

September 2, 2025

NOW LIVE: Changes to Prior Authorization Required List Effective 9/1/2025

Dear provider,

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

2 codes had their conditional requirements updated:

CPT Code	Conditional Requirement	Comments
90846	FAMILY PSYTX W/O PATIENT	PA required for CareAdvantage only. No PA required for MC, HW, and ACE.
90847	FAMILY PSYTX W/PATIENT	PA required for CareAdvantage only. No PA required for MC, HW, and ACE.

55 codes were added to the prior authorization required list:

CPT Code	Description
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex

69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
99082	Unusual travel
99429	Unlisted preventive medicine services
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor
0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components
A6515	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM
A6516	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM
A6517	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH, CUSTOM
A6518	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM
A6519	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR NIGHTTIME USE, EACH
A6611	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH, CUSTOM
E0201	PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE
J3391	Atidarsagene autotemcel (LENMELDY)
J7172	Marstacimab-hncq (HYMPAVZI)
J7356	Foscarbidopa and foslevodopa (VYALEV)
J9276	Zanidatamab-hrii (ZIIHERA®)
J9341	Thiotepa (Tepylute)

L5827	ENDOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING
L6028	PARTIAL HAND INCLUDING FINGERS, FLEXIBLE OR NON - FLEXIBLE INTERFACE, ENDOSKELETAL SYSTEM, MOLDED TO PATIENT MODEL, FOR USE WITHOUT EXTERNAL POWER, NOT INCLUDING INSERTS DESCRIBED BY L6692
L6029	UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS
L6030	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS
L6031	REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
L6032	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)
L6033	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL
L6700	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTS, PATTERN - RECOGNITION DECODING INTENT MOVEMENT
L7406	ADDITION TO UPPER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM
Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Q4368	AmchoThick, per sq cm
Q4369	AmnioPlast 3, per sq cm
Q4370	AeroGuard, per sq cm
Q4371	NeoGuard, per sq cm
Q4372	AmchoPlast EXCEL, per sq cm
Q4373	Membrane Wrap-Lite, per sq cm
Q4375	duoGRAFT AC, per sq cm
Q4376	Duograft AA, per sq cm
Q4377	triGRAFT FT, per sq cm
Q4378	Renew FT Matrix, per sq cm
Q4379	AmnioDefend FT Matrix, per sq cm
Q4380	AdvoGraft One, per sq cm
Q4382	AdvoGraft Dual, per sq cm
Q5098	Ustekinumab-srlf (Imuldosa)
Q5099	Ustekinumab-stba (Steqeyma)
Q5100	Ustekinumab-kfce (Yesintek)
Q5153	Aflibercept-yszy (Opuviz)

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

CPT Code	Description
11719	TRIM NAIL(S) ANY NUMBER
23800	FUSION OF SHOULDER JOINT
23802	FUSION OF SHOULDER JOINT
23929	SHOULDER SURGERY PROCEDURE
24935	REVISION OF AMPUTATION
24940	REVISION OF UPPER ARM
24999	UPPER ARM/ELBOW SURGERY
25025	DECOMPRESS FOREARM 2 SPACES
25031	DRAINAGE OF FOREARM BURSA
27441	REVISION OF KNEE JOINT
27443	REVISION OF KNEE JOINT
27445	REVISION OF KNEE JOINT
27880	AMPUTATION OF LOWER LEG
43281	LAP PARAESOPHAG HERN REPAIR
43282	LAP PARAESOPH HER RPR W/MESH
49560	RPR VENTRAL HERN INIT REDUC
64455	N BLOCK INJ PLANTAR DIGIT
64490	INJ PARAVERT F JNT C/T 1 LEV
64491	INJ PARAVERT F JNT C/T 2 LEV
64492	INJ PARAVERT F JNT C/T 3 LEV
64493	INJ PARAVERT F JNT L/S 1 LEV
64494	INJ PARAVERT F JNT L/S 2 LEV
64495	INJ PARAVERT F JNT L/S 3 LEV
67900	REPAIR BROW DEFECT
67901	REPAIR EYELID DEFECT
67902	REPAIR EYELID DEFECT
67903	REPAIR EYELID DEFECT
67904	REPAIR EYELID DEFECT
67906	REPAIR EYELID DEFECT
67908	REPAIR EYELID DEFECT
67911	REVISE EYELID DEFECT
67912	CORRECTION EYELID W/IMPLANT
75559	CARDIAC MRI W/STRESS IMG
75563	CARD MRI W/STRESS IMG & DYE
75565	CARD MRI VELOC FLOW MAPPING
90473	IMMUNE ADMIN ORAL/NASAL
90749	VACCINE OR TOXOID INJECTION OR INFUSION PROCEDURE

93229	REMOTE 30 DAY ECG TECH SUPP
97010	HOT OR COLD PACKS THERAPY
97022	WHIRLPOOL THERAPY
99601	HOME INFUSION/VISIT 2 HRS
99602	HOME INFUSION EACH ADDTL HR
A6506	CMPRSBURNGRMNT GLOVE-AXILLA
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
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
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
C9301	Obecabtagene autoleucel (AUCATZYL®)
C9302	Zanidatamab-hrii (ZIIHERA®)
C9304	Marstacimab-hncq (HYMPAVZI)
J2310	INJECTION NALOXONE HCL PER 1 MG
J3392	INJ, EXAGAMGLOGENE AUTOTEM
J3394	INJ, LOVOTIBEGLOGENE AUTOTEM
L8000	BREAST PROS MAST BRA NO INTEG FORM
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE

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

Thank you,
The Health Plan of San Mateo