

May 1, 2024

Prior Authorization Required List Changes Effective 6/1/2024

Dear provider,

Here are changes to the Health Plan of San Mateo's (HPSM's) prior authorization required list for June 1, 2024. Find the current list here: <https://www.hpsm.org/provider/authorizations>

28 codes added requiring prior authorization:

CPT Code	Description
81232	DPYD (dihydropyrimidine dehydrogenase) gene analysis, common variant(s)
0326U	targeted genomic sequence analysis
0448U	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options
A2026	Restrata MiniMatrix, 5 mg
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month
A9590	Iodine I-131 iobenguane, 1 mCi
C9166	Injection, secukinumab, IV, 1 mg
C9168	Injection, mirikizumab-mrkz, 1 mg
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge
J0177	Injection, aflibercept HD, 1 mg
J1202	Miglustat, oral, 65 mg
J1203	Injection, cipaglucoasidase alfa-atga, 5 mg
J1434	Fosaprepitant (FOCINVEZ)
J2277	Motixafortide (APHEXDA™)
J2782	Injection, avacincaptad pegol, 0.1 mg
J2801	Injection, risperidone (Rykindo), 0.5 mg
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)

J9249	Melphalan Injection (Apotex)
J9376	Injection, pozelimab-bbfg, 1 mg
Q4305	American Amnion AC Tri-Layer, per sq cm
Q4306	American Amnion AC, per sq cm
Q4307	American Amnion, per sq cm
Q4308	Sanopellis, per sq cm
Q4309	VIA Matrix, per sq cm
Q4310	Procenta, per 100 mg
Q5120	INJ, ZIEXTENZO
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg

222 codes removed from the list for no longer requiring prior authorization:

CPT Code	Description
1999	UNLISTED ANESTH PROCEDURE
10040	Acne surgery
15840	Graft for facial nerve paralysis; free fascia graft
15841	Graft for facial nerve paralysis; free muscle graft
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	Graft for facial nerve paralysis; regional muscle transfer
15999	Unlisted procedure, excision pressure ulcer
17340	Cryotherapy for acne
17360	Chemical exfoliation for acne
19328	REMOVAL OF BREAST IMPLANT
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL
23900	AMPUTATION OF ARM & GIRDLE
23921	AMPUTATION FOLLOW-UP SURGERY
24145	PARTIAL REMOVAL OF RADIUS
24147	PARTIAL REMOVAL OF ELBOW
24151	EXTENSIVE HUMERUS SURGERY
24153	EXTENSIVE RADIUS SURGERY
24155	REMOVAL OF ELBOW JOINT
24160	REMOVE ELBOW JOINT IMPLANT
24164	REMOVE RADIUS HEAD IMPLANT
24301	MUSCLE/TENDON TRANSFER
24320	REPAIR OF ARM TENDON

24332	TENOLYSIS TRICEPS
24346	RECONSTRUCT ELBOW MED LIGMNT
24352	REPAIR OF TENNIS ELBOW
24354	REPAIR OF TENNIS ELBOW
24356	REVISION OF TENNIS ELBOW
24400	REVISION OF HUMERUS
24410	REVISION OF HUMERUS
24420	REVISION OF HUMERUS
24495	DECOMPRESSION OF FOREARM
24800	FUSION OF ELBOW JOINT
24802	FUSION/GRAFT OF ELBOW JOINT
24900	AMPUTATION OF UPPER ARM
24920	AMPUTATION OF UPPER ARM
24925	AMPUTATION FOLLOW-UP SURGERY
24931	AMPUTATE UPPER ARM & IMPLANT
25035	TREAT FOREARM BONE LESION
25151	PARTIAL REMOVAL OF RADIUS
25251	REMOVAL OF WRIST PROSTHESIS
25263	REPAIR FOREARM TENDON/MUSCLE
25272	REPAIR FOREARM TENDON/MUSCLE
25275	REPAIR FOREARM TENDON SHEATH
25301	FUSION OF TENDONS AT WRIST
25312	TRANSPLANT FOREARM TENDON
25332	REVISE WRIST JOINT
25355	REVISION OF RADIUS
25360	REVISION OF ULNA
25365	REVISE RADIUS & ULNA
25370	REVISE RADIUS OR ULNA
25375	REVISE RADIUS & ULNA
25426	REPAIR/GRAFT RADIUS & ULNA
25431	REPAIR NONUNION CARPAL BONE
25450	REVISION OF WRIST JOINT
25455	REVISION OF WRIST JOINT
25492	REINFORCE RADIUS AND ULNA
25671	PIN RADIOULNAR DISLOCATION
25800	FUSION OF WRIST JOINT
25805	FUSION/GRAFT OF WRIST JOINT

