

PRIORITIZATION OF HEALTH SERVICES

**A Report to the Governor and the 73rd Oregon
Legislative Assembly**



**Oregon Health Services Commission
Office for Oregon Health Policy and Research
Department of Administrative Services
March 2005**



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Oregon Dental Association
Oregon Health Action Campaign
Oregon Health Decisions
Oregon Medical Association
Meridian Park Hospital

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Executive Summary

The Health Services Commission fulfilled its legislative mandates during the 2003-05 biennium in regards to its maintenance and review of the Prioritized List of Health Services

The Commission's work over the past two years has resulted in the Prioritized List of Health Services for the 2005-07 biennium that appears in Appendix E. In May 2004, the Centers for Medicare and Medicaid Services (CMS) informed the Dept. of Human Services that it would not allow Oregon to reduce funding of the Prioritized List of Health Services by the thirty lines deemed necessary by the 72nd Oregon Legislative Assembly. Given this reality, it is hoped that the 2005 legislature will fund the Prioritized List to the level necessary to maintain the State's Medicaid waivers, realizing that the Commission is continually working to strengthen the stability of the Oregon Health Plan.

At the direction of HB 3624 (2003), the Commission has established a process to ensure that only those new technologies proven to be clinically effective through evidence-based reviews will be placed on the Prioritized List for funding. In addition, a service's cost-effectiveness will be considered when other effective treatments are already available. The Commission is now beginning to use this same criteria in examining services already included on the Prioritized List. If evidence-based research and cost-effectiveness analyses do not warrant a service's continued placement on the List, it will be removed in favor of services that meet these higher standards.

In addition to this work to make sure that clinical effectiveness and cost-effectiveness is taken into account during the prioritization process, the Commission continued in its usual duties in maintaining the Prioritized List. The Commission began its most recent biennial review of the List of in the fall of 2003. The Commission requested that providers from all specialties tell them which services they perform that are over-utilized, too expensive, or of questionable value. Further questions regarding specific services the Commission had questions about were directed to the individual specialty groups they concerned. In addition, the Commission continued to engage the

medical directors of the contracted fully capitated managed care plans to help identify ineffective services. The Commission then reviewed this information during public meetings held from February through June of 2004. The feedback from providers and medical directors provided the Commission with a focus for their efforts that resulted in a number of new practice guidelines that limit the provision of services to those situations in which they can provide the most benefit.

In the process of maintaining the Prioritized List, the Commission produced four sets of interim modifications that were forwarded to the President of the Senate and Speaker of the House. 2,900 individual changes were made in the interim maintenance of the List, many of which were necessitated by annual updates to the diagnosis and procedure codes used to define the condition/treatment pairs. Another factor accounting for a large number of these changes was the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Hundreds of “local” codes used to bill for OHP services were replaced with national codes as a result of this process. An independent actuarial firm determined that none of the interim modifications made during the 2001-03 biennium would have a fiscal impact requiring presentation to the Oregon Legislative Emergency Board.

The Health Services Commission is striving to reshape the Prioritized List of Health Services so that the Governor and Oregon Legislative Assembly can continue to use it as a valuable tool towards maximizing participation in the Oregon Health Plan as the State combats the growing ranks of the uninsured.

CHAPTER ONE:

**A HISTORY OF HEALTH
SERVICES PRIORITIZATION
UNDER THE OREGON
HEALTH PLAN**

Legislative Framework

The Oregon Legislature created the Oregon Health Plan in 1989 to address the growing problem of Oregonians who lack access to health care. The Legislature identified three reasons for the high rate of uninsurance: medical history causing some individuals to be considered too high of a risk to insure; a lack of funds within the households of the working poor to purchase insurance that may or may not be offered by their employer; and, a growing segment of the population living below the federal poverty level that were eligible for publicly funded health care.

In response, a triad of legislation was adopted to address these issues. First, a high-risk pool was established in 1990.¹ The Oregon Medical Insurance Pool (OMIP) is designed to provide access to health insurance for persons with preexisting medical conditions who are unable to obtain affordable insurance. Second, the Legislature established a fixed premium insurance package for small businesses to be administered by the Insurance Pool Governing Board (IPGB).² Under this statute, if certain enrollment levels were not met within a specified time period, employers within the state would be mandated to offer health insurance coverage to their employees. This piece of legislation was ultimately rescinded on January 1, 1996 due to the State's failure to receive the necessary waivers of the federal Employee Retirement Income Security Act (ERISA). With the inability to implement an employer mandate, other steps have been taken to provide health insurance for those who earn too much income to qualify for Medicaid. These include small group insurance reforms, the Family Health Insurance Assistance Program (FHIAP), and Oregon's State Children's Health Insurance Program (SCHIP).

The third piece of legislation expanded Medicaid to cover all individuals living in households with an income at or below 100% of the federal poverty level.³ With this legislation, family composition is not used to determine eligibility for Medicaid coverage. Previous legislative sessions had seen entire segments of the population

¹ Chapter 838 Oregon Session Laws 1989.

² Chapter 831 Oregon Session Laws 1989.

³ Chapter 835 Oregon Session Laws 1989.

excluded from coverage as qualifying income levels were continuously lowered. Under this program, eligibility criteria remains constant and the benefit package offered can be reduced in times of budget constraints. Thus the Health Services Commission (Commission) was created to develop a Prioritized List of Health Services, incorporating treatment effectiveness and public values. This list is used by the legislature to determine the benefit package and fund those services shown to provide the most benefit.

During the 1991 session, the Prioritized List of Health Services was expanded to include mental health and chemical dependency services.⁵ In order to address rising health care costs, the Legislature also created the Health Resources Commission to review new and existing medical technologies.⁴

Reform continued in 1993 with the creation of the Office for Oregon Health Policy & Research (OHPR, formerly the Office of the Health Plan Administrator) to review and coordinate all the various activities of the Oregon Health Plan.⁵ Recognizing that the Health Services Commission and the Health Resources Commission are components of the Oregon Health Plan, the 1995 Legislature placed these commissions within OHPR.

Legislation was passed in 2001 that gave greater flexibility in the effort to sustain the Oregon Health Plan.⁶ The new “OHP2” waivers this legislation led to created two separate benefit packages under Medicaid:

- 1) the comprehensive benefit package historically offered under OHP, now called OHP Plus, for the most vulnerable populations making up the categorically eligible populations (i.e. children under 19, pregnant women, the aged, blind, and disabled receiving SSI benefits, and those qualifying for Temporary Assistance for Needy Families (TANF)); and,
- 2) a reduced benefit package, called OHP Standard, with higher premiums for the non-categorically eligible populations.

⁴ Chapter 470 Oregon Session Laws 1991.

⁵ Chapter 815 Oregon Session Laws 1993 and Chapter 754 Oregon Session Laws 1993.

⁶ Chapter 898 Oregon Session Laws 2001.

Implementation of the Medicaid Demonstration

The Commission recommended its first Prioritized List of Health Services to the Governor and Legislature on May 1, 1991. This List was the culmination of twelve public hearings, 50 community meetings, and consultations with over 200 health care providers that involved more than 25,000 volunteer hours. Federal approval of the Prioritized List was granted in March 1993, following two revisions to the methodology used to develop the List. On February 1, 1994, the Office of Medical Assistance Programs (OMAP) began implementation of the Oregon Health Plan, which continues to operate under its second three-year extension of the original five-year Medicaid 1115 Waiver.

The Prioritized List of Physical Health Services used under Phase I of the Medicaid Demonstration provided medical and surgical services to all eligibles whose income was at or below 100% of the federal poverty level.⁷ Phase II of the Medicaid Demonstration began in January 1995 and expanded the benefit package to the aged, blind, and disabled populations and children in substitute care. It also integrated mental health and chemical dependency services into the Prioritized List. Chemical dependency services were made available to all eligibles beginning with Phase II implementation. Using the Prioritized List of Integrated Health Services, comprehensive mental health services were initially made available to approximately 25% of the state's Medicaid clients until July 1997, when they were offered statewide. The integration of mental health services recognizes the inseparability of mind and body and the interaction between physical and mental function and addresses an important need expressed to the Commission by Oregonians.

In the summer of 2000, the Oregon Health Council formed the Task Force on Basic Benefit Plans. The Task Force was made up of three OHC members, six Health Services Commission (HSC) members (one of who was also on the OHC), and three additional members with a background in advocacy for low-income, uninsured

⁷ Pregnant women and children up to age six living in households with incomes up to 170% of FPL are also eligible for OHP-Medicaid.

populations.⁸ The Task Force presented their report at the September 2000 Governor’s Conference on Health Care, which found unanimous agreement that the HSC work towards defining a basic benefit plan stressing access promotion for a target population between 100% - 200% FPL. Their report included a benefit matrix using broad service categories and different levels of cost-sharing which would provide a framework the HSC would then build upon.

The new Prioritized List of Benefit Packages for OHP Standard was first developed in October 2001. A legislatively created body called the Waiver Application Steering Committee (WASC) then reviewed that list and, while accepting the priority order of the benefit packages, recommended levels of cost-sharing different than those proposed by the Health Services Commission (all cost-sharing for OHP Standard enrollees was eliminated in June 2003 based on a settlement of a federal lawsuit).

Figure 1.1 includes a detailed chronology of both the legislative history and important implementation dates of the Oregon Health Plan. This table documents such events as significant changes in the benefit packages offered and changes in eligibility rules. For a more complete discussion of the history of the Oregon Health Plan, the reader is directed to “The Oregon Health Plan: An Historical Overview,” available on the website of the Office of Medical Assistance Programs at http://www.oregon.gov/DHS/healthplan/data_pubs/ohpoverview0204.pdf.

⁸ Ross Dwinell (OHC), Chair; Tina Castañares, MD; Andrew Glass, MD (HSC); Bruce Goldberg, MD; Ellen Gradison; Amy Klare (OHC, HSC); Mildred Lane (OHC); Alison Little, MD (HSC); Ellen Lowe (HSC); Eric Walsh, MD (HSC); and, Daniel Williams (HSC).

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1987 Legislative Session				Established the Insurance Pool Governing Board (IPGB) ⁹ (HB 2594, 1987)
1989 Legislative Session	Developed the framework for Phase I of the Demonstration ¹⁰ (SB 27, 1989)	Expanded eligibility to 100% FPL (SB 27, 1989)	Established the Health Services Commission (HSC) ¹¹ (SB 27, 1989)	Established the Employer Mandate ¹² scheduled for implementation in Jan. 1994 (SB 935, 1989) Established the Oregon Medical Insurance Pool (OMIP) ¹³ (SB 534, 1989)
April 1989				IPGB made insurance available to small businesses and offered tax credit

⁹ A state agency that offers self-employed and small businesses (1 to 25 employees) the opportunity to purchase affordable small group health insurance from private health insurance companies.

¹⁰ The Demonstration required waivers of federal law from the Health Care Financing Administration (HCFA) to extend Medicaid coverage to Oregonians with incomes below 100% of the federal poverty level (FPL) through a guaranteed set of benefits (Basic Health Care Package) based on a prioritized list of health services. Phase I covered new eligibles (adults, couples and families with incomes below 100% of FPL who do not qualify for Medicaid under any other category) and Medicaid recipients qualifying under the following categories: Aid to Families with Dependent Children (now known as Temporary Assistance to Needy Families), Poverty Level Medical (PLM) Adults below 133% FPL, PLM Children under 100% of FPL, PLM Children under age 6 and between 100%-133% of FPL, and General Assistance.

