

**January 29, 2026**

## **Changes to Prior Authorization Required List Effective 3/1/2026**

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>

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

<b>CPT Code</b>	<b>Description</b>
<b>27468</b>	SHORTEN/LENGTHEN THIGHS
<b>37500</b>	VASCULAR ENDOSCOPY WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL
<b>C9305</b>	Nipocalimab-aahu
<b>J0172</b>	Injection, aducanumab-avwa, 2 mg
<b>J1445</b>	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON
<b>J1572</b>	FLEBOGAMMA INJECTION
<b>J7310</b>	GANCICLOVIR LONG ACT IMPLANT
<b>J9019</b>	ERWINAZE INJECTION
<b>J9020</b>	ASPARAGINASE, NOS
<b>Q4100</b>	SKIN SUBSTITUTE, NOS
<b>Q5098</b>	INJ USTEKINUMAB SRLF IMULDOSA 1 MG
<b>Q5099</b>	INJ USTEKINUMAB STBA STEQEYMA 1 MG
<b>Q5109</b>	INJECTION, IXIFI, 10 MG
<b>S0013</b>	Esketamine, nasal spray, 1 mg

### **77 codes were added to the prior authorization required list:**

<b>CPT Code</b>	<b>Description</b>
<b>43889</b>	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed
<b>52597</b>	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including

	vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethro
<b>55708</b>	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion
<b>55709</b>	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
<b>55710</b>	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion
<b>55711</b>	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
<b>55712</b>	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
<b>55713</b>	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion
<b>55714</b>	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
<b>62330</b>	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar
<b>62331</b>	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)
<b>63032</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging gui
<b>81228</b>	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
<b>81229</b>	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis
<b>81425</b>	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
<b>81426</b>	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings)
<b>81427</b>	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)

<b>87627</b>	Infectious agent detection by nucleic acid (DNA or RNA); joint space pathogens and drug resistance genes, multiplex amplified probe technique, 26 or more targets
<b>0134U</b>	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes)
<b>0340U</b>	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate
<b>0356U</b>	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence
<b>0388U</b>	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection
<b>0445U</b>	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
<b>0459U</b>	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
<b>0485U</b>	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden
<b>0606U</b>	Hematology (red cell membrane disorders), RBCs, osmotic gradient ektacytometry, whole blood, quantitative
<b>0988T</b>	Integrated Neurostimulation System Procedures On Posterior Tibial Nerve
<b>0989T</b>	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial
<b>0991T</b>	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging
<b>C7566</b>	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)
<b>D2710</b>	Indirect Resin-Based Crown - Crown restoration made of a resin based restorative material

<b>D2712</b>	Crown-3/4 resin comp(indirect) - Crown restoration made of a 3/4 resin based restorative material
<b>D2721</b>	Crown-resin w/ most base metal - Crown restoration made of a resin with predominantly base metal
<b>D2740</b>	Crown-porcelain/ceramic - Crown restoration made of porcelain/ceramic (very life-like)
<b>D2751</b>	Crown-porc fused to base metal - Crown restoration made of porcelain fused to predominantly base metal
<b>D2781</b>	Crown-3/4 cast most base metal - Crown restoration made of 3/4 cast predominantly base metal
<b>D2783</b>	Crown-3/4 porcelain/ceramic - Crown restoration made of 3/4 porcelain/ceramic
<b>D2791</b>	Crown-full cast base metal - Crown restoration made of full cast predominantly base metal (a strong, fracture proof crown)
<b>D6056</b>	Prefabricated abutment – includes modification and placement
<b>D6057</b>	Custom fabricated abutment – includes placement
<b>D6058</b>	Abutment supported porcelain/ceramic crow
<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)
<b>D6063</b>	Abutment supported cast metal crown (predominantly base metal)
<b>D6065</b>	Implant supported porcelain/ceramic crown
<b>J0013</b>	Esketamine Nasal Spray (Spravato®)
<b>J1073</b>	Testosterone Pellet (TESTOPEL)
<b>J1737</b>	Injection, meloxicam (Azurity), 1 mg
<b>J1837</b>	Injection, posaconazole, 1 mg
<b>J2711</b>	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg
<b>J3387</b>	Injection, elivaldogene autotemcel, per treatment
<b>J3389</b>	Topical administration, prademagene zamikeracel, per treatment
<b>J9256</b>	Injection, nipocalimab-aahu, 3 mg
<b>Q4398</b>	Summit AC, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4399</b>	Summit FX, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4400</b>	Polygon3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4401</b>	Absolv3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4402</b>	XWRAP 2.0, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4403</b>	XWRAP Dual Plus, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4404</b>	XWRAP Hydro Plus, per sq cm (add-on, list separately in addition to primary procedure)

<b>Q4405</b>	XWRAP Fenestra Plus, per sq cm (add-on, list separately in addition to primary procedur
<b>Q4406</b>	XWRAP Fenestra, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4407</b>	XWRAP Tribus, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4408</b>	XWRAP Hydro, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4409</b>	AmniomatrixF3X, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4410</b>	AmchoMatrixDL, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4411</b>	AmniomatrixF4X, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4412</b>	CHORIOFIX, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4413</b>	Cygnus Solo, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4414</b>	SimpliChor, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4415</b>	AlexiGuard SL-T, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4416</b>	AlexiGuard TL-T, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4417</b>	AlexiGuard DL-T, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4420</b>	NuForm, per sq cm (add-on, list separately in addition to primary procedure)
<b>Q4431</b>	PMA skin substitute product, not otherwise specified (list in addition to primary proce
<b>Q4432</b>	510(k) skin substitute product, not otherwise specified (list in addition to primary pr
<b>Q4433</b>	361 HCT/P skin substitute product, not otherwise specified (list in addition to primary
<b>Q5160</b>	Injection, bevacizumab-nwgd (Jobevne), biosimilar, 10 mg

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

Thank you,  
The Health Plan of San Mateo