

July 31, 2025

## 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
<b>90846</b>	FAMILY PSYTX W/O PATIENT	PA required for CareAdvantage only. No PA required for MC, HW, and ACE.
<b>90847</b>	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
<b>69714</b>	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
<b>69716</b>	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
<b>69717</b>	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
<b>69719</b>	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
<b>69726</b>	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor
<b>69727</b>	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

<b>69728</b>	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
<b>69729</b>	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
<b>69730</b>	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
<b>99082</b>	Unusual travel
<b>99429</b>	Unlisted preventive medicine services
<b>0951T</b>	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor
<b>0952T</b>	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor
<b>0953T</b>	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor
<b>0954T</b>	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers
<b>0955T</b>	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components
<b>A6515</b>	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM
<b>A6516</b>	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM
<b>A6517</b>	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH, CUSTOM
<b>A6518</b>	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM
<b>A6519</b>	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR NIGHTTIME USE, EACH
<b>A6611</b>	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH, CUSTOM
<b>E0201</b>	PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE
<b>J3391</b>	Atidarsagene autotemcel (LENMELDY)
<b>J7172</b>	Marstacimab-hncq (HYMPAVZI)
<b>J7356</b>	Foscarbidopa and foslevodopa (VYALEV)
<b>J9276</b>	Zanidatamab-hrii (ZIIHERA®)
<b>J9341</b>	Thiotepa (Tepylute)

<b>L5827</b>	ENDOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING
<b>L6028</b>	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
<b>L6029</b>	UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS
<b>L6030</b>	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS
<b>L6031</b>	REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
<b>L6032</b>	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)
<b>L6033</b>	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL
<b>L6700</b>	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTS, PATTERN - RECOGNITION DECODING INTENT MOVEMENT
<b>L7406</b>	ADDITION TO UPPER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM
<b>Q2058</b>	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
<b>Q4368</b>	AmchoThick, per sq cm
<b>Q4369</b>	AmnioPlast 3, per sq cm
<b>Q4370</b>	AeroGuard, per sq cm
<b>Q4371</b>	NeoGuard, per sq cm
<b>Q4372</b>	AmchoPlast EXCEL, per sq cm
<b>Q4373</b>	Membrane Wrap-Lite, per sq cm
<b>Q4375</b>	duoGRAFT AC, per sq cm
<b>Q4376</b>	Duograft AA, per sq cm
<b>Q4377</b>	triGRAFT FT, per sq cm
<b>Q4378</b>	Renew FT Matrix, per sq cm
<b>Q4379</b>	AmnioDefend FT Matrix, per sq cm
<b>Q4380</b>	AdvoGraft One, per sq cm
<b>Q4382</b>	AdvoGraft Dual, per sq cm
<b>Q5098</b>	Ustekinumab-srlf (Imuldosa)
<b>Q5099</b>	Ustekinumab-stba (Steqeyma)
<b>Q5100</b>	Ustekinumab-kfce (Yesintek)
<b>Q5153</b>	Aflibercept-yszy (Opuviz)

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

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

<b>93229</b>	REMOTE 30 DAY ECG TECH SUPP
<b>97010</b>	HOT OR COLD PACKS THERAPY
<b>97022</b>	WHIRLPOOL THERAPY
<b>99601</b>	HOME INFUSION/VISIT 2 HRS
<b>99602</b>	HOME INFUSION EACH ADDTL HR
<b>A6506</b>	CMPRSBURNGRMNT GLOVE-AXILLA
<b>A6521</b>	GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH
<b>A6523</b>	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH
<b>A6525</b>	GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH
<b>A6527</b>	GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH
<b>A6529</b>	GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, CUSTOM, EACH
<b>A6565</b>	GRADIENT COMPRESSION GAUNTLET, CUSTOM, EACH
<b>A6567</b>	GRADIENT COMPRESSION GARMENT, NECK/HEAD, CUSTOM, EACH
<b>A6569</b>	GRADIENT COMPRESSION GARMENT, TORSO/SHOULDER, CUSTOM, EACH
<b>A6571</b>	GRADIENT COMPRESSION GARMENT, GENITAL REGION, CUSTOM, EACH
<b>A6573</b>	GRADIENT COMPRESSION GARMENT, TOE CAPS, CUSTOM, EACH
<b>A6574</b>	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, CUSTOM, EACH
<b>A6577</b>	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH
<b>A6579</b>	GRADIENT COMPRESSION GLOVE, CUSTOM, MEDIUM WEIGHT, EACH
<b>A6580</b>	GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH
<b>C9301</b>	Obecabtagene autoleucel (AUCATZYL®)
<b>C9302</b>	Zanidatamab-hrii (ZIIHERA®)
<b>C9304</b>	Marstacimab-hncq (HYMPAVZI)
<b>J2310</b>	INJECTION NALOXONE HCL PER 1 MG
<b>J3392</b>	INJ, EXAGAMGLOGENE AUTOTEM
<b>J3394</b>	INJ, LOVOTIBEGLOGENE AUTOTEM
<b>L8000</b>	BREAST PROS MAST BRA NO INTEG FORM
<b>L8010</b>	BREAST PROSTHESIS MASTECTOMY SLEEVE

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

Thank you,

The Health Plan of San Mateo