¹¹ Created to group medical conditions and treatments and then rank them from most to least important to the population to be served.

¹² Required all employers to either offer group health insurance or pay into a statewide insurance pool through a payroll tax.

¹³ Provides health insurance to people who cannot buy coverage because of preexisting medical problems.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
Sept. 1990				OMIP issued its first policies.
1991 Legislative Session	Developed the framework for Phase II of the Demonstration ¹⁴ (SB 44, 1991)		<p>Legislature adopted the 1991 prioritized list, funding through line 587/709</p> <p>Legislature directed HSC to integrate mental health and chemical dependency services into the prioritized list for consideration in future funding (SB 1076, 1991)</p>	<p>Employer Mandate postponed¹⁵ (SB 1076, 1991)</p> <p>Established the Health Resources Commission (HRC)¹⁶ (SB 1077, 1991)</p> <p>Established Small Employer Health Insurance Reforms (SB 1076, 1991)</p>
5/1/1991			HSC recommended the first prioritized list ¹⁷ to the Governor and Legislature	
Aug. 1991	Submitted the Medicaid waiver application to HCFA			

¹⁴ Phase II added mental health and chemical dependency services to the benefit package and .Medicaid recipients qualifying under the following categories: Old Age Assistance, Assistance to the Blind and Disabled, and children in the care and/or custody of the state

¹⁵ Required employers by July 1, 1995 to cover employees working 17.5 hours or more per week and their dependents, or pay into a special state insurance fund which will offer coverage to those employees and dependents.

¹⁶ Established to develop a process for deciding on the allocation of medical technologies in Oregon.

¹⁷ Methodology documented in HSC's 1991 Prioritization of Health Services Report to the Governor and Legislature.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
Aug. 1992	HCFA denied the waiver application because of possible violations of the Americans with Disabilities Act (ADA)			
Oct. 1992			HSC revised the prioritization methodology and reordered the list ¹⁸	
Nov. 1992	Resubmitted application for Medicaid waiver to HCFA			
1993 Legislative Session			Legislature directed HSC to review and adopt clinical practice guidelines (SB 757, 1993)	<p>Postponed Employer Mandate¹⁹ until March 31, 1997 (SB 5530, 1993)</p> <p>Implemented insurance reforms targeted at small employers</p> <p>Created the Office of the Oregon Health Plan Administrator (OHPA)²⁰ (SB 5530, 1993)</p>

¹⁸ Methodology documented in HSC's 1993 Prioritization of Health Services Report to the Governor and Legislature.

¹⁹ Employer mandate deferred again until March 31, 1997, for those with 26 or more employees, and to January 1, 1998, for those with 25 or fewer employees.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
3/19/1993	HCFA approved Oregon's Demonstration contingent on reordering of the prioritized list			
4/19/1993			HSC revised the prioritization methodology and reordered the list which was approved by HCFA ²¹	
June 1993			Legislature adopted 1993 HSC report ²²	
Dec. 1993	Submitted Phase II waiver amendment to HCFA			
2/1/1994	OMAP implemented Phase I ²³ of the Medicaid Demonstration (SB 5530, 1993)	Dropped AFDC Medically Needy Program concurrently with the implementation of Phase I.	Began using the 1993 physical health services prioritized list	

Implementation dependent on Congressional exemption to the federal Employee Retirement Income Security Act (ERISA). If not exempted by January 2, 1996, the mandate would sunset.

²⁰ Now known as the Office for Oregon Health Plan Policy and Research (OHPPR).

²¹ Methodology documented in HSC's 1993 Prioritization of Health Services Report to the Governor and Legislature.

²² This report includes both a physical health services prioritized list, which the legislature funded through line 565 of 696 and an integrated health services prioritized list, including mental health and chemical dependency services, funded through line 606 of 745.

²³ About 120,000 new eligibles joined in the first year, exceeding the enrollment expected by the end of the third year of the demonstration.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
Sept. 1994	HCFA approved Phase II waiver amendment request			
1995 Legislative Session			Legislature adopted the 1995 prioritized list, funding through line 581/745 ²⁴	Merged the Health Division's Office of Health Policy into OHPA (SB 1079, 1995) Adopted small group insurance reform ²⁵ (SB 152, 1995) Established managed care patient protections (SB 979, 1995)
1/1/1995	Added chemical dependency services in all 36 counties Added mental health services in 20 of 36 counties (25% of the Medicaid population)	Added Phase II populations ²⁶	Began using the 1993 integrated health services prioritized list	

²⁴ Beginning with the HSC's 1995 report, a single integrated list of health services was recommended to the Governor and Legislature.

²⁵ A major insurance reform package; including provisions to ensure that health insurance coverage comparable to that available to large groups is available to individuals of groups of two or more.

²⁶ Services were covered under fee-for-service until managed care enrollment occurred. The decision making process was completed no later than 10/01/95.

FIGURE 1.1 CHRONOLOGY OF OREGON’S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
7/1/1995	Held mental health at 25% of the Medicaid population until 07/01/97 (HB 3445, 1995)			
10/1/1995		Based eligibility on 3 month’s average income instead of 1 month Added liquid asset test of \$5,000 Dropped full time college students	Began using the 1995 prioritized list	
12/1/1995		Charged premiums to people classified as New Medicaid Eligibles. ²⁷		
1/2/1996				Sunset of Employer Mandate according to provision ²⁸ (SB 5530, 1993)

²⁷ A “new eligible” is an individual enrolled in the Medicaid Program as a result of the Medicaid Demonstration. Premiums ranged from \$6 to \$28 per month for a family of four.

²⁸ Automatically repealed due to lack of Congressional ERISA waiver.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
10/1/1996	Separated dental and physical health care. Dental delivered through DCO's.			<p>Reduced OMIP rates to 125% of private insurance rates (SB 152, 1995)</p> <p>Implemented IPGB's small employers revisions (SB 152, 1995)</p>
1997 Legislative Session			Legislature adopted 1997 prioritized list ²⁹ with funding through line 574/743	<p>Modified managed care patient protections (SB 21, 1997)</p> <p>Established health insurance reforms (SB 98, 1997)</p> <p>Established the Family Health Insurance Assistance Program (FHIAP)³⁰ (HB 2894, 1997)</p> <p>Changed the name of OHPA to the Office for Oregon Health Plan Policy and Research (OHPPR) (HB 2894, 1997)</p>

²⁹ The list was reorganized during the HSC's biennial review process, resulting in line 574 of the 1997 list equating to line 578 of the 1995 list.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1/1/1997	OMAP started weekly enrollment in prepaid health plans			
Feb. 1997			Reduced funding level of 1995 prioritized list from line 581/745 to line 578/745 ³¹	
7/1/1997		Expanded mental health statewide (HB 3445, 1995)		
1/1/1998		Added uninsured Pell Grant eligible full time college students		
3/1/1998		Expanded PLM to 170% FPL for pregnant woman and their unborns (who remain eligible up to age 1)		
5/1/1998			Began using the 1997 prioritized list	

³⁰ Provides direct subsidies to qualified Oregonians to help them purchase health insurance through their employer or through the individual market.

³¹ The Joint Interim Task Force on the Oregon Health Plan and the Emergency Board approved a reduction in funding to 573/745. However, HCFA notified the state that it was approving the movement of the funding line only to 578/745.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
7/1/1998	HCFA accepted 3-year extension for Demonstration.	Changed income eligibility criteria for self-employed people from using a standard of income total - business expenses to a flat 50% of total revenues ³²		Implemented the federal Children's Health Insurance Program (CHIP) ³³ Implemented FHIAP (HB 2894, 1997)
12/1/1998		Returned to pre-July 1998 income eligibility criteria for self-employed people.		
1999 Legislative Session			Legislature adopted 1999 prioritized list with funding through line 564/743	Changed the name of OHPPR to the Office for Oregon Health Policy and Research (OHPR) (HB 2101, 1999)
10/1/1999		Liquid asset limit lowered to \$2,000	Began using the 1999 prioritized list with funding through line 574/743 ³⁴	

³² This policy reverted back to the previous standard, effective 12/98.

³³ Provides coverage of uninsured children under age 19 and below 170% of the FPL via the Medicaid Demonstration.

³⁴ The 70th Oregon Legislative Assembly approved a reduction in funding from 574/743 to 564/743. However, HCFA approval of this reduction in services was never received by the state.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2001 Legislative Session	<p>Directed DHS to draft waivers to provide existing benefit package to categorical eligibles (OHP Plus), provide a reduced benefit package to expansion populations up to 185% FPL (OHP Standard), and expand FHIAP (gaining federal match, with a 50-50 split of resources to group and individual coverage) under a method that is budget neutral for the state. Directed HSC to develop Prioritized List of Benefit Packages for OHP Standard. Created Waiver Application Steering Committee (WASC) to recommend benefit package for OHP Standard for 2001-03 biennium. (HB 2519, 2001)</p> <p>Established Practitioner Managed Prescription Drug Plan to create preferred drug list for OHP through an evidence-based process for fee-for-service clients. (SB 819, 2001)</p>		Legislature adopted 2001 prioritized list with funding through line 566/736	

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
May 2002	Emergency Board approves OHP2 waivers, with incremental expansion of Medicaid to 115% FPL (delayed until 7/1/03 at November E-board meeting) and increased expansion of FHIAP to 25,000 enrollees. DHS submits OHP2 waivers on 5/31/02.			
10/15/2002	CMS approves OHP2 waivers.			
11/1/2002				Began expansion of FHIAP towards goal of 25,000 enrollees.
1/1/2003	Charged voluntary copays for ambulatory visits and prescription drugs for adult fee-for-service clients.		Reduced funding level of 2001 prioritized list from line 566/736 to line 558/736 ³⁵ .	

³⁵ This eight-line reduction was the product of a modification to the ten-line reduction originally requested in conjunction with the funding level approved during the 1999 legislative session.

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2/1/2003	Implemented OHP Plus and OHP Standard benefit packages, the latter eliminating coverage of non-emergent transportation, vision services, and some dental services and durable medical equipment (DME). Higher mandatory copays imposed on most remaining services. Premiums are raised for some individuals and are subject to a two-month instead of six-month grace period.	Eliminated services to long-term care clients in survivability levels 15-17.		Eliminated Medically Needy Program Eliminated General Assistance Program
3/1/2003	Eliminated prescription drugs, outpatient mental health and chemical dependency services and remaining dental services and DME from OHP Standard benefit package.	Change eligibility date for OHP Standard clients to first of month following eligibility approval.		
3/17/2003	Prescription drug coverage reinstated for OHP Standard benefit package.			
4/1/2003		Eliminated services to long-term care clients in survivability levels 12-14.		