25810	FUSION/GRAFT OF WRIST JOINT
25820	FUSION OF HAND BONES
25900	AMPUTATION OF FOREARM
25905	AMPUTATION OF FOREARM
25907	AMPUTATION FOLLOW-UP SURGERY
25909	AMPUTATION FOLLOW-UP SURGERY
25915	AMPUTATION OF FOREARM
25920	AMPUTATE HAND AT WRIST
25922	AMPUTATE HAND AT WRIST
25924	AMPUTATION FOLLOW-UP SURGERY
25927	AMPUTATION OF HAND
25929	AMPUTATION FOLLOW-UP SURGERY
25931	AMPUTATION FOLLOW-UP SURGERY
25999	FOREARM OR WRIST SURGERY
26035	DECOMPRESS FINGERS/HAND
26037	DECOMPRESS FINGERS/HAND
26040	RELEASE PALM CONTRACTURE
26180	REMOVAL OF FINGER TENDON
26185	REMOVE FINGER BONE
26230	PARTIAL REMOVAL OF HAND BONE
26250	EXTENSIVE HAND SURGERY
26255	EXTENSIVE HAND SURGERY
26261	EXTENSIVE FINGER SURGERY
26352	REPAIR/GRAFT HAND TENDON
26358	REPAIR/GRAFT HAND TENDON
26370	REPAIR FINGER/HAND TENDON
26373	REPAIR FINGER/HAND TENDON
26390	REVISE HAND/FINGER TENDON
26392	REPAIR/GRAFT HAND TENDON
26412	REPAIR/GRAFT HAND TENDON
26416	GRAFT HAND OR FINGER TENDON
26420	REPAIR/GRAFT FINGER TENDON
26426	REPAIR FINGER/HAND TENDON
26428	REPAIR/GRAFT FINGER TENDON
26434	REPAIR/GRAFT FINGER TENDON
26474	FUSION OF FINGER TENDONS
26483	TRANSPLANT/GRAFT HAND TENDON

26490	REVISE THUMB TENDON
26492	TENDON TRANSFER WITH GRAFT
26494	HAND TENDON/MUSCLE TRANSFER
26500	HAND TENDON RECONSTRUCTION
26502	HAND TENDON RECONSTRUCTION
26504	HAND TENDON RECONSTRUCTION
26508	RELEASE THUMB CONTRACTURE
26510	THUMB TENDON TRANSFER
26518	FUSION OF KNUCKLE JOINTS
26531	REVISE KNUCKLE WITH IMPLANT
26548	RECONSTRUCT FINGER JOINT
26551	GREAT TOE-HAND TRANSFER
26556	TOE JOINT TRANSFER
26562	REPAIR OF WEB FINGER
26565	CORRECT METACARPAL FLAW
26568	LENGTHEN METACARPAL/FINGER
26580	REPAIR HAND DEFORMITY
26591	REPAIR MUSCLES OF HAND
26596	EXCISION CONSTRICTING TISSUE
26676	PIN HAND DISLOCATION
26820	THUMB FUSION WITH GRAFT
26844	FUSION/GRAFT OF HAND JOINT
26989	HAND/FINGER SURGERY
27054	REMOVAL OF HIP JOINT LINING
27071	PART REMOVAL HIP BONE DEEP
27078	RSECT HIP TUM INCL FEMUR
27079	EXTENSIVE HIP SURGERY
27080	REMOVAL OF TAIL BONE
27087	REMOVE HIP FOREIGN BODY
27090	REMOVAL OF HIP PROSTHESIS (SEPARATE PROCEDURE)
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER
27098	TRANSFER TENDON TO PELVIS
27100	TRANSFER OF ABDOMINAL MUSCLE
27105	TRANSFER OF SPINAL MUSCLE
27111	TRANSFER OF ILIOPSOAS MUSCLE
27147	REVISION OF HIP BONE

