

801 Gateway Boulevard, Suite 100 South San Francisco, CA 94080

tel 650.616.0050 fax 650.616.0060 tty 800.735.2929 or dial 7-1-1

www.hpsm.org

UPDATED: Prior Authorization and Covered Services Updates – Q2 2020

Changes effective July 1, 2020

Dear Provider, please review this courtesy notification on upcoming changes to Health Plan of San Mateo's Prior Authorization Requirements. For the most current requirements, please visit <u>hpsm.org/Home/provider/authorizations</u>. **Changes from June 1, 2020 notification in red.**

12 codes added pertaining to COVID-19 were added and do not require prior authorization:

• 86328, 86769, 87635, C9803, G2010, G2012, G2023, G2024, U0001, U0002, U0003, U0004

16 codes added and DO NOT require prior authorization:

90632, 90867, 90868, 93662, 96116, 96121, 96130, 96131, 96132, 96136, 96137, 96138, 96139, 96370, C9057, C9058

14 new codes have been added that DO REQUIRE prior authorization, largely falling under hysterectomies:

 58150, 58180, 58200, 58210, 58260, 58262, 58290, 58292, 81432, 81541, 81542, 81599, C9053, C9056

Prior authorization conditions changed for 10 codes:

• 90846, 90869, 99306, 99501, 99502, 99600, J9179, Q3014, S9988, S9996

Changes to covered codes:

• 2 codes are no longer covered by Medi-Cal OR Care Advantage and have been discontinued: 96101, 96119

Please contact HPSM Health Services at 650-616-2070 with questions.