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2003 Legislative Session	<p>Established provider taxes for hospitals and managed care plans, using the revenues generated to act as the sole funding source for OHP Standard (HB 2747, 2003).</p> <p>Requires OHP clients be enrolled in prepaid managed care plan unless certain criteria are met. Directs HSC to contract with actuary to establish benchmark rates for OHP to approximate cost of providing services (HB 3624, 2003).</p>	<p>Prioritized eligibility groups and defined categories of services which, to the level funded, would be available to them (HB 2511, 2003).</p>	<p>Legislature adopted 2003 prioritized list with funding through line 519/730</p>	<p>Abolished Oregon Health Council and created Health Policy Commission to, among other things, develop state's health policy and review OHP related State Medicaid Plan amendments, federal waiver applications, and administrative rules (HB 3653, 2003).</p>
10/1/2003			<p>Began using the 2003 prioritized list with funding through line 549/740</p>	
6/19/2004	<p>Eliminated copayment requirements for OHP Standard.</p>			

FIGURE 1.1 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
7/1/2004		OHP Standard closed to new enrollees.		
8/1/2004	OHP Standard benefit package revised to include outpatient mental health and chemical dependency and a limited hospital benefit.		Reduced funding level of 2003 prioritized list from line 549/730 to line 546/730 ³⁶	

³⁶ The 72nd Oregon Legislative Assembly approved a reduction in funding to 519/730. However, CMS notified the state that it was approving the movement of the funding line only to 546/730.

**CHAPTER TWO:
PRIORITIZATION OF
HEALTH SERVICES**

Charge to the Health Services Commission

The Health Services Commission was established to:

“[R]eport to the Governor and Legislature a list of health services, including health care services of the aged, blind and disabled...and including those mental health and chemical dependency services...ranked by priority, from the most important to the least important, representing the comparative benefits to the entire population to be served....The recommendation shall include practice guidelines reviewed and adopted by the Commission....”³⁷ (emphasis added)

The Commission is composed of eleven members. There are five physicians, including one Doctor of Osteopathy, four consumer representatives, a public health nurse, and a social worker.³⁸ The Commission relies heavily on the input from its subcommittees and ad hoc task forces and workgroups.³⁹ A Commissioner will usually chair each subcommittee or task force and their composition varies depending on the purpose of that body. If appropriate, membership from outside of the Commission will generally include representatives of specialty-specific providers, consumers, and advocacy groups within the area of interest.

The new Prioritized List Of Health Services (see Appendix E) contains 710 medical condition/treatment pairs. It should be noted that due to adding, deleting, merging, and splitting of line items, new line 530 equates to the level of funding in effect as of January 1, 2005 on the October 1, 2004 List at line 546.

Each condition/treatment pair that makes up a line item on the List is composed of diagnostic and treatment codes to define the services being represented. The conditions on the List are represented by the coding nomenclature of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Medical treatments are listed using codes from the American Medical

³⁷ Oregon Revised Statutes (ORS) 414.720(3).

³⁸ A list of the Commission membership can be found in Appendix A.

³⁹ Chapter Four outlines the activities of the Commission’s subcommittees and task forces.

Association's Current Procedural Terminology, Fourth Edition (CPT-4), and the Healthcare Common Procedure Coding System (HCPCS). Dental procedures are listed using codes from the American Dental Association's Current Dental Terminology (CDT-4), which equate to HCPCS "D" codes.

The Commission maintains the Prioritized List by making changes in one of two ways:

1. The **Biennial Review** of the Prioritized List of Health Services, which is completed prior to each legislative session according to the Commission's established methodology.
2. **Interim Modifications** to the Prioritized List that consist of:
 - a. **Technical Changes** due to errors, omissions, and changes in ICD-9-CM, or CPT-4, HCPCS, or CDT-4 codes; and,
 - b. **Advancements in Medical Technology** that necessitate changes to the List prior to the next biennial review.

Prioritization Methodology

The current Prioritized List of Health Services reflects an accumulation of revisions to the first list implemented on February 1, 1994. The prioritization process for that list followed the methodology dated April 19, 1993, which was approved by the U.S. Department of Health and Human Services. The initial ranking of each of the condition/treatment pairs was determined either by 1) the treatment's effectiveness in the prevention of death and/or its average lifetime cost; or, 2) the application of a set of subjective criteria to the service being prioritized. A refined characterization of how this methodology was applied is provided in Figure 2.1.

While these considerations continue to be used when new line items are created or entire line items are moved, most changes to the Prioritized List over the last ten years since its implementation have involved decisions to place/move individual codes representing

FIGURE 2.1

DETERMINING PLACEMENT OF A NEW OR REPRIORITIZED CONDITION/TREATMENT PAIR

Proceed through steps #1-#5 until an appropriate ranking is determined.

- 1) Ability of Treatment to Prevent Death
- 2) Lifetime Cost of Treatment Per Patient (in case of ties under #1)
- 3) Adjustment According to Public Values (if #1 and #2 do not result in an appropriate ranking).

After identifying the first appropriate category, skip to #4.

Family Planning Services (place in 10th -15th percentile of List)
i.e. birth control, sterilization

Maternity and Newborn Care (place in 10th - 15th percentile)
e.g. prenatal visits, delivery, NICU

General Preventive Services (place in 20th - 25th percentile)
e.g. immunizations, well child exams, mammography

Comfort Care (place in 35th - 40th percentile)
e.g. pain mgmt., hospice care, physician aid-in-dying

Public Health Risk (place in 40th - 45th percentile)
i.e. tuberculosis, STDs, lice, scabies

Self-Limiting Conditions (place in 85th - 90th percentile)
e.g. common cold, viral sore throat, sprains

Cosmetic Services (place in 90th - 95th percentile)
e.g. scar removal, deviated nasal septum, orthodontia

Medical Ineffectiveness (place in 95th - 100th percentile)
e.g. transplant for liver cancer, gastroplasty, severe cystic lung

Early Treatment Prevents Progression to Serious Disease (place just above disease being prevented)
e.g. cervical dysplasia

Early Treatment Prevents Serious Complications/Future Costs (move up 50 percentile points from the ranking determined by #1 and #2 if the condition is not potentially fatal and 25 percentile points if it is a nonfatal condition)
e.g. depression, glaucoma

- 4) Place Within Range of 5 Percentile Points from #1-#3 Based On Similarity of Organ System, Etiology, and/or Treatment Outcomes (congruency)

- 5) Line Placement Based on Commission Judgment (when #1- #4 do not result in appropriate ranking)

e.g. dysfunction lines, induced abortion, eye glasses

specific medical treatments. In years past, most new technologies were added to the List in the absence of specific knowledge on the ineffectiveness of such a service. However, legislation passed during the 2003 session has had a profound effect on which services are included on the Prioritized List since then. House Bill 3624 directed that the Health Services Commission:

“Shall consider both the clinical effectiveness and cost-effectiveness of health services in determining their relative importance using peer-reviewed medical literature as defined in ORS 743.695.”⁴⁰

While clinical effectiveness has always been a consideration in the inclusion and placement of a health service on the Prioritized List, the Commission heard testimony from legislators and other interested parties at their March 2003 meeting that evidence-based reviews should play a more prominent role in their decision making. To this end the Commission created the Evidence-Based List Task Force in an attempt to identify what evidence-based research would be acceptable and in what manner it would be considered (see also Chapter 4 for more discussion on the work of this task force).

The Commission also heard educational testimony from Dr. Francis Lynch about cost-effectiveness and cost-utility analyses in September 2003. They subsequently reviewed several topics with regard to cost-effectiveness, including cardiac disease, diabetes and cancer. In addition, a detailed cost-effectiveness review of cystic fibrosis screening in pregnant women was done. Specific changes did not evolve from these reviews, however the Commission incorporated both clinical effectiveness and cost-effectiveness into a new algorithm describing the Health Services Commission’s process for following the direction given by HB 3624, resulting in that shown in Figure 2.2. Finally, Figure 2.3 describes in which instances the “older” methodology involving line rankings and when the “newer” methodology using evidence-based reviews are employed.

⁴⁰ ORS 414.720 (4b).

FIGURE 2.2

PROCESS FOR INCORPORATING OR REVISING EVIDENCE-BASED HEALTH TECHNOLOGY ASSESSMENT AND COST-EFFECTIVENESS INTO THE PRIORITIZED LIST

- The HSC will examine pooled data from one of the recognized sources/websites (see "Sources Of Information For Evidence-Based Health Technology Assessment" below)
- Exceptions may be made for rare diseases
- The HSC will consider new sources/websites as they are identified
- Evidence regarding the effectiveness of a treatment will be used according to the following algorithm:

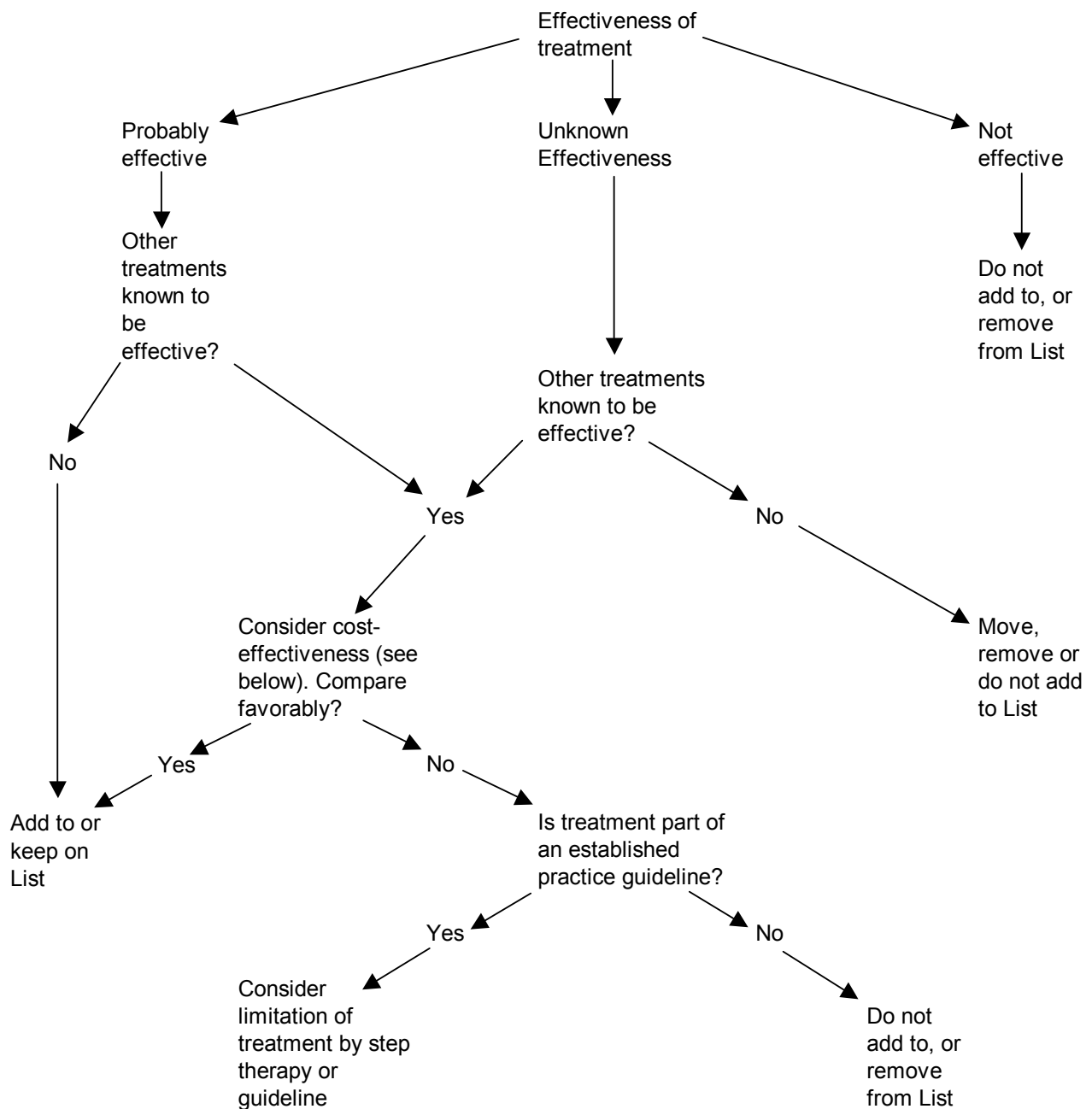


FIGURE 2.2 (CONT'D)

