

January 27, 2023

Prior Authorization Required List Changes Effective 3/1/2023

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

24 codes added requiring prior authorization:

CPT Code	Description
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon.
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s).
49591	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.
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.
49595	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); greater than 10 cm, reducible.
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible.
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible.
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible.
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible.
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel.

93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure).
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure).
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure).
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure).
C9101	Injection, oliceridine, 0.1 mg
J0225	Injection, vutrisiran, 1 mg.
J1574	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg.
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg.
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml.
J9118	Injection, calaspargase pegol-mknl, 10 units.
J9299	Injection, nivolumab, 1 mg.
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
S9976	Lodging, per diem, not otherwise classified.
S9977	Meals, per diem, not otherwise classified.

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

CPT Code	Description
J0248	Injection, remdesivir, 1 mg.
T2007	TRANSPORTATION WAITING TIME, AIR AMBULANCE, AND NON- EMERGENCY VEHICLE, ONE-HALF (1/2) HOUR INCREMENTS.

1 code's conditional authorization requirements updated:

CPT Code	Description	Condition
Z5414	Travel Expenses - Meal Vouchers.	No auth required for CCS members.

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

Thank you for your continued commitment to our community,
The Health Plan of San Mateo