

December 1, 2025

## NOW LIVE: Changes to Prior Authorization Required List Effective 12/1/2025

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>

### 4 codes had their conditional requirements removed:

| CPT Code     | Description                                                                                                                                                                                                                                                                 |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S5165</b> | Home modifications; per service                                                                                                                                                                                                                                             |
| <b>T1019</b> | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) |
| <b>T2033</b> | Residential care, not otherwise specified (NOS), waiver; per diem                                                                                                                                                                                                           |
| <b>T2038</b> | Community transition, waiver; per service                                                                                                                                                                                                                                   |

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

| CPT Code     | Description                  |
|--------------|------------------------------|
| <b>70544</b> | MR ANGIOGRAPHY HEAD W/O DYE  |
| <b>70545</b> | MR ANGIOGRAPHY HEAD W/DYE    |
| <b>70546</b> | MR ANGIOGRAPH HEAD W/O&W/DYE |
| <b>70547</b> | MR ANGIOGRAPHY NECK W/O DYE  |
| <b>70548</b> | MR ANGIOGRAPHY NECK W/DYE    |
| <b>70549</b> | MR ANGIOGRAPH NECK W/O&W/DYE |
| <b>70554</b> | FMRI BRAIN BY TECH           |
| <b>70555</b> | FMRI BRAIN BY PHYS/PSYCH     |
| <b>71555</b> | MRI ANGIO CHEST W OR W/O DYE |
| <b>72159</b> | MR ANGIO SPINE W/O&W/DYE     |
| <b>72198</b> | MR ANGIO PELVIS W/O & W/DYE  |
| <b>73225</b> | MR ANGIO UPR EXTR W/O&W/DYE  |

|              |                                                                                                                                                           |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>73725</b> | MR ANG LWR EXT W OR W/O DYE                                                                                                                               |
| <b>74185</b> | MRI ANGIO ABDOM W OR W/O DYE                                                                                                                              |
| <b>74261</b> | COMPUTED TOMOGRAPHIC [CT] COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL                                             |
| <b>75557</b> | CARDIAC MRI FOR MORPH                                                                                                                                     |
| <b>75561</b> | CARDIAC MAGNETIC RESONANCE IMAGING (MRI) FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES |
| <b>76498</b> | MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)                                                                                             |
| <b>77084</b> | MAGNETIC IMAGE BONE MARROW                                                                                                                                |
| <b>C9088</b> | Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg                                                                                                     |
| <b>J9217</b> | Leuprolide acetate (for depot suspension), 7.5 mg                                                                                                         |
| <b>Q5100</b> | Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg                                                                                                  |
| <b>Q5112</b> | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg                                                                                               |
| <b>Q5120</b> | Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg                                                                                             |

**106 codes were added to the prior authorization required list:**

| <b>CPT Code</b> | <b>Description</b>                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>0588U</b>    | Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split-well multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days |
| <b>A2017</b>    | PermeaDerm Glove, each                                                                                                                                                                                                                                                                                                                                                                         |
| <b>A2019</b>    | Kerecis Omega3 MariGen Shield, per sq cm                                                                                                                                                                                                                                                                                                                                                       |
| <b>A2036</b>    | Cohealyx Collagen Dermal Matrix, per sq cm                                                                                                                                                                                                                                                                                                                                                     |
| <b>A2037</b>    | G4Derm Plus, per ml                                                                                                                                                                                                                                                                                                                                                                            |
| <b>A2038</b>    | MariGen Pacto, per sq cm                                                                                                                                                                                                                                                                                                                                                                       |
| <b>A2039</b>    | InnovaMatrix FD, per sq cm                                                                                                                                                                                                                                                                                                                                                                     |
| <b>A9513</b>    | Lutetium Lu 177, dotatate, therapeutic, 1 mCi                                                                                                                                                                                                                                                                                                                                                  |
| <b>A9542</b>    | Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi                                                                                                                                                                                                                                                                                                                    |
| <b>A9543</b>    | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi                                                                                                                                                                                                                                                                                                               |
| <b>A9591</b>    | Fluoroestradiol F-18, diagnostic, 1 mCi                                                                                                                                                                                                                                                                                                                                                        |
| <b>A9592</b>    | Copper Cu-64, dotatate, diagnostic, 1 mCi                                                                                                                                                                                                                                                                                                                                                      |
| <b>A9593</b>    | Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi                                                                                                                                                                                                                                                                                                                                               |
| <b>A9594</b>    | Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi                                                                                                                                                                                                                                                                                                                                               |
| <b>A9595</b>    | Piflufolastat F-18, diagnostic, 1 mCi                                                                                                                                                                                                                                                                                                                                                          |
| <b>A9596</b>    | Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi                                                                                                                                                                                                                                                                                                                                        |
| <b>A9601</b>    | Flortaucipir F-18 injection, diagnostic, 1 mCi                                                                                                                                                                                                                                                                                                                                                 |
| <b>A9602</b>    | Fluorodopa F-18, diagnostic, per mCi                                                                                                                                                                                                                                                                                                                                                           |