The cost of a technology will be considered according to the grading scale below, with “A” representing compelling evidence for adoption, “B” representing strong evidence for adoption, “C” representing moderate evidence for adoption, “D” representing weak evidence for adoption and “E” being compelling evidence for rejection:

- A = more effective and cheaper than existing technology
- B = more effective and costs less than \$25,000/LYS or QALY more than existing technology
- C = more effective and costs \$25,000 to \$125,000/LYS or QALY more than existing technology
- D = more effective and costs more than \$125,000/LYS or QALY more than existing technology
- E = less or equally as effective and more costly than existing technology

SOURCES OF INFORMATION FOR EVIDENCE-BASED HEALTH TECHNOLOGY ASSESSMENT

Sources of evidence must have the following characteristics:

- The research must be current (either completed in, or updated within, the last three years)
- The investigator cannot have a vested interest in the outcome of the research
- The investigator must use accepted methods of research based on the outcomes of *multiple studies*
- The research must be peer-reviewed and published in the scientific literature

Below is a list of the sources that have been identified to date. Clinical judgment will still need to be used by the Commission to determine the strength of evidence appearing on any of these sites.

First Priority

- a. BMJ Clinical Evidence <http://www.clinicalevidence.com>
- b. Evidence-Based Practice Centers (EPC) www.ahcpr.gov/clinic/epc
- c. Cochrane Collaboration www.cochrane.org/cochrane/revabstr/mainindex.htm
- d. University of York nhscrd.york.ac.uk
- e. Agency for Healthcare Research and Quality (AHRQ) www.ahcpr.gov
- f. Health Technology Assessment Programme – United Kingdom <http://www.hta.nhsweb.nhs.uk/ProjectData>
- g. National Institute for Clinical Excellence (NICE) – United Kingdom www.nice.org.uk/Cat.asp?pn=professional&cn=toplevel&ln=en
- h. Canadian Coordinating Office for Health Technology Assessment (CCOHTA) www.ccohta.ca
- i. Blue Cross Blue Shield Technology Evaluation Center (TEC) www.bcbs.com/tec/index.html

Other Sites Which May Be Considered

- j. Bandolier www.jr2.ox.ac.uk/bandolier
- k. ECRI www.ecri.org
- l. National Guideline Clearinghouse www.guideline.gov
- m. Institute for Clinical Systems Improvement <http://www.icsi.org>
- n. CMS Medicare Coverage Advisory Committee (MCAC) cms.hhs.gov/ncdr/mcacindex.asp

FIGURE 2.3

OVERVIEW OF THE HEALTH SERVICES COMMISSION'S PRIORITIZATION PROCESS

Placement of a New ICD-9-CM Code

In most cases a new ICD-9-CM code will simply be a higher specificity for an existing code and will be placed on the list where its third or fourth-digit parent code already exists. In cases where the ICD-9-CM code represents a new disease or where the code of higher specificity does not belong on the line where the existing code is placed use the process described in Figure 2.1. This will be done as an interim modification effective October 1.

Placement of a New CPT-4 Code

Use the criteria described in Figure 2.2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If not, use the process described in Figure 2.1 to determine where the pairing should be placed. This will be done as an interim modification effective April 1.

Placement of a Previously Non-paired CPT-4 Code

Use the criteria described in Figure 2.2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If not, use the process described in Figure 2.1 to determine where the pairing should be placed. This will be done as an interim modification unless a significant fiscal impact results.

Deletion of an Existing CPT-4 Code

Use the criteria described in Figure 2.2 to determine whether the use of the procedure is experimental or if evidence dictates that the code should be removed for a line or the list in general. This can be done as either an interim modification or, if public or provider input is desired, as a biennial review change.

Movement of an Existing Line Item

This can only be done during the biennial review process. Use the process described in Figure 2.1 to determine new placement.

Movement of an Existing ICD-9-CM/CPT-4 Code Pairing

This can be done either during the biennial review process or as an interim modification if there is no significant fiscal impact. Use the process described in Figure 2.1 to determine placement.

Creation of a New Guideline

As this is likely to result in a cost savings, a new guideline can usually be created as an interim modification.

Revision of an Existing Guideline

This can likely be done as an interim modification, but a significant change or deletion of the guideline in its entirety could potentially need to be done as a biennial review change.

Biennial Review

In 2004 the Commission completed its sixth biennial review of the List since implementation of the Medicaid Demonstration began in February 1994. Since that time, the Health Services Commission has seen its role change to one of focusing on the maintenance of an already existing list. The Health Services Commission conducts a complete review of the Prioritized List every two years. The ongoing review of the List is a dynamic process that responsive to changes in medical diagnoses, treatments, outcomes, and social values.

Early biennial reviews saw the Commission send out a list of all appropriate line items to numerous specialty groups for comments on each line's placement as well as its associated cost and mortality information. As the Prioritized List matured, these mailings resulted in fewer and fewer changes made to the list or its supporting database. As a result, the review process was altered in 2002, substituting five focused questions to providers inquiring about obsolete treatments, unnecessary diagnoses or procedures, and practice guidelines. However, only thirteen responses were received, prompting reconsideration of the process for 2004.

Two events shaped the Commission's approach to the biennial review in 2004. First, testimony was received from several oncologists in September 2003 who believed that oncology care was inadequately covered by the Oregon Health Plan. Their opinion was that placement of the treatment for advanced cancers (Line 693 on the 2003-05 List) below the funding level was inappropriate and discriminatory to cancer patients. They felt that treatment of cancers to prolong life, even if for a matter of months, should be a covered service. Because the Commission felt this was an important ethical and philosophic issue, they decided to use the biennial review process to garner opinion from providers across the state about this topic. To accomplish this task, a letter was sent to all oncologists in the state, as well as key representatives of all other specialties. The following general and oncology questions were posed:

- What services do you perform that are over-utilized, too expensive, or of questionable value?

- Can you recommend the best journal or website for obtaining evidence-based reviews of the literature in your specialty?
- The Commission is reviewing its position on oncology and end-of-life care. They are interested in your opinion regarding whether or not to devote more resources to prolonging life in the face of terminal cancer. Currently, treatment that prolongs life without providing palliation is not covered for cancers with a less than 5% 5-year survival. The Commission is considering adding coverage for treatment that would prolong the life of a terminal cancer patient, regardless of whether a symptom is being palliated. Please comment on whether you support the current benefit, and if not, when you believe further attempts at prolongation should be abandoned, from the public health perspective.
- If you believe the benefit should be expanded, what would you recommend be eliminated from coverage, given the limited funds of the Oregon Health Plan and the need to maintain budget neutrality?
- The Commission is also considering extending the 5% 5-year survival limitation to all medical conditions. This would mean that any condition for which the 5-year survival is less than 5% would only be covered for palliative care. Please provide your opinion on this issue.
- Do you feel that shorter courses of palliative radiotherapy should replace longer courses of treatment, especially since the benefit of longer courses may not be substantiated in the medical literature? Shorter courses may result in significant cost savings for the Oregon Health Plan.
- How can the high use of follow up imaging studies (CT scans, MRI's, PET scans) be controlled or limited?
- Are second bone marrow transplants for recurrent malignancy ever appropriate?

Secondly, new focus on evidence-based medicine generated by the Evidence-based List Task Force led to questions concerning medical practices lacking evidence of effectiveness. To this end, the following questions were asked of the pertinent specialty physicians (where further discussion on actions taken regarding these issues appear elsewhere in the report, the reader is directed to the pages listed in parentheses):

- Should coated stents (sirolimus) now be considered the standard of care and be used in all patients despite the cost?

- How can the Oregon Health Plan control the use and marked increase of SPECT imaging and echocardiography?
- How can we possibly limit the number of treatments, biopsies, and removals of benign lesions such as seborrheic keratosis?
- What can be done to limit the continuing problem of inappropriate emergency room visits?
- Should high risk procedures such as carotid endarterectomy be limited to centers of excellence? If so, how can access be assured?
- A recent article in the New England Journal of Medicine (2002;347:81-88) showed no benefit of therapeutic arthroscopy for osteoarthritis of the knee. Would you recommend elimination of coverage for this? If not, why not?
- There is no conclusive evidence that endoscopic surveillance of Barrett's esophagus improves outcome. Would you recommend elimination of coverage for this?
- Given the scarcity of available organs, should liver transplantation be considered in patients with hepatitis C? If so, should they be allowed a second liver transplant if failure occurs from complications of hepatitis C?
- Should colonoscopy be the only covered service for colon cancer surveillance? (p. 54)
- Is it reasonable to limit obstetric ultrasounds, and if so, what limits would you recommend? Should advanced ultrasound exams only be performed by an American Institute of Ultrasound in Medicine (AIUM) certified lab or maternal-fetal medicine office?
- Should cataract surgery be limited to one side only and when combined visual acuity is worse than 20/50? (p. 54)
- Would it be reasonable to not cover pulmonary function studies for routine monitoring of asthma or COPD? If not, should it be limited to one study per year?

A total of 50 responses were received and reviewed by the Commission. Supporting documentation for suggestions was researched and reviewed. Regarding the oncology issues, 24 respondents were supportive of the current limitation on curative therapy, and eight opposed it, believing all therapy should be covered regardless of life expectancy. Nineteen respondents supported extending this limitation to all medical conditions, not just cancer, while four opposed it. Given this strong support, the Commission

changed the title of the advanced cancer line (which is now Line 674 on the 2005-07 List) to “Medical Conditions Where Treatment of the Condition Will Not Result in a 5% 5-year Survival”.

