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September 5, 2024

**REMINDER: Prior Authorization Required List Changes Effective 9/1/2024**

Dear provider,

This is a reminder of the changes to the Health Plan of San Mateo’s (HPSM’s) prior authorization required list for September 1, 2024. Find the current list here:

<https://www.hpsm.org/provider/authorizations>

You can also use our newly launched prior authorization search tool to get a one-click response as to whether the service you are searching for requires prior authorization here:

<https://www.hpsm.org/provider/authorizations#a1>

**50 codes added requiring prior authorization:**

| CPT Code     | Description  |
|--------------|--|
| <b>81226</b> | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6), gene analysis, common variants   |
| <b>81227</b> | CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)  |
| <b>0329U</b> | Oncology [neoplasia], exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation[s] with therapy associations                    |
| <b>0471U</b> | Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations   |
| <b>0473U</b> | Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden           |
| <b>0475U</b> | Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer |

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| <b>A2022</b> | INNOVABURN OR INNOVAMATRIX XL   |
| <b>A2023</b> | INNOVAMATRIX PD   |
| <b>A2024</b> | RESOLVE MATRIX  |
| <b>A2025</b> | MIRO3D  |
| <b>C9358</b> | DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX),   |
| <b>C9360</b> | DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX) |
| <b>C9364</b> | PORCINE IMPLANT, PERMACOL   |
| <b>J0872</b> | Daptomycin (Xella Pharmaceuticals)  |
| <b>J1748</b> | Infliximab-dyyb Injection (Zymfentra)   |
| <b>J2267</b> | Mirikizumab (OMVOH)   |
| <b>J3247</b> | Secukinumab (COSENTYX)  |
| <b>J3393</b> | Betibeglogene autotemcel (ZYNTEGLO)   |
| <b>J3394</b> | Lovotibeglogene autotemcel (LYFGENIATM)   |
| <b>J7355</b> | Travoprost (iDose® TR)  |
| <b>Q4236</b> | CAREPATCH   |
| <b>Q4262</b> | DUAL LAYER IMPAX MEMBRANE   |
| <b>Q4263</b> | SURGRAFT TL   |
| <b>Q4264</b> | COCOON MEMBRANE   |
| <b>Q4285</b> | NUDYN DL OR DL MESH   |
| <b>Q4286</b> | NUDYN SL OR SLW   |
| <b>Q4311</b> | Acesso, per sq cm   |
| <b>Q4312</b> | Acesso AC, per sq cm  |
| <b>Q4313</b> | DermaBind FM, per sq cm   |
| <b>Q4314</b> | Reeva FT, per sq cm   |
| <b>Q4315</b> | RegeneLink Amniotic Membrane Allograft, per sq cm   |
| <b>Q4316</b> | AmchoPlast, per sq cm   |
| <b>Q4317</b> | VitoGraft, per sq cm  |
| <b>Q4318</b> | E-Graft, per sq cm  |
| <b>Q4319</b> | SanoGraft, per sq cm  |
| <b>Q4320</b> | PelloGraft, per sq cm   |
| <b>Q4321</b> | RenoGraft, per sq cm  |
| <b>Q4323</b> | alloPLY, per sq cm  |
| <b>Q4324</b> | AmnioTX, per sq cm  |
| <b>Q4325</b> | ACApatch, per sq cm   |
| <b>Q4326</b> | WoundPlus, per sq cm  |
| <b>Q4327</b> | DuoAmnion, per sq cm  |
| <b>Q4328</b> | MOST, per sq cm   |
| <b>Q4329</b> | Singlay, per sq cm  |
| <b>Q4330</b> | TOTAL, per sq cm  |
| <b>Q4331</b> | Axolotl Graft, per sq cm  |

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|--------------|---|
| <b>Q4332</b> | Axolotl DualGraft, per sq cm                                |
| <b>Q4333</b> | ArdeoGraft, per sq cm                                       |
| <b>Q5137</b> | Ustekinumab-auub (WEZLANA™), biosimilar, subcutaneous, 1 mg |
| <b>Q5138</b> | Ustekinumab-auub (WEZLANA™), biosimilar, intravenous, 1 mg  |

