Health Plan of San Mateo
Healthy is for everyone

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March 1, 2024

Now Live: Prior Authorization Required List Changes Effective 3/1/2024

Dear provider,

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

87 codes added requiring prior authorization:

CPT Code	Description
17311	Mohs micrographic technique
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78430	Myocardial imaging, positron emission tomography (PET), perfusion study
78431	Myocardial imaging, positron emission tomography (PET), perfusion study
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET)
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements
82166	Anti-mullerian hormone (AMH)
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each

A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each
A6565	Gradient compression gauntlet, custom, each
A6567	Gradient compression garment, neck/head, custom, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6571	Gradient compression garment, genital region, custom, each
A6573	Gradient compression garment, toe caps, custom, each
A6574	Gradient compression arm sleeve and glove combination, custom, each`
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each
C9152	Aripiprazole (Abilify Asimtufii®)
C9157	Tofersen (QALSODY™)
C9158	Risperidone (UZEDY™)
C9161	Injection, aflibercept hd, 1 mg
C9162	Avacincaptad-pegol (IZERVAY)
C9164	Cantharidin (YCANTH)
J0174	Lecanemab-irmb (LEQEMBI®)
J0217	Velmanase alfa-tycy (LAMZEDE)
J0349	Rezafungin (REZZAYO)
J0391	Artesunate for injection
J0402	Aripiprazole (ABILIFY ASIMTUFII®)
J0801	Repository Corticotropin Injection (Acthar Gel)
J0802	Repository Corticotropin Injection (Purified Cortrophin Gel)
J1105	Dexmedetomidine, oral, 1 mcg
J1304	Tofersen (QALSODY)
J1412	Valoctocogene Roxaparvovec-rvox (ROCTAVIAN™)
J1413	Delandistrogene Moxeparvovec (ELEVIDYS™)
J2508	Pegunigalsidase alfa-iwxj (ELFABRIO)

J2799	Risperidone (UZEDY)
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 109 PFU/ml vector genomes, per 0.1 ml
J9258	Paclitaxel Protein-Bound Particles (Teva)
J9324	Pemetrexed (Pemrydi RTU)
J9333	Rozanolixizumab-noli Injection (RYSTIGGO®)
J9334	Efgartigimod alfa-fcab and hyaluronidase-qvfc (Vyvgart™)
J9345	Retifanlimab-dlwr (ZYNYZ™)
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)
Q4279	Vendaje AC, per sq cm
Q4287	DermaBind DL, per sq cm
Q4288	DermaBind CH, per sq cm
Q4289	RevoShield+ Amniotic Barrier, per sq cm
Q4290	Membrane Wrap-Hydro TM, per sq cm
Q4291	Lamellas XT, per sq cm
Q4292	Lamellas, per sq cm
Q4293	Acesso DL, per sq cm
Q4294	Amnio Quad-Core, per sq cm
Q4295	Amnio Tri-Core Amniotic, per sq cm
Q4296	Rebound Matrix, per sq cm
Q4297	Emerge Matrix, per sq cm
Q4298	AmniCore Pro, per sq cm
Q4299	AmniCore Pro+, per sq cm
Q4300	Acesso TL, per sq cm
Q4301	Activate Matrix, per sq cm
Q4302	Complete ACA, per sq cm
Q4303	Complete AA, per sq cm
Q4304	GRAFIX PLUS, per sq cm
Q5132	Adalimumab-afzb (Abrilada™) and Adalimumab-aacf (Idacio®)

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

CPT Code	Description
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE Y

77046	MRI BREAST C- UNILATERAL Y
77047	MRI BREAST C- BILATE
77048	MRI BREAST C-+ W/CAD UN
77049	MRI BREAST C-+ W/CAD BI
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective Debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type
A4670	Automatic blood pressure monitor
J1750	Injection, iron dextran, 50 mg
K1031	Nonpneumatic compression controller without calibrated gradient pressure
K1032	Nonpneumatic sequential compression garment, full leg
K1033	Nonpneumatic sequential compression garment, half leg

1 conditional code updated to always require prior authorization:

CPT Code	Description
J1437	Injection, ferric derisomaltose, 10 mg

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