Other issues considered by the Commission include the following (for those items on which the Commission took action, the page number where further discussion is provided on the topic is given in parentheses):

- Guidelines for use of erythropoietin and colony stimulating factors in oncology patients (p. 51)
- Guidelines for the use of PET scans (p. 52)
- Guidelines for the surveillance of breast and colon cancer (p. 53)
- Guidelines for sinus surgery (p. 55)
- Guidelines for anti-emetics and anti-thymocyte globulin
- Guidelines for the use of intensity-modulated radiation therapy and stereotactic radiosurgery
- Guidelines for surgery for sleep apnea
- Elimination of coverage of male preventive exams
- Guidelines for the use of sodium hyaluronate and palivizumab
- Adding criteria for neonatal resuscitation
- A guideline for cholecystectomy

In addition to these evidence-based reviews, the Commission looked at the composition and rank ordering of the line items on the Prioritized List. This resulted in the deletion of nine line items, listed in Figure 2.4, including four lines on the treatment for infertility that the Commission is asking the Office of Medical Assistance Programs to place on their list of non-OHP services. As a result of this, infertility services will never be covered by OHP, irregardless of where the legislature draws the funding line and will no longer be subject to the comorbidity rule. Continuing a recent trend of collapsing lines representing similar conditions, the Commission merged eighteen previously separate lines into seven total lines, as shown in Figure 2.5. For example, three individual lines for open fractures of joints, shafts of bones, or the epiphyses were combined into a single line for open fractures of the extremities. Figure 2.6 identifies the only significant change made to the List at the line level that will result in a change in a coverage of service should the funding level remain the same. During the 2002 biennial review it was decided to move the treatment of psoriasis to a lower line because of the benign nature of most forms of the disease. After hearing

FIGURE 2.4
DELETED LINES
10/1/03 POSITION AND LINE DESCRIPTION LISTED

- Line 358⁴¹: DENTAL CARIES (PERIAPICAL INFECTION)
- Line 524⁴¹: SYMPTOMATIC IMPACTED TEETH
- Line 525⁴¹: UNSPECIFIED DISEASE OF HARD TISSUES OF TEETH (AVULSION)
- Line 533⁴¹: EXFOLIATION OF TEETH DUE TO SYSTEMIC CAUSES; SPECIFIC DISORDERS OF THE TEETH AND SUPPORTING STRUCTURES
- Line 536⁴¹: RETAINED DENTAL ROOT
- Line 596: FEMALE INFERTILITY, MALE INFERTILITY
- Line 597: INFERTILITY DUE TO ANNOVULATION
- Line 636: INFERTILITY DUE TO TUBAL DISEASE
- Line 727: TUBAL DYSFUNCTION AND OTHER CAUSES OF INFERTILITY

FIGURE 2.5
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

05-07 Line	05-07 Line Description	03-05 Lines	03-05 Line Description
40	BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE / FREE SKIN GRAFT, MEDICAL THERAPY	40	BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE
		42	BURN, PARTIAL THICKNESS WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE

⁴¹ Many diagnosis codes representing dental conditions seen in a medical setting are being moved to the lines on which the corresponding CDT/HCPCS codes appear for the treatment of these same conditions. See Appendix C for a complete list of the lines to which these codes are being moved.

FIGURE 2.5 (CONT'D)

05-07 Line	05-07 Line Description	03-05 Lines	03-05 Line Description
131	OPEN FRACTURE OF EXTREMITIES	132 133 134	FRACTURE OF JOINT, OPEN FRACTURE OF SHAFT OF BONE, OPEN OPEN FRACTURE OF EPIPHYSIS OF LOWER EXTREMITIES
178	HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA	181 351	HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA DEFICIENCIES OF CIRCULATING ENZYMES INCLUDING ALPHA 1-ANTITRYPSIN DEFICIENCY
250	METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA	253 386	METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA HISTIOCYTOSIS
377	CLEFT PALATE AND/OR CLEFT LIP	382 383 384	CLEFT PALATE WITH CLEFT LIP CLEFT PALATE CLEFT LIP, CONGENITAL FISTULA OF LIP
460	CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)	469 470 471 486	FRACTURE OF SHAFT OF BONE, CLOSED CLOSED FRACTURE OF PHYSIS OF LOWER EXTREMITIES CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES FRACTURE OF JOINT, CLOSED
705	MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	428 724	IDENTITY DISORDER MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

testimony from providers and advocates for these services, the Commission decided to move the most severe cases of psoriasis to a higher line item, and move down a number of fungal infections that can also be treated with over-the-counter medications (see Figure 2.6).

The Commission also undertook the task of increasing the precision of the List by editing the 90000 series of CPT codes. Historically, nearly all CPT codes in the range from 90000-99999 have been placed on the 570+ lines that include medical therapy for the sake of simplicity, even though some of these codes are inappropriate. To increase accuracy and prevent inappropriate use of some technologies, these codes were distributed according to the body system they are used with. For example, cardiac catheterization codes were removed from all lines except those containing cardiac diagnoses.

A similar process was performed with radiation therapy codes. Historically, all radiation therapy codes were placed on all cancer lines, regardless of appropriateness. To increase precision, two radiation oncologists were consulted, who provided advice to the Commission regarding which radiation therapy procedures were appropriate for which cancers. Additional benign diseases, for which radiation therapy is used, were also identified, and appropriate codes added.

A complete listing of all biennial review changes occurring at the

FIGURE 2.6
SIGNIFICANT CHANGES IN LINE CONTENTS

05-07 Line	05-07 Line Description	03-05 Line	Line Description
358	PYODERMA; PSORIASIS, STAGE III AND IV	363	PYODERMA; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED
537	PSORIASIS, STAGE I AND II; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED	553	PSORIASIS AND SIMILAR DISORDERS

coding level can be found in Appendix C. This includes specific codes moved as the result of the changes reflected in Figures 2.4 and 2.6 as well as other changes involving the movement of individual codes from one line to another. Since all codes on a line are affected the same way in the case of line mergers, these types of changes are not reflected in Appendix C.

Once the biennial review process was completed, the List was renumbered from 1-710. Due to changes to the Prioritized List during the biennial review process, line items that were not changed may have different line numbers assigned to them because of changes to other lines (line deletions, movements, and merging) in other parts of the list. For example, line 546 on the Prioritized List for the 2003-05 biennium, at which the funding line on the current list is drawn, will now be line 530 on the new list.

On June 17, 2004, the Commission completed their most recent biennial review process. The revised Prioritized List of Health Services appearing in Appendix E was then forwarded to the independent actuarial firm of PricewaterhouseCoopers for pricing determinations. The actuarial analysis of the average per-member-per-month costs of providing various levels of services for the different Medicaid eligibility groups appears in their March 2005 report titled, “Oregon Health Plan Medicaid Demonstration: Analysis of Federal Fiscal Years 2006-2007 – Average Costs⁴².”

Upon the approval of this Health Services Commission report, the 73rd Oregon Legislative Assembly will set a funding level for the enclosed Prioritized List of Health Services for the 2005-07 biennium. This will establish the OHP Plus benefit package for the Medicaid Demonstration for the 2005-2007 biennium and will be the basis for the OHP Standard benefit package whereby further exclusions will be applied.

⁴² Available at http://www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/main.html.

Interim Modifications

The Commission was aware from the outset that this unique process for determining health benefit coverage would need further refinement as feedback was received after implementation. The Commission asked for the authority to make adjustments to the List during the interim period that was granted in 1991 in the following statute:

“The commission may alter the list during the interim only under the following conditions:

- a) technical changes due to errors and omission; or,*
- b) changes due to advancements in medical technology or new data regarding health outcomes.*

If a service is deleted or added and no new funding is required, the Commission shall report to the Speaker of the House of Representative and the President of the Senate.

However, if a service to be added requires increased funding to avoid discontinuing another service, the Commission must report to the Emergency Board for funding.”⁴³ (emphasis added)

The Commission established a process whereby requests for interim modifications can be considered. This process requires acknowledgment of the requests within 10 days of their receipt, along with an inquiry for additional information where necessary. Notice of the need for interim modifications may come from staff, other state agencies, health care providers, participating health care plans or other interested entities. The request is then sent to the Health Outcomes Subcommittee for consideration. The Subcommittee will usually require at least two meetings to first hear the request and then have staff collect the necessary information in order to make a decision. If their recommendation is for approval of the modification to the List, the issue is then considered at the next full Commission meeting. A requesting party can assume that this process will take at least 3-4 months depending on the completeness of the information and the timing of the receipt of the request in comparison to the next

⁴³ ORS 414.720(5)a, (5)b and (6)

scheduled Commission meeting. It should also be noted that the Commission's decisions are based on what is best for the entire OHP population, not on any one individual case.

Technical Changes

An example of an interim modification involving a technical change being made during the 2003-05 biennium involved the correct matching of ICD-9-CM and CPT-4 codes. While the code for fusing the liver duct and intestine already appeared on other funded lines of the Prioritized List, it did not appear on line 10, Injury to Internal Organs. Since all affected codes are above the funding line, the addition of this CPT-4 code is a technical change because it did not result in a change in the calculation of the capitation rates.

As the Prioritized List attempts to match some 13,000+ ICD-9-CM diagnosis codes with 7,000+ CPT-4 treatment codes, the Commission is aware that some appropriate condition-treatment groupings do not appear on the List. Some of these codes are omitted purposefully. For instance, appropriate diagnostic services are covered under OHP whether or not the final diagnosis appears in the funded region. Additionally, appropriate ancillary services such as prescription drugs and durable medical equipment are covered if the condition which they are being used to treat lie in the funded region. Because of the volume of codes that represent diagnostic and ancillary services, and the fact that they are often associated with many different diagnoses, these codes do not appear on the list. Instead, the Office of Medical Assistance Programs (OMAP) maintains electronic files to account for these codes and determine fee-for-service reimbursement. These lists of codes are also distributed to the managed health care plans that can choose to use them as they see fit. Other appropriate pairings of condition and treatment codes may have been left off inadvertently. As these pairings are identified through OMAP's claims processing system, providers, or managed care plans, the necessary changes are made to the List as interim modifications.

Technical changes are made to the list only twice during a calendar year. Implementation of these technical changes generally go into

effect on April 1st and October 1st to coincide with the release of new CPT and ICD-9-CM codes, respectively. Appendix D reflects the interim modifications made by the Commission since the May 2003 report.

The Health Services Commission has begun to implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As of October 2003, OMAP unique codes were eliminated as part of the HIPAA regulations and replacement codes were added to the List as necessary. While such updates to the coding systems can be handled easily as technical changes, the planned conversion of ICD-9-CM to ICD-10-CM (a new categorical disease classification that radically differs from ICD-9-CM) will necessitate a complete revision of every line item of the Prioritized List. Another draft of ICD-10-CM is expected from CMS in early 2005 and implementation of this new classification system is now expected to begin sometime in 2007. The Commission will begin the lengthy conversion process in earnest as soon as it is announced that the new code set is no longer in draft form.

Advancements in Medical Technology

The Commission periodically receives requests to modify the placement or content of condition/treatment pairs to reflect significant advancements in medical technology. These requests often come from medical providers and commercial developers of emerging technologies, but will be accepted from any source. The Commission staff assembles needed background information and arranges to have experts testify before the Health Outcomes Subcommittee as it prepares a recommendation for the full Commission.

If an added service is projected by an independent actuary to have a significant fiscal impact on the OHP Medicaid Demonstration, the Health Services Commission is required to appear before the Legislative Emergency Board to request additional funding. To date, no interim modifications have been found to have a significant fiscal impact.

During the 2003-2005 biennium, the Commission reviewed a number of issues that fall under the medical advancements category, as presented in Figure 2.7.

