Health Plan of San Mateo
Healthy is for everyone

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Prior Authorization Required List Changes Effective 7/1/2023

Here are changes to the Health Plan of San Mateo's (HPSM's) prior authorization required list for July 1, 2023. **Please be aware that these changes are effective July 1, 2023.**

If you've submitted a claim since then and the authorization status was changed your claim may be denied. In this case, you may request a retroactive authorization. If you need assistance, please contact HPSM Claims at 650-616-2056 or **ClaimsInquiries@hpsm.org**. Please do not send retroactive authorization requests via email. Learn about retroactive authorizations and find our latest prior authorization required list here: **https://www.hpsm.org/provider/authorizations**

90 codes added requiring prior authorization:

CPT Code	Description
15820	BLEPHAROPLASTY, LOWER EYELID
15821	BLEPHAROPLASTY, LOWER EYELID; HERNIATED FAT PAD
15822	BLEPHAROPLASTY, UPPER EYELID
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE
19499	UNLISTED PROCEDURE, BREAST
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL
21899	UNLISTED PROCEDURE, NECK OR THORAX
22899	UNLISTED PROCEDURE, SPINE
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA
36299	UNLISTED PROCEDURE, VASCULAR INJECTION
36479	ENDOVENOUS ABLATION, LASER SUBSEQUENT VEIN(S)
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM
39499	UNLISTED PROCEDURE, MEDIASTINUM
39599	UNLISTED PROCEDURE, DIAPHRAGM
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH
42299	UNLISTED PROCEDURE, PALATE, UVULA
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)

44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND MESENTERY
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM
46999	UNLISTED PROCEDURE, ANUS
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT
48999	UNLISTED PROCEDURE, PANCREAS (OR PANCREAS PROCUREMENT)
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM, NONOBSTETRICAL
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE [TRANSFORAMINAL PLACEMENT] INCLUDING IMAGING GUIDANCE, IF PERFORMED
64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE [TRANSFORAMINAL PLACEMENT]
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT
67599	UNLISTED PROCEDURE, ORBIT
67999	UNLISTED PROCEDURE, EYELIDS
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM
69799	UNLISTED PROCEDURE, MIDDLE EAR
69949	UNLISTED PROCEDURE, INNER EAR
69979	UNLISTED PROCEDURE, TEMPORAL BONE
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE
93998	UNLISTED NON-INVASIVE VASCULAR DIAGNOSTIC STUDY
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION
96999	DERMATOLOGICAL PROCEDURE, UNLISTED
97039	UNLISTED MODALITY
97139	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED PROCEDURE
A2019	KERECIS OMEGA3 MARIGEN SHIELD, PER SQ CM
A2020	AC5 ADVANCED WOUND SYSTEM (AC5)
A2021	NEOMATRIX, PER SQ CM

C9146	MIRVETUXIMAB SORAVTANSINE-GYNX (ELAHERETM)
C9149	TEPLIZUMAB-MZWV (TZIELDTM)
J0208	SODIUM THIOSULFATE (PEDMARK®)
J0218	OLIPUDASE ALFA-RPCP (XENPOZYME)
J1411	ETRANACOGENE DEZAPARVOVEC-DLB (HEMGENIX)
J1449	EFLAPEGRASTIM-XNST (ROLVEDON™)
J1747	SPESOLIMAB-SBZO (SPEVIGO®)
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG
J7212	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM
J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG
J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG
J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS
J9297	PEMETREXED (PEMFEXYTM, SANDOZ)
Q4265	NEOSTIM TL, PER SQ CM
Q4266	NEOSTIM MEMBRANE, PER SQ CM
Q4267	NEOSTIM DL, PER SQ CM
Q4268	SURGRAFT FT, PER SQ CM
Q4269	SURGRAFT XT, PER SQ CM
Q4270	COMPLETE SL, PER SQ CM
Q4271	COMPLETE FT, PER SQ CM
Q5127	PEGFILGRASTIM-FPGK (STIMUFEND®)
Q5128	RANIBIZUMAB-EQRN (CIMERLI)
Q5129	BEVACIZUMAB-ADCD (VEGZELMA)
Q9991	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG
Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG

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

CPT Code	Description
11200	REMOVAL OF SKIN TAGS
11201	REMOVAL OF SKIN TAGS ADD-ON
11300	SHAVE SKIN LESION 0.5 CM/<
11301	SHAVE SKIN LESION 0.6-1.0 CM
11302	SHAVE SKIN LESION 1.1-2.0 CM
11303	SHAVE SKIN LESION >2.0 CM
11305	SHAVE SKIN LESION 0.5 CM/<
11306	SHAVE SKIN LESION 0.6-1.0 CM
11307	SHAVE SKIN LESION 1.1-2.0 CM
11308	SHAVE SKIN LESION >2.0 CM
11310	SHAVE SKIN LESION 0.5 CM<

11311	SHAVE SKIN LESION 0.6-1.0 CM
11312	SHAVE SKIN LESION 1.1-2.0 CM
77081	DXA BONE DENSITY/PERIPHERAL
99501	HOME VISIT POSTNATAL
99502	HOME VISIT NB CARE
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR

10 code's conditional authorization requirements updated:

CPT Code	Description	Condition
15830	EXCISION, EXCESSIVE SKIN; ABDOMEN	Only covered under CA benefit
15847	EXCISION, EXCESSIVE SKIN; ABDOMEN ADD-ON	Only covered under CA benefit
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Only covered under CA benefit
20912	CARTILAGE GRAFT; NASAL SEPTUM	PA required for CA only
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	PA required for CA only
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	PA required for CA only
E2367	PWR WC ACSS BATTRY CHARGER DUL MODE	PA required for ages 21 and under; not required for ages over 21. Medi-Cal only benefit
J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	PA required for patients under 18 years of age.
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	No authorization required for claims submitted w/ the following ICD-10 codes: D25.0 thru D25.9, E30.1, F64.0 thru F64.9, N80.0 thru N80.9, Z87.890
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	No authorization required for claims submitted w/ ICD-10 code of C61.

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