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|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A9604</b> | Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi                                                                                                                                                                                  |
| <b>A9606</b> | Radium RA-223 dichloride, therapeutic, per UCI                                                                                                                                                                                                              |
| <b>A9699</b> | Radiopharmaceutical, therapeutic, not otherwise classified                                                                                                                                                                                                  |
| <b>A9800</b> | Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi                                                                                                                                                                                                     |
| <b>B4164</b> | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix                                                                                                                                                            |
| <b>B4168</b> | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix                                                                                                                                                                               |
| <b>B4172</b> | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix                                                                                                                                                                    |
| <b>B4176</b> | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix                                                                                                                                                                    |
| <b>B4178</b> | Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix                                                                                                                                                                   |
| <b>B4180</b> | Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix                                                                                                                                                       |
| <b>B4185</b> | Parenteral nutrition solution, not otherwise specified, 10 g lipids                                                                                                                                                                                         |
| <b>B4187</b> | Omegaven, 10 g lipids                                                                                                                                                                                                                                       |
| <b>B4216</b> | Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day                                                                                                                                                        |
| <b>C1741</b> | Anchor/screw for bone fixation, absorbable (implantable)                                                                                                                                                                                                    |
| <b>C1742</b> | Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application                                                                     |
| <b>C9143</b> | Cocaine HCl nasal solution (Numbrino), 1 mg                                                                                                                                                                                                                 |
| <b>C9144</b> | Injection, bupivacaine (Posimir), 1 mg                                                                                                                                                                                                                      |
| <b>C9145</b> | Injection, aprepitant, (Aponvie), 1 mg                                                                                                                                                                                                                      |
| <b>C9305</b> | Nipocalimab-aahu                                                                                                                                                                                                                                            |
| <b>E0467</b> | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions |
| <b>E0720</b> | Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation                                                                                                                                                                  |
| <b>E0730</b> | Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation                                                                                                                                               |
| <b>E3000</b> | Speech volume modulation system, any type, including all components and accessories                                                                                                                                                                         |
| <b>G0330</b> | Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room                                             |
| <b>J0458</b> | Aztreonam/avibactam                                                                                                                                                                                                                                         |