FIGURE 2.7
MEDICAL ADVANCEMENTS REVIEWED

Technology Name/Description	Commission Action
Therasphere - transcatheter occlusion/embolization for tumor destruction using yttrium-90	Not added to List
Chondrocyte implant - implantation of cultured autologous chondrocytes for cartilage defects	Not added to List
Gastric stimulation device – used in treatment of gastroparesis	Not added to List
Laser-assisted myringotomy – used in treatment of otitis media	Not added to List
Cryosurgical ablation of renal tumors	Not added to List
Implantation of semi-implantable hearing device	Not added to List
Laser treatment of ureteral stones	Not added to List
Neurolysis by injection of metatarsal neuroma	Not added to List
Laser-assisted uvuloplasty – used in treatment of sleep apnea	Not added to List
Laparoscopic gastric bypass	Added to Line 640, Morbid Obesity
Virtual colonoscopy	Not added to List
Kyphoplasty	Not added to List
Fetal surgery - laser treatment of twin-twin transfusion syndrome, TRAP sequence, intra-uterine transfusion, lower obstructive uropathy (stent placement only), amniotic bands (PA), extrapulmonary sequestration (PA), sacrococcygeal teratoma (PA), cystic adenomatoid malformation of the lung(PA)	Added to Line 55, Pregnancy, with guideline stating that urinary tract obstruction is only covered for placement of a urethral shunt
Fetal surgery - spina bifida, diaphragmatic hernia	Not added to List
Cord blood transplantation	Added to bone marrow transplant lines

FIGURE 2.7 (CONT'D)

Technology Name/Description	Commission Action
Carotid artery stent placement for carotid stenosis	Added to Line 248 - Occlusion and Stenosis of Precerebral Arteries
LDL apheresis for treatment of hyperlipidemia	Not added to List
Minimally-invasive coronary artery bypass grafting	Added to Line 264, Acute And Subacute Ischemic Heart Disease, Myocardial Infarction, with guideline restricting use to single vessel disease
Corneal topography	Added to Line 416 - Corneal Opacities and Other Disorders of Cornea
Ultrasound pachymetry	Added to Line 398 - Glaucoma
Lobar (living donor) lung transplantation	Added to Lines 442, Cystic Fibrosis and Emphysema, and 443, Respiratory Failure
Chemodenervation of vocal cord for treatment of spasmodic dysphonia	Added to Line 729 - Spastic Dysphonia
Embolization of uterine fibroids	Not added to List

Evidence-Based Reviews

At the recommendation of the Evidence-based List Task Force (see Chapter 4 of this report), the Health Services Commission adopted a policy of requiring a review of the evidence supporting the effectiveness of a treatment when making decisions about the placement of services on the Prioritized List. To this end, they conducted several evidence-based reviews, as detailed below.

Physical, Occupational and Speech Therapy

The Commission reviewed the literature regarding the effectiveness of therapies, finding evidence lacking for a majority of diagnoses and treatments. They heard testimony from, and reviewed the literature provided by, the Oregon Physical Therapy Association. They also considered recommendations from a pediatric physiatrist and the Child Development & Rehabilitation Center at the Oregon Health & Science University. After nine

months of discussion, they approved guidelines limiting the number of visits for both acute and chronic conditions, and eliminated some modalities from coverage. Additional testimony from the speech pathology provider community resulted in additional revisions after adoption of the guidelines in October 2004. The current version of the guideline is presented in Chapter 3, and the modalities that were eliminated are listed below:

- Application of hot or cold packs
- Application of vasopneumatic devices
- Application of paraffin baths
- Application of microwave
- Application of diathermy
- Application of infrared
- Application of ultraviolet
- Application of iontophoresis
- Application of contrast baths
- Application of ultrasound
- Application of unlisted modalities
- Unlisted therapeutic procedures

Transplantation

The Commission reviewed the evidence of the effectiveness of second heart and liver transplants. Because survival is significantly reduced for second solid organ transplants compared to first transplants, and because there is a scarcity of organs, they removed these from coverage, except in the case of acute failure that occurs during the original hospitalization for transplantation.

They also reviewed the literature on the effectiveness of bone marrow/stem cell transplant for all cancers currently paired with this procedure that were not covered by Medicare. This included chronic lymphocytic leukemia, Ewing's sarcoma, rhabdomyosarcoma, neuroblastoma, medulloblastoma, testicular cancer, sickle cell anemia and thalassemia. After review of the evidence, and solicitation of input from pediatric oncologists, bone marrow/stem cell transplantation was removed as a pairing with all of these diagnoses except for testicular cancer and thalassemia.

Second bone marrow transplants were also reviewed, and no evidence of improved outcome was identified for any disease with the exception of multiple myeloma. Therefore, a guideline was added to reflect non-coverage of second bone marrow transplants except in the case of tandem transplants for multiple myeloma. Finally, non-myeloablative stem cell transplants were reviewed, and the Commission likewise found a lack of evidence supporting their effectiveness. They were considered to be experimental, hence a guideline was created specifying non-coverage.

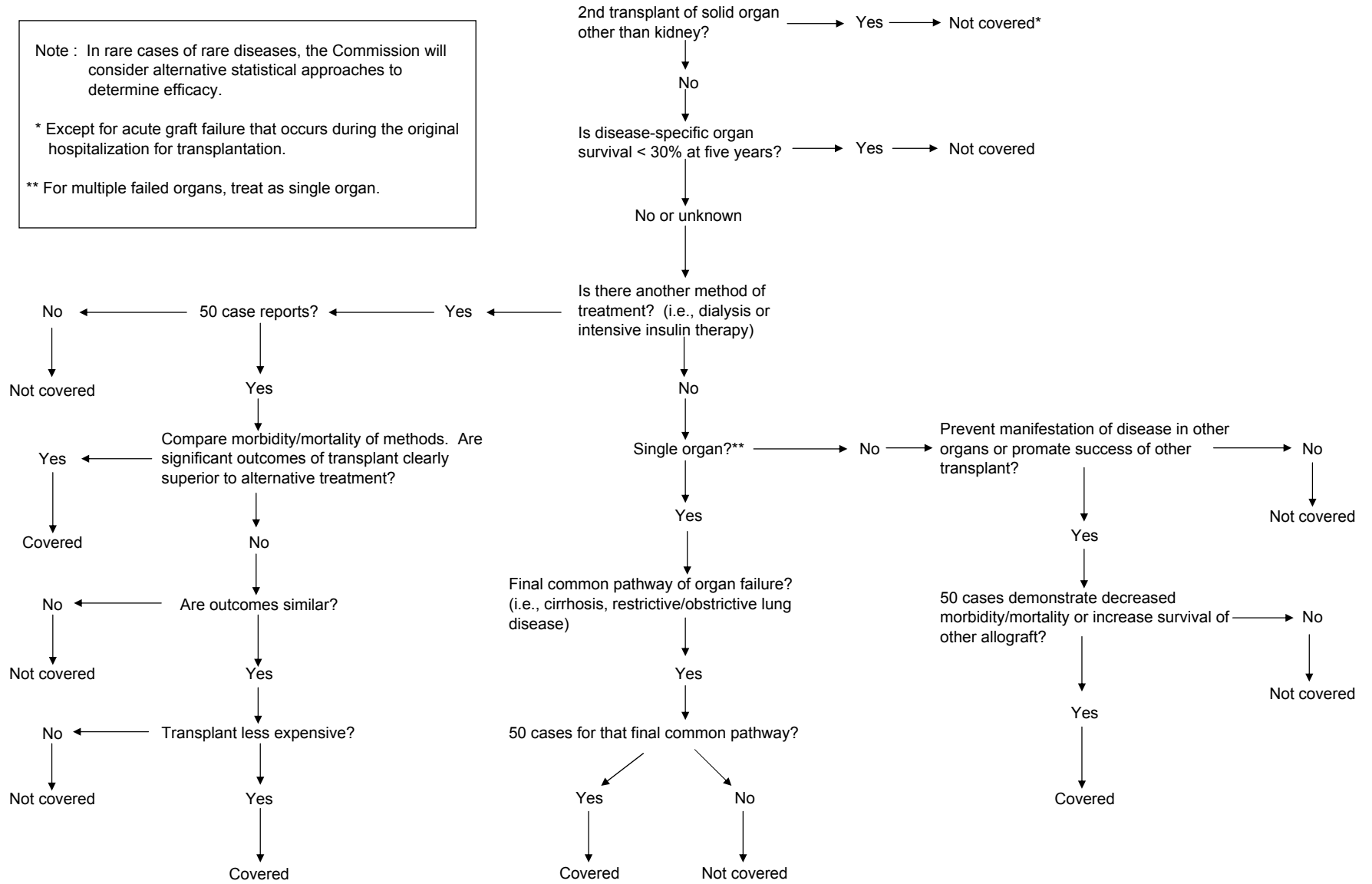
Over the course of the last two years, a number of revisions were made to the Transplant Algorithm appearing in the last biennial report. Separate algorithms are now being used when considering issues involving solid organ transplants and bone marrow/stem cell transplants. Please see Figures 2.8 and 2.9 on the following pages for these algorithms.

FIGURE 2.8
SOLID ORGAN TRANSPLANT ALGORITHM

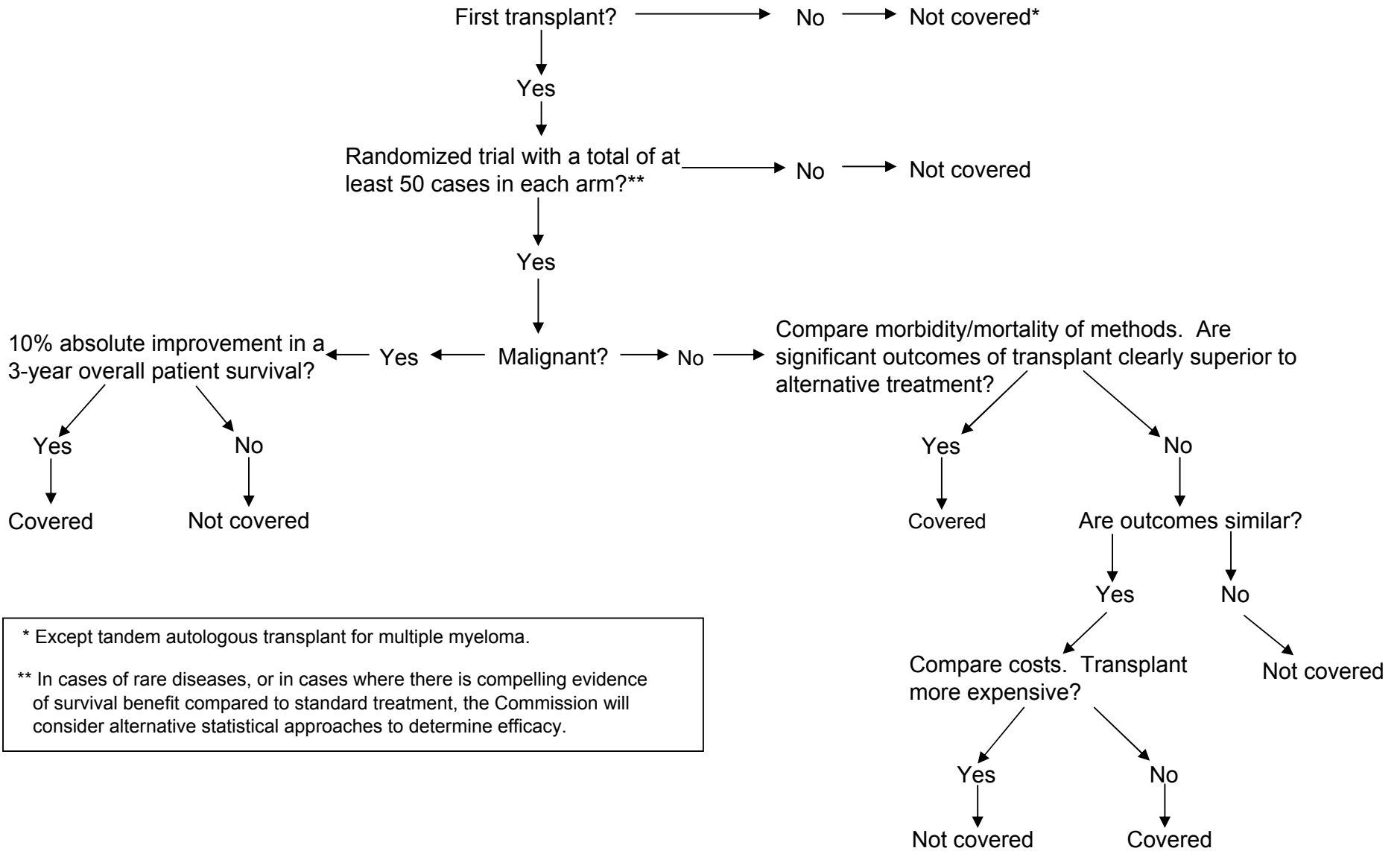
Note : In rare cases of rare diseases, the Commission will consider alternative statistical approaches to determine efficacy.

