAL FOOT EXAM PT LOPS
G0246	FOLLOWUP EVAL OF FOOT PT LOP
G0247	ROUTINE FOOTCARE PT W LOPS
G0422	INTENS CARDIAC REHAB W/EXERC
G0423	INTENS CARDIAC REHAB NO EXER
G0492	DIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR ACUTE KIDNEY INJURY WITHOUT ESRD
G0493	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
G0494	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
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
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
J1335	ERTAPENEM 1 GM
J1447	INJ TBO FILGRASTIM 1 MICROG
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG
K0901	KO SNGL UPRIGHT THIGH & CALF PREFAB
K0902	KO DBLE UPRIGHT THIGH & CALF PREFAB
L0150	CERV SEMI-RIGD ADJUST MOLD CHIN CUP
L0160	CERV SEMI-RIGID OCCIP/MAND PREFAB

L0170	CERV COLLAR MOLDED PATIENT MODEL
L0172	CERV COLLAR SEMI-RIGID FOAM PREFAB
L0174	CERV COLLR SEMI-RGD THOR EXT PREFAB
L0190	CERV MX POST COLLR ADJ CERV BARS
L0200	CERV COLLR ADJ CERV BARS&THOR EXT
L0220	THORACIC RIB BELT CUSTOM FABRICATED
Q5103	INJECTION, INFLECTRA
Q5122	INJ, NYVEPRIA

For questions, contact the HPSM Provider Services department at PSInquiries@hpsm.org.

Thank you,
The Health Plan of San Mateo