



Healthy is for everyone

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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:

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

77 codes were added to the prior authorization required list:

CPT Code	Description
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed
52597	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
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
62330	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
62331	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)
63032	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
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
81229	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
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings)
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)

87627	Infectious agent detection by nucleic acid (DNA or RNA); joint space pathogens and drug resistance genes, multiplex amplified probe technique, 26 or more targets
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes)
0340U	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
0356U	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
0388U	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
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
0485U	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
0606U	Hematology (red cell membrane disorders), RBCs, osmotic gradient ektacytometry, whole blood, quantitative
0988T	Integrated Neurostimulation System Procedures On Posterior Tibial Nerve
0989T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial
0991T	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)
D2710	Indirect Resin-Based Crown - Crown restoration made of a resin based restorative material

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

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

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

Thank you,
The Health Plan of San Mateo