**3 code's comments removed:**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| <b>90867</b>    | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management |
| <b>90868</b>    | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session   |
| <b>90869</b>    | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management                    |

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

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| <b>29800</b>    | JAW ARTHROSCOPY/SURGERY  |
| <b>29804</b>    | JAW ARTHROSCOPY/SURGERY  |
| <b>29894</b>    | ANKLE ARTHROSCOPY/SURGERY  |
| <b>29907</b>    | SUBTALAR ARTHRO W/FUSION   |
| <b>29999</b>    | ARTHROSCOPY OF JOING   |
| <b>30130</b>    | EXCISE INFERIOR TURBINATE  |
| <b>30140</b>    | RESECT INFERIOR TURBINATE  |
| <b>30462</b>    | REPAIR OF CONGENITAL NASAL DEFECT WITH LENGTHENING OF TIP OF NOSE          |
| <b>30465</b>    | REPAIR NASAL STENOSIS  |
| <b>30540</b>    | REPAIR NASAL DEFECT  |
| <b>30560</b>    | RELEASE OF NASAL ADHESIONS   |
| <b>30580</b>    | REPAIR UPPER JAW FISTULA   |
| <b>30915</b>    | LIGATION NASAL SINUS ARTERY  |
| <b>30930</b>    | THER FX NASAL INF TURBINATE  |
| <b>30999</b>    | NASAL SURGERY PROCEDURE  |
| <b>31030</b>    | EXPLORATION MAXILLARY SINUS  |
| <b>31032</b>    | SINUSOTOMY, MAXILLARY; INTRANASAL; RADICAL WITH ANTROCHOANAL POLYP REMOVAL |
| <b>31040</b>    | EXPLORATION BEHIND UPPER JAW   |
| <b>31050</b>    | SINUSOTOMY, SPHENOID   |
| <b>31051</b>    | SINUSOTOMY, SPHENOID, WITH MUCOSAL STRIPPING OR REMOVAL, POLYP(S)          |
| <b>31070</b>    | EXPLORATION OF FRONTAL SINUS   |
| <b>31075</b>    | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL                               |
| <b>31080</b>    | REMOVAL OF FRONTAL SINUS   |
| <b>31081</b>    | REMOVAL OF FRONTAL SINUS   |
| <b>31084</b>    | SINUSOTOMY FRONTAL; OBLITERATIVE WITH OSTEOPLASTIC FLAP, BROW INCISION     |
| <b>31085</b>    | REMOVAL OF FRONTAL SINUS   |

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| <b>31086</b> | REMOVAL OF FRONTAL SINUS  |
| <b>31087</b> | SINUSOTOMY FRONTAL; NONOBLITERATIVE WITH OSTEOPLASTIC FLAP, CORONAL INCISION  |
| <b>31090</b> | EXPLORATION OF SINUSES  |
| <b>31205</b> | REMOVAL OF ETHMOID SINUS  |
| <b>31225</b> | REMOVAL OF UPPER JAW  |
| <b>31233</b> | NASAL/SINUS ENDOSCOPY DX  |
| <b>31254</b> | REVISION OF ETHMOID SINUS   |
| <b>31255</b> | REMOVAL OF ETHMOID SINUS  |
| <b>31256</b> | EXPLORATION MAXILLARY SINUS   |
| <b>31276</b> | SINUS ENDOSCOPY SURGICAL  |
| <b>31287</b> | NASAL/SINUS ENDOSCOPY SURG  |
| <b>31288</b> | NASAL/SINUS ENDOSCOPY SURG  |
| <b>31290</b> | NASAL/SINUS ENDOSCOPY SURG  |
| <b>31292</b> | NASAL/SINUS ENDOSCOPY SURG  |
| <b>31294</b> | NASAL/SINUS ENDOSCOPY SURG  |
| <b>31295</b> | SINUS ENDO W/BALLOON DIL  |
| <b>31296</b> | SINUS ENDO W/BALLOON DIL  |
| <b>31297</b> | SINUS ENDO W/BALLOON DIL  |
| <b>31299</b> | SINUS SURGERY PROCEDURE   |
| <b>31551</b> | LARYNGOPLASTY LARYNGEAL STEN  |
| <b>31552</b> | LARYNGOPLASTY LARYNGEAL STEN  |
| <b>31553</b> | LARYNGOPLASTY LARYNGEAL STEN  |
| <b>31554</b> | LARYNGOPLASTY LARYNGEAL STEN  |
| <b>31572</b> | LARGSC W/LASER DSTRJ LES  |
| <b>31573</b> | LARGSC W/THER INJECTION   |
| <b>31574</b> | LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG, PERCUTANEOUS, TRANSORAL), UNILATERAL  |
| <b>31591</b> | LARYNGOPLASTY MEDIALIZATION   |
| <b>31592</b> | CRICOTRACHEAL RESECTION   |
| <b>31599</b> | LARYNX SURGERY PROCEDURE  |
| <b>31660</b> | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE                                       |
| <b>31661</b> | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES                              |
| <b>31899</b> | UNLISTED PROCEDURE, TRACHEA, BRONCHI  |
| <b>32491</b> | LUNG VOLUME REDUCTION   |
| <b>32999</b> | UNLISTED PROCEDURE, LUNGS AND PLEURA  |
| <b>33390</b> | VALVULOPLASTY AORTIC VALVE  |
| <b>33391</b> | VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION, LEAFLET RECONSTRUCTION, OR ANNULOPLASTY) |
| <b>33946</b> | EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO- VENOUS                               |