27158	REVISION OF PELVIS
27165	INCISION/FIXATION OF FEMUR
27170	REPAIR/GRAFT FEMUR HEAD/NECK
27179	REVISE HEAD/NECK OF FEMUR
27185	REVISION OF FEMUR EPIPHYSIS
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITHOUT MANIPULATION
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA (IE, GENERAL ANESTHESIA, MODERATE SEDATION, SPINAL/EPIDURAL)
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT
27280	FUSION OF SACROILIAC JOINT
27282	FUSION OF PUBIC BONES
27284	FUSION OF HIP JOINT
27286	FUSION OF HIP JOINT
27290	AMPUTATION OF LEG AT HIP
27295	AMPUTATION OF LEG AT HIP
27299	UNLISTED PELVIS/HIP JOINT SURGERY
27326	NEURECTOMY POPLITEAL
27365	RESECT FEMUR/KNEE TUMOR
27381	REPAIR/GRAFT KNEECAP TENDON
27397	TRANSPLANTS OF THIGH TENDONS
27407	REPAIR OF KNEE LIGAMENT
27409	REPAIR OF KNEE LIGAMENTS
27610	EXPLORE/TREAT ANKLE JOINT
27626	REMOVE ANKLE JOINT LINING
27652	REPAIR/GRAFT ACHILLES TENDON
27656	REPAIR LEG FASCIA DEFECT
27658	REPAIR OF LEG TENDON EACH
27659	REPAIR OF LEG TENDON EACH

27676	REPAIR LOWER LEG TENDONS
27681	RELEASE OF LOWER LEG TENDONS
27692	REVISE ADDITIONAL LEG TENDON
27696	REPAIR OF ANKLE LIGAMENTS
27700	REVISION OF ANKLE JOINT
27704	REMOVAL OF ANKLE IMPLANT
27709	INCISION OF TIBIA & FIBULA
27722	REPAIR/GRAFT OF TIBIA
27725	REPAIR OF LOWER LEG
27730	REPAIR OF TIBIA EPIPHYSIS
27732	REPAIR OF FIBULA EPIPHYSIS
27734	REPAIR LOWER LEG EPIPHYSES
27740	REPAIR OF LEG EPIPHYSES
27742	REPAIR OF LEG EPIPHYSES
27760	CLTX MEDIAL ANKLE FX
27786	TREATMENT OF ANKLE FRACTURE
27840	TREAT ANKLE DISLOCATION
27871	FUSION OF TIBIOFIBULAR JOINT
27881	AMPUTATION OF LOWER LEG
27882	AMPUTATION OF LOWER LEG
27884	AMPUTATION FOLLOW-UP SURGERY
27886	AMPUTATION FOLLOW-UP SURGERY
27889	AMPUTATION OF FOOT AT ANKLE
27894	DECOMPRESSION OF LEG
27899	LEG/ANKLE SURGERY PROCEDURE
28035	DECOMPRESSION OF TIBIA NERVE
28114	REMOVAL OF METATARSAL HEADS
28153	PARTIAL REMOVAL OF TOE
28160	PARTIAL REMOVAL OF TOE
28202	REPAIR/GRAFT OF FOOT TENDON
28210	REPAIR/GRAFT OF FOOT TENDON
28220	RELEASE OF FOOT TENDON
28222	RELEASE OF FOOT TENDONS
28226	RELEASE OF FOOT TENDONS
28232	INCISION OF TOE TENDON
28234	INCISION OF FOOT TENDON
28240	RELEASE OF BIG TOE

28262	REVISION OF FOOT AND ANKLE
28264	RELEASE OF MIDFOOT JOINT
28280	FUSION OF TOES
28291	CORRJ HALUX RIGDUS W/IMPLT
28295	CORRECTION HALLUX VALGUS
28341	RESECT ENLARGED TOE
28360	RECONSTRUCT CLEFT FOOT
28430	TREATMENT OF ANKLE FRACTURE
28555	REPAIR FOOT DISLOCATION
28737	REVISION OF FOOT BONES
28899	FOOT OR TOE PROCEDURE
29799	CASTING/STRAPPING PROCEDURE
47563	LAPARO CHOLECYSTECTOMY/GRAPH
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT
47600	REMOVAL OF GALLBLADDER
47605	REMOVAL OF GALLBLADDER
47999	BILE TRACT SURGERY PROCEDURE
C9161	Injection, aflibercept hd, 1 mg
C9162	Avacincaptad-pegol (IZERVAY)
C9164	Cantharidin (YCANTH)
E2300	WC ACC PWR SEAT ELEV SYS ANY TYPE
J2794	Injection, risperidone (RISPERDAL CONSTA), 0.5 mg
J2798	Injection, risperidone, (perseris), 0.5 mg
J9057	INJ., COPANLISIB, 1 MG
Q4244	PROCENTA, PER 200 MG

1 code's conditional requirements removed and updated to always require prior authorization:

CPT Code	Description
E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG

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

Thank you for your continued commitment to our community,
The Health Plan of San Mateo