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|--------------|----------------------------------------------------------------------------------------|
| <b>J0570</b> | Buprenorphine implant                                                                  |
| <b>J0582</b> | Bivalirudin (endo)                                                                     |
| <b>J0614</b> | Treosulfan                                                                             |
| <b>J0668</b> | Bupivacaine and meloxicam                                                              |
| <b>J0675</b> | Carboprost                                                                             |
| <b>J0759</b> | Clevidipine                                                                            |
| <b>J0885</b> | Injection, epoetin alfa, (for non-ESRD use), 1000 units                                |
| <b>J1370</b> | Espomeprazole                                                                          |
| <b>J1807</b> | Ethacrynate sodium                                                                     |
| <b>J3402</b> | Remestemcel-L-rknd (RYONCIL)                                                           |
| <b>J3403</b> | Revakinagene taroretcel-lwey (ENCELTO)                                                 |
| <b>J7173</b> | Concizumab-mtci (ALHEMO)                                                               |
| <b>J7174</b> | Fitusiran (QFITLIA)                                                                    |
| <b>Q4081</b> | Injection, epoetin alfa, 100 units (for ESRD on dialysis)                              |
| <b>Q4383</b> | Axolotl Graft Ultra, per sq cm                                                         |
| <b>Q4384</b> | Axolotl DualGraft Ultra, per sq cm                                                     |
| <b>Q4385</b> | Apollo FT, per sq cm                                                                   |
| <b>Q4386</b> | Acesso TrifACA, per sq cm                                                              |
| <b>Q4387</b> | NeoThelium FT, per sq cm                                                               |
| <b>Q4388</b> | NeoThelium 4L, per sq cm                                                               |
| <b>Q4389</b> | NeoThelium 4L Plus, per sq cm                                                          |
| <b>Q4390</b> | Ascendion, per sq cm                                                                   |
| <b>Q4391</b> | AmnioPlast Double, per sq cm                                                           |
| <b>Q4392</b> | GRAFIX Duo, per sq cm                                                                  |
| <b>Q4393</b> | SurGraft AC, per sq cm                                                                 |
| <b>Q4394</b> | SurGraft ACA, per sq cm                                                                |
| <b>Q4395</b> | Acelagraft, per sq cm                                                                  |
| <b>Q4396</b> | Variable concentration mask                                                            |
| <b>Q4397</b> | Summit AAA, per sq cm                                                                  |
| <b>Q5105</b> | Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units |
| <b>Q5106</b> | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units    |
| <b>Q5122</b> | Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg                           |
| <b>Q5146</b> | Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg                              |
| <b>Q5154</b> | Omalizumab-igec (OMLYCLO)                                                              |
| <b>Q5155</b> | Aflibercept                                                                            |
| <b>Q5156</b> | Tocilizumab-anoh (AVTOZMA)                                                             |
| <b>Q5157</b> | Denosumab-bmwo (STOBLOCO, OSENVELT)                                                    |
| <b>Q5158</b> | Denosumab-bnht (BOMYNTRA, CONEXXENCE)                                                  |
| <b>S0013</b> | Esketamine, nasal spray, 1 mg                                                          |
| <b>S0117</b> | Tretinoin, topical, 5 g                                                                |

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|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S2065</b> | Simultaneous pancreas kidney transplantation                                                                                                                                                                                                                                                    |
| <b>S2066</b> | Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral                                                                                                 |
| <b>S2067</b> | Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral |
| <b>S2068</b> | Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral                                |
| <b>S2230</b> | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear                                                                                                                                                                                                 |
| <b>S2235</b> | Implantation of auditory brain stem implant                                                                                                                                                                                                                                                     |
| <b>S5160</b> | Emergency response system; installation and testing                                                                                                                                                                                                                                             |
| <b>S5161</b> | Emergency response system; service fee, per month (excludes installation and testing)                                                                                                                                                                                                           |
| <b>S8035</b> | Magnetic source imaging                                                                                                                                                                                                                                                                         |
| <b>S8037</b> | Magnetic resonance cholangiopancreatography (MRCP)                                                                                                                                                                                                                                              |
| <b>S9122</b> | Home health aide or certified nurse assistant, providing care in the home; per hour                                                                                                                                                                                                             |
| <b>S9123</b> | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)                                                                                                                                             |
| <b>S9124</b> | Nursing care, in the home; by licensed practical nurse, per hour                                                                                                                                                                                                                                |
| <b>T1002</b> | RN services, up to 15 minutes                                                                                                                                                                                                                                                                   |
| <b>T1003</b> | LPN/LVN services, up to 15 minutes                                                                                                                                                                                                                                                              |
| <b>T1005</b> | Respite care services, up to 15 minutes                                                                                                                                                                                                                                                         |
| <b>T1026</b> | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour                                                                                                                          |
| <b>T2017</b> | Habilitation, residential, waiver; 15 minutes                                                                                                                                                                                                                                                   |
| <b>T2035</b> | Utility services to support medical equipment and assistive technology/devices, waiver                                                                                                                                                                                                          |
| <b>T2039</b> | Vehicle modifications, waiver; per service                                                                                                                                                                                                                                                      |
| <b>T2045</b> | Hospice general inpatient care; per diem                                                                                                                                                                                                                                                        |
| <b>T5001</b> | Positioning seat for persons with special orthopedic needs                                                                                                                                                                                                                                      |
| <b>V5267</b> | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified                                                                                                                                                                                                         |

For questions, contact the HPSM Provider Services department at [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you,  
The Health Plan of San Mateo