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| <b>33947</b> | EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO- ARTERIAL  |
| <b>33990</b> | INSERT VAD ARTERY ACCESS   |
| <b>33999</b> | CARDIAC SURGERY PROCEDURE  |
| <b>35475</b> | REPAIR ARTERIAL BLOCKAGE   |
| <b>36299</b> | UNLISTED PROCEDURE, VASCULAR INJECTION   |
| <b>36456</b> | PRTL EXCHANGE TRANSFUSE NB   |
| <b>36511</b> | THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS   |
| <b>36512</b> | THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS   |
| <b>36513</b> | THERAPEUTIC APHERESIS; FOR PLATELETS   |
| <b>36514</b> | THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS   |
| <b>36516</b> | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION  |
| <b>36522</b> | PHOTOPHERESIS  |
| <b>36901</b> | INTRO CATH DIALYSIS CIRCUIT  |
| <b>36902</b> | INTRO CATH DIALYSIS CIRCUIT  |
| <b>36903</b> | INTRO CATH DIALYSIS CIRCUIT  |
| <b>36904</b> | THRMBC/NFS DIALYSIS CIRCUIT  |
| <b>36905</b> | THRMBC/NFS DIALYSIS CIRCUIT  |
| <b>36906</b> | THRMBC/NFS DIALYSIS CIRCUIT  |
| <b>36907</b> | TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  |
| <b>36908</b> | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING, AND ALL ANGIOPLASTY IN THE CENTRAL DIALYSIS SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| <b>36909</b> | DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS), ENDOVASCULAR, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                |
| <b>37215</b> | TRANSCATH STENT CCA W/EPS  |
| <b>37217</b> | STENT PLACEMT RETRO CAROTID  |
| <b>37236</b> | OPEN/PERQ PLACE STENT 1ST  |
| <b>37237</b> | OPEN/PERQ PLACE STENT EA ADD   |
| <b>37238</b> | OPEN/PERQ PLACE STENT SAME   |
| <b>37239</b> | OPEN/PERQ PLACE STENT EA ADD   |
| <b>37241</b> | VASC EMBOLIZE/OCCLUDE VENOUS   |
| <b>37242</b> | VASC EMBOLIZE/OCCLUDE ARTERY   |
| <b>37243</b> | VASC EMBOLIZE/OCCLUDE ORGAN  |
| <b>37244</b> | VASC EMBOLIZE/OCCLUDE BLEED  |

