Health Plan of San Mateo
Healthy is for everyone

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Changes to Prior Authorization Required List Effective 6/1/2025

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**

3 codes had their comments updated:

CPT Code	Conditional Requirement	Comments
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	*Comment removed.*
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	*Comment removed.*
J3490	UNCLASSIFIED DRUGS	J3490 claims submitted for less than or equal to $100 will NOT require a PA; J3490 claims submitted for greater than $100 will require a PA.

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

CPT Code	Description
A2019	Kerecis Omega3 Marigen Shield, per sq cm
E0600	RESP SUCTN PUMP HOME MODEL ELEC
J1071	INJ TESTOSTERONE CYPIONATE
J1300	Injection, eculizumab 10 mg
L8010	Breast prosthesis, mastectomy sleeve
Q4102	Oasis Wound Matrix, per sq cm
Q4105	Integra Dermal Regeneration Template (DRT) or Integra Omnigraft Dermal Regeneration Matrix, per sq cm
Q4107	GraftJacket, per sq cm
Q4110	PriMatrix, per sq cm
Q4121	TheraSkin, per sq cm
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm

Q4128	FlexHD, or AlloPatch HD, per sq cm
Q4151	AmnioBand or Guardian, per sq cm
Q4158	Kerecis Omega3, per sq cm
Q4159	Affinity, per sq cm
Q4160	NuShield, per sq cm
Q4187	EpiCord, per sq cm
Q4203	Derma-Gide, per sq cm
Q4231	Corplex P, per cc
Q5125	INJ FILGRASTIM-AYOW BIOSIMILR 1 MCG
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg

48 codes were added to the prior authorization required list:

CPT Code	Description
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cellfree DNA in the total cell-free DNA
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection
A2030	Miro3D Fibers, per mg
A2031	MiroDry Wound Matrix, per sq cm
A2032	Myriad Matrix, per sq cm
A2033	Myriad Morcells, 4 mg
A2034	Foundation DRS Solo, per sq cm
A2035	Corplex P or Theracor P or Allacor P, per mg
C9301	Obecabtagene autoleucel (AUCATZYL®)
C9302	Zanidatamab-hrii (ZIIHERA®)
C9304	Marstacimab-hncq (HYMPAVZI)
E0691	Ultraviolet light therapy system, includes bulbs, lamps, timer and eye protection; treatment area two square feet or less
E0694	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs, lamps, timer and eye protection
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories
E1022	Wheelchair transportation securement system, any type, includes all components and accessories
E1023	Wheelchair transit securement system, includes all components and accessories

E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only
J1072	Testosterone cypionate (Azmiro)
J1299	Eculizumab
J7521	Tacrolimus (PROGRAF)
J9038	Axatilimab-csfr (NIKTIMVO)
J9161	Denileukin diftitox-cxdl (LYMPHIR)
Q0508	MISC. supply or accessory for use with implanted VAD
Q2057	Afamitresgene autoleucel (TECELRA)
Q4354	PalinGen Dual-Layer Membrane, per sq cm
Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromemb
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq
Q4357	XWRAP Plus, per sq cm
Q4358	XWRAP Dual, per sq cm
Q4359	ChoriPly, per sq cm
Q4360	AmchoPlast FD, per sq cm
Q4361	EPIXPRESS, per sq cm
Q4362	CYGNUS Disk, per sq cm
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm
Q4367	AmnioCore SL, per sq cm
Q5147	Aflibercept-ayyh (PAVBLU)
Q5149	Aflibercept-abzv (ENZEEVU)
Q5150	Aflibercept-mrbb (AHZANTIVE)
Q5151	Eculizumab-aagh (EPYSQLI)
Q5152	Eculizumab-aeeb (BKEMV)
Q9999	Ustekinumab-aauz (OTULFI)

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

The Health Plan of San Mateo