* Except for acute graft failure that occurs during the original hospitalization for transplantation.

** For multiple failed organs, treat as single organ.



**FIGURE 2.9
BONE MARROW TRANSPLANT ALGORITHM**



* Except tandem autologous transplant for multiple myeloma.
 ** In cases of rare diseases, or in cases where there is compelling evidence of survival benefit compared to standard treatment, the Commission will consider alternative statistical approaches to determine efficacy.

CHAPTER THREE:
CLARIFICATIONS TO THE
PRIORITIZED LIST OF
HEALTH SERVICES

Practice Guidelines

The 1993 Oregon Legislative Assembly expanded the Commission's charge to include the development and/or adoption of practice guidelines to refine the Prioritized List of Health Services. Additional legislation in 1997 revised the charge and allowed the Commission discretion as to whether a line item on the List would benefit from a clarifying guideline:

“In order to encourage effective and efficient medical evaluation and treatment, the commission may include clinical practice guidelines in its prioritized list of services. The commission shall actively solicit testimony and information from the medical community and the public to build a consensus on clinical practice guidelines developed by the commission.”⁴⁴

The Commission uses practice guidelines to classify the severity of conditions that are not adequately described by an ICD-9-CM diagnostic code. For a specific diagnosis there is usually a continuum of treatments: watchful waiting, treating medically, minimally invasive procedures, or the most aggressive procedures. The severity guidelines adopted by the HSC since 2002 are "indications for a definitive procedure" derived from comparing pertinent guidelines from specialty societies and the National Guideline Clearinghouse⁴⁵.

Guidelines are also used to identify effective preventive services for both children and adults. Guidelines are increasingly necessary for rapidly advancing treatment options that are more beneficial for a subset of patients than for the general population. The prevention guidelines associated with the List are largely based on the U.S. Preventive Services Task Force's (USPSTF) Guide to Clinical Services, Second Edition (1996) and its subsequent updates.

During the past biennium, guideline development assumed greater significance, as budget shortfalls resulted in elimination of both

⁴⁴ ORS 414.720 (4). See Appendix A.

⁴⁵ www.guideline.gov

enrollees and important categories of service (e.g., dental). The Commission felt it was their duty to assure the most effective use of Oregon Health Plan funds, and to that end, developed a total of 14 new guidelines. Some of these are presented in the Advances in Medical Technology and Evidence-Based Reviews sections appearing in Chapter 2. Others include guidelines for physical, occupational and speech therapy, erythropoietin, granulocyte-stimulating factors, PET scans, breast and colon cancer surveillance, cataracts and sinus surgery. The Commission made modifications to two previously established guidelines, comfort care and spinal stenosis. In the case where an existing guideline has been revised, all new text is underlined and deleted text is indicated with strike-through. A complete listing of the thirty-two lines with attached guideline notes appears in Appendix E.

Therapies

Please see the Evidence-Based Reviews section of Chapter 2 for a complete account of the Commission's discussion of this topic. The following guideline is attached to a total of 107 lines that include diagnoses that require rehabilitative services in some form:

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for these diagnoses when paired with the respective CPT codes appear on these lines, depending on medical necessity, for up to 3 months after the initiation of the therapies. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

Following 3 months of acute therapy, the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):

- Age < 3: 4
- Age 3-7: 24
- Age 8-12: 12
- Age > 12: 2

An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever there is a change in status, such as surgery, botox injection, or an acute exacerbation OR for evaluation/training for an assistive communication device.

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital, or an inpatient rehabilitation unit.

As a result of the creation of this new guideline, there was no further need for the guideline pertaining to coordination disorder (for ICD-9-CM code 315.4 on 2003-05 Line 336), hence this guideline was removed from the List.

Erythropoietin and Colony-Stimulating Factors

In response to suggestions from providers during the biennial review process, the Commission consulted several oncologists about appropriate guidelines for these expensive medications, pertaining to their use in oncology. They reviewed several established guidelines, and ultimately made minor revisions to the evidence-based guidelines created by the American Society of Clinical Oncology.

Erythropoietin

- 1. Indicated for anemia (Hgb < 10/dl or Hct < 30%) induced by cancer chemotherapy, or in the setting of myelodysplasia, or in chronic renal failure, with or without dialysis.**
 - A. Endogenous erythropoietin (EPO) levels of < 200 IU/L are required for treatment, except in chronic renal failure.**
 - B. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.**
- 2. Indicated for anemia (Hgb < 10/dl or Hct < 30%) associated with HIV/AIDS.**
 - A. An endogenous erythropoietin (EPO) level of < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.**
 - B. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.**

Colony-Stimulating Factors (CSF)

1. CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is potentially curative, and is known to produce febrile neutropenia at least 40% of the time. Even for these regimens, dose reduction should be considered instead of using CSF, as no improvement in survival has been documented by use of CSF.
2. For secondary prophylaxis, dose reduction should be considered the primary therapeutic option after an episode of severe or febrile neutropenia except in the setting of curable tumors (e.g., germ cell), as no disease free or overall survival benefits have been documented using dose maintenance and CSF.
3. CSF are not indicated in patients who are acutely neutropenic but afebrile.
4. CSF are not indicated in the treatment of febrile neutropenia except in high-risk patients, as no overall clinical benefit has been documented. High-risk patients include those with ANC < 100, uncontrolled primary disease, pneumonia, hypotension, multi-organ dysfunction and invasive fungal infection.
5. CSF are not indicated to increase chemotherapy dose-intensity or schedule, except in cases where improved outcome from such increased intensity has been documented in a clinical trial.
6. CSF are indicated in the setting of progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
7. CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.
8. There is no evidence of clinical benefit in the routine, continuous use of CSF in myelodysplastic syndromes. CSF may be indicated for some patients with severe neutropenia and recurrent infections, but should be used only if significant response is documented.

PET Scans

PET scans are a relatively new imaging modality which cost two to four times as much as alternative imaging methods such as CT scans and MRI scans. Most health care payors, including Medicare, have guidelines pertaining to coverage. For this reason, the Commission reviewed a health technology assessment from the Institute for Clinical Evaluative Sciences, and created the following guideline:

PET Scans are indicated for diagnosis and staging of the following cancers:

- Solitary pulmonary nodules and non-small cell lung cancer
- Lymphoma
- Melanoma

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

For staging, PET is covered in the following situations:

- The stage of the cancer remains in doubt after standard diagnostic work up

OR

- PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient

AND

- Clinical management of the patient will differ depending on the stage of the cancer identified

PET Scans are NOT indicated for routine follow up of cancer treatment.

Breast and Colon Cancer Surveillance

In response to concerns raised by providers in the biennial review process related to excessive surveillance of oncology patients, the Commission adopted the following guidelines, extracted from the American Society of Clinical Oncologists evidence-based practice guidelines:

Breast Cancer Surveillance

- 1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.**
- 2. Mammography is indicated annually, and patients treated with breast conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.**
- 3. No other surveillance testing is indicated.**

Colon Cancer Surveillance

- 1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.**

2. **CEA testing should be performed every 2-3 months after colon resection for at least 2 years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated.**
3. **Colonoscopy is indicated every 3 to 5 years.**
4. **No other surveillance testing is indicated.**

Cataract Extraction

Another guideline resulting from the biennial review was to limit cataract surgery. Because some patients undergo this common procedure with minimal visual impairment, the Commission thought it prudent to attach a severity guideline to this procedure, as follows:

Cataract extraction is covered for binocular visual acuity of 20/50 or worse OR monocular visual acuity of 20/50 or worse with the recent development of symptoms related to poor vision (headache, etc).

Cochlear Implants

The Commission wanted to assure that cochlear implants only be provided to those individuals who can be expected to benefit from the devices. The following guidelines apply to lines 300 (age five and under) and 501 (over age five) depending on the recipient's age and their level of speech:

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) **Profound sensorineural hearing loss in both ears**
- b) **Child has reached the age of 1**
- c) **Receive little or no useful benefit from hearing aids**
- d) **No medical contraindications**
- e) **High motivation and appropriate expectations (both child, when appropriate, and family)**

Postlinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) **Severe to profound sensorineural hearing loss in both ears**

- b) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)**
- c) Receive limited benefit from appropriately fit hearing aids; i.e., scores of 40% or less on sentence recognition test in the best-aided listening condition**
- d) No medical contraindications**

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears**
- b) Hearing loss acquired before learning oral speech and language development (prelinguistic hearing loss)**
- c) Receive no benefit from hearing aids**
- d) No medical contraindications**
- e) A desire to be a part of the hearing world**

Sinus Surgery

Biennial review responses from several providers, including ear, nose and throat (otolaryngology) physicians, also suggested that this category of service be reviewed to assure these procedures are covered only when absolutely necessary. Review of specialty literature, as well as consultation from an otolaryngologist who is also the medical director of an OHP fully-capitated health plan (FCHP), resulted in the following guideline:

Sinus surgery is indicated in any one or more of the following circumstances:

- 1. Four or more episodes of acute rhinosinusitis in one year**
- 2. Failure of medical therapy of chronic sinusitis including all of the following:**
 - Several courses of antibiotics**
 - Trial of inhaled and/or oral steroids**
 - Allergy assessment and treatment when indicated**

AND

One or more of the following:

- Findings of obstruction of active infection on CT scan**
- Obstructive symptoms due to polyposis that persist or recur after steroid treatment**
- Symptomatic mucocele**
- Negative CT scan but significant disease found on nasal endoscopy**

3. **Bilateral extensive and massive obstructive nasal polyposis with complications**
4. **Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis**
5. **Invasive or allergic fungal sinusitis**
6. **Tumor of nasal cavity or sinuses**
7. **CSF rhinorrhea**

Sleep Apnea

The OHP Medical Directors conveyed a concern about the potential abuse of surgery for sleep apnea. Literature shows the less invasive treatments for sleep apnea to be more effective, so the Commission felt that a guideline employing step therapy was an appropriate measure.

Surgery for sleep apnea is only covered after documented failure of both CPAP and an oral appliance.