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| <b>37246</b> | TRLUML BALO ANGIOP 1ST ART  |
| <b>37248</b> | TRLUML BALO ANGIOP 1ST VEIN   |
| <b>37249</b> | TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| <b>38589</b> | UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM  |
| <b>38999</b> | BLOOD/LYMPH SYSTEM PROCEDURE  |
| <b>39499</b> | UNLISTED PROCEDURE, MEDIASTINUM   |
| <b>39541</b> | REPAIR, DIAPHRAGMATIC HERNIA, TRAUMATIC; CHRONIC  |
| <b>39599</b> | UNLISTED PROCEDURE, DIAPHRAGM   |
| <b>40799</b> | LIP SURGERY PROCEDURE   |
| <b>40840</b> | RECONSTRUCTION OF MOUTH   |
| <b>40842</b> | RECONSTRUCTION OF MOUTH   |
| <b>40843</b> | RECONSTRUCTION OF MOUTH   |
| <b>40844</b> | RECONSTRUCTION OF MOUTH   |
| <b>40845</b> | RECONSTRUCTION OF MOUTH   |
| <b>40899</b> | UNLISTED PROCEDURE, VESTIBULE OF MOUTH  |
| <b>41599</b> | TONGUE AND MOUTH SURGERY  |
| <b>41806</b> | REMOVAL FOREIGN BODY JAWBONE  |
| <b>41820</b> | EXCISION GUM EACH QUADRANT  |
| <b>41821</b> | EXCISION OF GUM FLAP  |
| <b>41822</b> | EXCISION OF GUM LESION  |
| <b>41823</b> | EXCISION OF GUM LESION  |
| <b>41825</b> | EXCISION OF GUM LESION  |
| <b>41826</b> | EXCISION OF GUM LESION  |
| <b>41827</b> | EXCISION OF GUM LESION  |
| <b>41828</b> | EXCISION OF GUM LESION  |
| <b>41830</b> | REMOVAL OF GUM TISSUE   |
| <b>41850</b> | TREATMENT OF GUM LESION   |
| <b>41870</b> | GUM GRAFT   |
| <b>41872</b> | REPAIR GUM  |
| <b>41874</b> | REPAIR TOOTH SOCKET   |
| <b>42140</b> | EXCISION OF UVULA   |
| <b>42145</b> | REPAIR PALATE PHARYNX/UVULA   |
| <b>42200</b> | RECONSTRUCT CLEFT PALATE  |
| <b>42205</b> | RECONSTRUCT CLEFT PALATE  |
| <b>42210</b> | RECONSTRUCT CLEFT PALATE  |
| <b>42215</b> | RECONSTRUCT CLEFT PALATE  |
| <b>42220</b> | RECONSTRUCT CLEFT PALATE  |
| <b>42225</b> | RECONSTRUCT CLEFT PALATE  |
| <b>42235</b> | REPAIR PALATE   |

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| <b>42281</b> | INSERTION PALATE PROSTHESIS                               |
| <b>42299</b> | UNLISTED PROCEDURE, PALATE, UVULA                         |
| <b>42699</b> | SALIVARY SURGERY PROCEDURE                                |
| <b>42999</b> | THROAT SURGERY PROCEDURE                                  |
| <b>43191</b> | ESOPHAGOSCOPY RIGID TRNSO DX                              |
| <b>43194</b> | ESOPHAGOSCP RIG TRNSO REM FB                              |
| <b>43195</b> | ESOPHAGOSCOPY RIGID BALLOON                               |
| <b>43197</b> | ESOPHAGOSCOPY FLEX DX BRUSH                               |
| <b>43198</b> | ESOPHAGOSC FLEX TRNSN BIOPSY                              |
| <b>43213</b> | ESOPHAGOSCOPY RETRO BALLOON                               |
| <b>43233</b> | EGD BALLOON DIL ESOPH30 MM/>                              |
| <b>43253</b> | EGD US TRANSMURAL INJXN/MARK                              |
| <b>43254</b> | EGD ENDO MUCOSAL RESECTION                                |
| <b>43266</b> | EGD ENDOSCOPIC STENT PLACE                                |
| <b>43270</b> | EGD LESION ABLATION                                       |
| <b>43274</b> | ERCP DUCT STENT PLACEMENT                                 |
| <b>43275</b> | ERCP REMOVE FORGN BODY DUCT                               |
| <b>43276</b> | ERCP STENT EXCHANGE W/DILATE                              |
| <b>43277</b> | ERCP EA DUCT/AMPULLA DILATE                               |
| <b>43278</b> | ERCP LESION ABLATE W/DILATE                               |
| <b>43279</b> | LAP MYOTOMY HELLER  |
| <b>43284</b> | LAPS ESOPHGL SPHNCTR AGMNTJ                               |
| <b>43285</b> | RMVL ESOPHGL SPHNCTR DEV                                  |
| <b>43289</b> | UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS                 |
| <b>43499</b> | ESOPHAGUS SURGERY PROCEDURE                               |
| <b>44238</b> | UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM) |
| <b>44360</b> | SMALL BOWEL ENDOSCOPY                                     |
| <b>44799</b> | UNLISTED PX SMALL INTESTINE                               |
| <b>44899</b> | UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND MESENTERY   |
| <b>44979</b> | UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX                  |
| <b>45499</b> | UNLISTED LAPAROSCOPY PROCEDURE, RECTUM                    |
| <b>45999</b> | RECTUM SURGERY PROCEDURE                                  |
| <b>46999</b> | UNLISTED PROCEDURE, ANUS                                  |
| <b>47379</b> | LAPAROSCOPE PROCEDURE LIVER                               |
| <b>47399</b> | LIVER SURGERY PROCEDURE                                   |
| <b>47579</b> | UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT             |
| <b>47605</b> | REMOVAL OF GALLBLADDER                                    |
| <b>47999</b> | BILE TRACT SURGERY PROCEDURE                              |
| <b>49000</b> | EXPLORATION OF ABDOMEN                                    |
| <b>49329</b> | PROCEDURE ON ABDOMEN USING AN ENDOSCOPE                   |
| <b>49561</b> | RPR VENTRAL HERN INIT BLOCK                               |
| <b>49565</b> | REREPAIR VENTRL HERN REDUCE                               |

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| <b>49566</b> | REREPAIR VENTRL HERN BLOCK   |
| <b>49591</b> | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible       |
| <b>49595</b> | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible   |
| <b>49613</b> | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible     |
| <b>49615</b> | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible      |
| <b>49617</b> | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible |
| <b>49621</b> | Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible   |
| <b>49652</b> | LAP VENT/ABD HERNIA REPAIR   |
| <b>49653</b> | LAP VENT/ABD HERN PROC COMP  |
| <b>49654</b> | LAP INC HERNIA REPAIR  |
| <b>49655</b> | LAP INC HERN REPAIR COMP   |
| <b>49656</b> | LAP INC HERNIA REPAIR RECUR  |
| <b>49657</b> | LAP INC HERN RECUR COMP  |
| <b>49659</b> | UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY  |
| <b>49999</b> | ABDOMEN SURGERY PROCEDURE  |
| <b>50370</b> | REMOVE TRANSPLANTED KIDNEY   |
| <b>50549</b> | UNLISTED LAPAROSCOPY PROCEDURE, RENAL  |
| <b>50949</b> | UNLISTED LAPAROSCOPY PROCEDURE, URETER   |
| <b>51999</b> | UNLISTED LAPAROSCOPY PROCEDURE, BLADDER  |
| <b>54699</b> | UNLISTED LAPAROSCOPY PROCEDURE, TESTIS   |
| <b>55559</b> | UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD   |
| <b>55899</b> | MALE GENITAL SYSTEM PROCEDURE  |
| <b>58999</b> | UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM, NONOBSTETRICAL  |
| <b>59897</b> | UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE   |
| <b>59898</b> | UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY  |
| <b>59899</b> | UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY  |
| <b>60659</b> | UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM   |
| <b>60699</b> | UNLISTED PROCEDURE, ENDOCRINE SYSTEM   |
| <b>61630</b> | INTRACRANIAL ANGIOPLASTY   |
| <b>61635</b> | INTRACRAN ANGIOPLSTY W/STENT   |
| <b>61797</b> | SRS CRAN LES SIMPLE ADDL   |
| <b>61798</b> | SRS CRANIAL LESION COMPLEX   |

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| <b>61799</b> | SRS CRAN LES COMPLEX ADDL  |
| <b>61800</b> | APPLY SRS HEADFRAME ADD-ON   |
| <b>61885</b> | INSRT/REDO NEUROSTIM 1 ARRAY   |
| <b>62321</b> | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)  |
| <b>62324</b> | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE                           |
| <b>62325</b> | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)      |
| <b>62326</b> | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE                      |
| <b>62327</b> | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT) |
| <b>64611</b> | CHEMODENERV SALIV GLANDS   |
| <b>64616</b> | CHEMODENERV MUSC NECK DYSTON   |
| <b>64617</b> | CHEMODENER MUSCLE LARYNX EMG   |
| <b>64632</b> | N BLOCK INJ COMMON DIGIT   |
| <b>64702</b> | REVISE FINGER/TOE NERVE  |
| <b>64704</b> | REVISE HAND/FOOT NERVE   |
| <b>64708</b> | REVISE ARM/LEG NERVE   |
| <b>64712</b> | REVISION OF SCIATIC NERVE  |
| <b>64713</b> | REVISION OF ARM NERVE(S)   |
| <b>64716</b> | REVISION OF CRANIAL NERVE  |
| <b>64718</b> | REVISE ULNAR NERVE AT ELBOW  |
| <b>64719</b> | REVISE ULNAR NERVE AT WRIST  |
| <b>64727</b> | INTERNAL NERVE REVISION  |
| <b>66999</b> | UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE  |
| <b>67221</b> | OCULAR PHOTODYNAMIC THER   |
| <b>67299</b> | UNLISTED PROCEDURE, POSTERIOR SEGMENT  |

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| <b>67399</b> | UNLISTED PX EXTRAOCULAR MUSC  |
| <b>67445</b> | EXPLR/DECOMPRESS EYE SOCKET   |
| <b>67505</b> | INJECT/TREAT EYE SOCKET   |
| <b>67599</b> | UNLISTED PROCEDURE, ORBIT   |
| <b>68399</b> | EYELID LINING SURGERY   |
| <b>68899</b> | UNLISTED PROCEDURE, LACRIMAL SYSTEM   |
| <b>69300</b> | REVISE EXTERNAL EAR   |
| <b>69399</b> | OUTER EAR SURGERY PROCEDURE   |
| <b>69799</b> | UNLISTED PROCEDURE, MIDDLE EAR  |
| <b>69949</b> | UNLISTED PROCEDURE, INNER EAR   |
| <b>69979</b> | UNLISTED PROCEDURE, TEMPORAL BONE   |
| <b>74262</b> | COMPUTED TOMOGRAPHIC [CT] COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL[S] INCLUDING NON-CONTRAST IMAGES, IF PERFORMED |
| <b>74263</b> | COMPUTED TOMOGRAPHIC [CT] COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING   |
| <b>76496</b> | FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)   |
| <b>76497</b> | COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)  |
| <b>76499</b> | RADIOGRAPHIC PROCEDURE  |
| <b>77600</b> | HYPERTHERMIA TREATMENT  |
| <b>77605</b> | HYPERTHERMIA TREATMENT  |
| <b>77610</b> | HYPERTHERMIA TREATMENT  |
| <b>77615</b> | HYPERTHERMIA TREATMENT  |
| <b>77620</b> | HYPERTHERMIA TREATMENT  |
| <b>78012</b> | THYROID UPTAKE MEASUREMENT  |
| <b>78013</b> | THYROID IMAGING W/BLOOD FLOW  |
| <b>78071</b> | PARATHYRD PLANAR W/WO SUBTRJ  |
| <b>78414</b> | NON-IMAGING HEART FUNCTION  |
| <b>78445</b> | VASCULAR FLOW IMAGING   |
| <b>78453</b> | HT MUSCLE IMAGE PLANAR SING   |
| <b>78457</b> | VENOUS THROMBOSIS IMAGING   |
| <b>78458</b> | VEN THROMBOSIS IMAGES BILAT   |
| <b>78459</b> | HEART MUSCLE IMAGING (PET)  |
| <b>78466</b> | HEART INFARCT IMAGE   |
| <b>78468</b> | HEART INFARCT IMAGE (EF)  |
| <b>78469</b> | HEART INFARCT IMAGE (3D)  |
| <b>78481</b> | HEART FIRST PASS SINGLE   |
| <b>78483</b> | HEART FIRST PASS MULTIPLE   |
| <b>78494</b> | HEART IMAGE SPECT   |
| <b>78496</b> | HEART FIRST PASS ADD-ON   |
| <b>78710</b> | KIDNEY IMAGING (3D)   |
| <b>78807</b> | NUCLEAR LOCALIZATION/ABSCESS  |

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| <b>84999</b> | CHEMISTRY PROCEDURE   |
| <b>86586</b> | SKIN TEST, UNLISTED   |
| <b>86999</b> | TRANSFUSION PROCEDURE   |
| <b>91113</b> | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report   |
| <b>92017</b> | FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE   |
| <b>92072</b> | FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATONCONUS, INITIAL FITTING   |
| <b>92242</b> | FLUORESCEIN ICG ANGIOGRAPHY   |
| <b>92522</b> | EVALUATION OF SPEECH SOUND PRODUCTION   |
| <b>92524</b> | BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE  |
| <b>92597</b> | EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH  |
| <b>92607</b> | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR  |
| <b>92609</b> | THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION  |
| <b>92997</b> | Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel   |
| <b>93982</b> | ANEURYSM PRESSURE SENS STUDY  |
| <b>93998</b> | UNLISTED NON-INVASIVE VASCULAR DIAGNOSTIC STUDY   |
| <b>94799</b> | PULMONARY SERVICE/PROCEDURE   |
| <b>95012</b> | EXHALED NITRIC OXIDE MEAS   |
| <b>95808</b> | POLYSOM ANY AGE 1-3> PARAM  |
| <b>95999</b> | DIAGNOSTIC NEUROLOGICAL OR NEUROMUSCULAR PROCEDURE  |
| <b>96105</b> | ASSESSMENT OF APHASIA AND COGNITIVE PERFORMANCE TESTING.  |
| <b>96116</b> | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES]), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; FIRST HOUR   |
| <b>96121</b> | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES]), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| <b>96130</b> | PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; FIRST HOUR  |
| <b>96131</b> | PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S) OR   |

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|              | CAREGIVER(S), WHEN PERFORMED; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  |
| <b>96379</b> | UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION   |
| <b>97012</b> | MECHANICAL TRACTION THERAPY   |
| <b>97016</b> | VASOPNEUMATIC DEVICE THERAPY  |
| <b>97018</b> | PARAFFIN BATH THERAPY   |
| <b>97024</b> | DIATHERMY EG MICROWAVE  |
| <b>97028</b> | ULTRAVIOLET THERAPY   |
| <b>97033</b> | ELECTRIC CURRENT THERAPY  |
| <b>97034</b> | CONTRAST BATH THERAPY   |
| <b>97035</b> | ULTRASOUND THERAPY  |
| <b>0204U</b> | ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 593 GENES (INCLUDING BRAF, RAS, RET, PAX8, AND NTRK) FOR SEQUENCE VARIANTS AND REARRANGEMENTS, UTILIZING FINE NEEDLE ASPIRATE, REPORTED AS DETECTED OR NOT DETECTED |
| <b>A2003</b> | Bio-Connekt Wound Matrix  |
| <b>C1849</b> | SKIN SUBSTITUTE, SYNTHETIC, RESORBABLE  |
| <b>C9166</b> | Injection, secukinumab, IV, 1 mg  |
| <b>C9168</b> | Injection, mirikizumab-mrkz, 1 mg   |
| <b>C9482</b> | INJECTION, SOTALOL HYDROCHLORIDE, 1MG   |
| <b>J0894</b> | Decitabine  |
| <b>J9071</b> | Injection, cyclophosphamide, (AuroMedics), 5 mg   |
| <b>Q4210</b> | AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQ CM   |
| <b>Q4277</b> | WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQ CM  |
| <b>S9988</b> | Services provided as part of a phase i clinical trial   |

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

Thank you,

The Health Plan of San Mateo