Psoriasis

The clinical severity of psoriasis varies significantly, from small patches of redness to disease that covers the entire body and results in secondary infectious complications. In order to assure that the more severe forms are prioritized higher on the List, a guideline was developed with the assistance of a dermatologist from OHSU, outlined below. Stages I and II are on Line 537, and stages III and IV are on Line 358.

Stage I psoriasis defined as uncomplicated, with <5% body surface area involved and no functional limitation.

Stage II psoriasis defined as uncomplicated, with 5% to 19% body surface area involved and no functional limitation.

Stage III psoriasis defined as 20% to 90% body surface area involved and/or hand, foot or mucous membrane involvement with moderate functional limitation defined as limitations not requiring external mechanical or human assistance. Line 358 includes treatments for stage III psoriasis with topical agents, ultraviolet light therapy and methotrexate.

Stage IV psoriasis defined as >90% body surface area involved and/or hand, foot or mucous membrane involvement with severe functional limitation defined as limitations requiring external mechanical or human assistance. Line 358 includes all non-experimental treatments for stage IV psoriasis.

Radiation Therapy for Benign Conditions

In the process of reviewing the radiation therapy codes during the biennial review process, several benign conditions were identified that are appropriately treated with radiation therapy. One of these is heterotopic bone formation; however, after review of the literature, it was the opinion of the Commission that this therapy was indicated only in selected circumstances. Therefore, the following guideline was attached to Lines 177 and 370.

Radiation treatment is indicated only in those at high risk of heterotopic bone formation: those with a history of prior heterotopic bone formation, ankylosing spondylitis or hypertrophic osteoarthritis.

Transplant Guidelines

The Commission's evidence-based review of organ transplantation resulted in the creation of several new guidelines to limit transplantation to those conditions for which this therapy is most effective. These guidelines are as follows:

Second solid organ transplants are not covered except for acute graft failure that occurs during the original hospitalization for transplantation.

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma. Non-myeloablative transplants (mini-transplants) are not covered.

The treatment of testicular cancer with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after multiple (at least 2) recurrences after standard chemotherapy.

Spinal Guidelines

The Commission revisited the guidelines for the treatment of disorders of the spine at the request of a FCHP medical director. In order to clarify the Commission's intent, the following revision was made to Line 140, Disorders of the Spine with Neurological Impairment:

Neurologic impairment is defined as objective evidence of one or more of the following:

- a) Reflex loss**
- b) Dermatomal muscle weakness**
- c) Dermatomal sensory loss**
- d) EMG or NCV evidence of nerve root impingement**
- e) Cauda equina syndrome**
- ~~f) Neurogenic claudication~~**
- gf) Neurogenic bowel or bladder**

In addition, the following changes were made for the treatment of clinically significant spinal deformities on Line 324:

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication ~~or radicular symptomatology~~, or objective evidence of neurologic impairment consistent with MRI findings.

Fetoscopic Surgery

The Commission reviewed the emerging use of fetoscopic surgery and chose to add the following guideline to Line 55:

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt.

Comfort Care

The Commission reviewed the guideline associated with the line item for comfort care in the context of the biennial review. Consideration was given for a second time as to the provision of chemotherapy to patients on hospice. After significant discussion, it was agreed that, at times, chemotherapy can be palliative, and excluding it for hospice patients resulted in inappropriate delays entering this setting. The guideline was modified as follows:

Comfort care includes the provision of services or items that give comfort and/or ~~pain relief to persons whose choice to forego other types of care will result in death~~ relieve symptoms.

This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. ~~Specifically, chemotherapy is contraindicated while a cancer patient is enrolled in hospice.~~ Examples of comfort care include:

- 1) Pain medication and/or pain management devices**
- 2) In-home and day care services and hospice services as defined by OMAP**
- 3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)**
- 4) Palliative services for specific symptom relief (~~e.g. radiation therapy~~)**
- 5) Services under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications. (NOTE: Services related to the Oregon Death with Dignity Act are not priced as part of the list and only state funds will be used for their provision)**

Prevention Guidelines

The U.S. Preventive Services Task Force periodically revises the recommendations in their Guide to Clinical Services, thus prompting the HSC to review any necessary changes or additions to prevention guidelines associated with the List. The following changes were made:

- **Lipid screening added for 20-34 year-old men and 20-44 year-old women at high risk (currently on tables for universal screening for 35-64 year-old men and 45-64 year-old women)**
- **Colon cancer screening by colonoscopy added as an option for ages over 50 (currently fecal occult blood test and sigmoidoscopy are on tables)**
- **Osteoporosis screening added for women 65 or older**
- **PAP smear removed for women 65 or older**
- **Screening for high blood pressure added for ages 18-20 (currently on table for age 21 and older)**
- **Screening for asymptomatic bactiuria in pregnancy added to maternity table**
- **Discussion of peri- and postmenopausal hormone replacement removed from tables**
- **Discussion of aspirin prophylaxis for those at high-risk for coronary heart disease added for age 25 and older**

Coding Specifications

The Prioritized List of Health Services is constructed using ICD-9-CM diagnostic and CPT procedural codes. The List reflects the use of principal diagnostic codes and does not account for the secondary diagnoses that fully define most disease processes. Line assignment is based on pairing the diagnosis and the procedural code on the reimbursement claim submitted for payment by the service provider. Since the coding guidelines and protocols dictate the code selection process for these claims, there are times that the Health Services Commission needs to consider the official coding guidelines when describing the conditions and treatments on certain lines of the Prioritized List. Over the past two years, no new coding specifications were introduced, but one existing specification was removed from the List and another was modified.

Pediatric Solid Malignancies and Seminoma

The coding specification for Line 182 of the 2003-05 Prioritized List, Pediatric Solid Malignancies and Seminoma, was removed in its entirety. As discussed in Chapter 2, evidence of effectiveness for the use of bone marrow transplantation for the treatment of these pediatric solid malignancies was not sufficient to justify their continued pairing

on the List. During this review, evidence of effectiveness of bone marrow transplantation for testicular cancer showed that it should be limited to cases of multiply relapsed disease, but did not necessarily need to be limited to the setting of a randomized trial, nor to the specific cell type seminoma. This reconfiguration appears as Line 179 on the enclosed 2005-07 List.

Breast Reconstruction Post-Mastectomy for Breast Cancer

The coding specification for breast reconstruction after mastectomy as treatment for breast cancer was modified to limit cover to a five year period after the initial surgery.

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer, and must be completed within 5 years of initial mastectomy. When breast reconstruction is performed ~~at any time~~ after the treatment of breast cancer is completed, a principle diagnosis code of V45.71 (Acquired Absence of Breast) is appropriate and is only included on this line in combination with a secondary diagnosis of V10.3 (Personal History of Malignant Neoplasm of the Breast).

Statements of Intent

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as viral pneumonia, aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. The Commission has included language in Appendix E, immediately following the Prioritized List of Health Services, to indicate their intent that reimbursement for the treatment of these generally benign conditions, which appear low on the Prioritized List, should be provided in severe cases of the disease. These statements of intent were expanded by adding viral hepatitis, which likewise falls on an unfunded line, but may require hospitalization support in severe cases.

Medical Codes Not Appearing on the Prioritized List

Since the implementation of the OHP, certain medical codes have been absent from the Prioritized List. In some cases this has been due to the lack of information about the condition or treatment, but in many cases the omissions were made purposefully. In the case of ICD-9-CM codes, this may be because they represent signs and symptoms that correspond to diagnostic services that are covered until a definitive diagnosis can be established. ICD-9-CM codes that represent secondary diagnoses are never covered in isolation because payment of a claim should be based on the prioritization of the treatment of the underlying condition.

CPT-4 codes can similarly be missing from the Prioritized List. If a code represents an ancillary service, such as the removal of sutures, it is left off of the List and its reimbursement depends on whether the condition it is being used to treat is in the funded region of the List. Procedure codes representing diagnostic services are also left off the List since those services necessary to determine a diagnosis are covered by OHP. Only after the diagnosis has been established is the List used to determine whether further treatments are covered under the plan. In addition, a procedure code may be designated as a non-OHP service if it represents an experimental treatment or cosmetic service.

OMAP staff, working with the Commission, have developed, and maintain, a diagnostic file, ancillary file, and a non-OHP services file containing those codes that do not appear on the List. These lists of codes were distributed by OMAP to the contracted health plans so that service coverage will be as uniform as possible under all OHP delivery systems.

**CHAPTER FOUR:
SUBCOMMITTEES
AND TASK FORCES**

The Health Services Commission continues to rely on the work of its subcommittees in fulfilling its mandates. In addition to the ongoing work of the subcommittees, the Commission has appointed task forces to focus on specific issues.

Health Outcomes Subcommittee

The Health Outcomes Subcommittee, chaired from 1999-2004 by Eric Walsh, MD and by Dan Mangum, DO, since September 2004, is composed of the five physician members of the Commission.⁴⁶ This Subcommittee is the first to review the need for any coding changes, develop or modify any necessary guidelines, or investigate new advancements in medical technology. The Subcommittee also directed the evidence-based reviews and modified the transplant algorithms as described in Chapter 2.

In essence, the Subcommittee has reviewed virtually every change to the List documented in this report. Health Outcomes Subcommittee meetings are often the forum where opinions from providers, health plan administrators, advocacy groups, and other interested parties are first presented. All work of the Subcommittee is formulated into recommendations to be forwarded to the full Commission for a final vote. The Commission depends heavily on the expertise and dedication of the members of the Health Outcomes Subcommittee.

Mental Health Care and Chemical Dependency (MHCD) Subcommittee

The MHCD Subcommittee⁴⁷ has provided the Commission with invaluable information and recommendations related to the prioritization of MHCD services since its creation in 1989.

In addition to making recommendations for interim modifications incorporating annual coding changes involving MHCD services, the

⁴⁶ See Appendix B for a list of the physician members on the Health Services Commission.

⁴⁷ See Appendix B for the membership list of the MHCD Subcommittee.

Subcommittee accomplished conversion of all OMAP unique codes to CPT and HCPCS codes, to assure compliance with HIPAA regulations. They also were asked to consider how to incorporate the new goal of evidence-based medicine into their process. After significant discussion, review of some evidence-based materials and testimony from experts, the Subcommittee felt that undertaking a lengthy evidence-based review of mental health and chemical dependency treatment would be difficult because the format of the Prioritized List does not address those treatments where evidence-based practices are applicable. It was also felt to be duplicative of the process that the Office of Mental Health and Addiction Services (OMHAS) was undertaking under the legislative mandate of Senate Bill 267 to incorporate evidence-based practices into treatment programs. Instead, they agreed to monitor the progress of OMHAS in this regard and report same to the full Commission as appropriate.

The MHCD Subcommittee also considered splitting chemical dependency services into those that require medication (e.g. methadone maintenance) and those that do not, but ultimately decided against this suggestion. In addition, they are considering adding additional coding of mental health conditions for children between the ages of 0 to 3 in an attempt to increase accuracy.

The MHCD Subcommittee continues to monitor implementation issues with coordination and cooperation from OMHAS. In addition, this subcommittee will be the first group to analyze the conversion of the diagnosis codes from ICD-9-CM to ICD-10-CM when the final draft of the new code set becomes available.

HSC Actuarial Advisory Committee

House Bill 3624⁴⁸, passed during the 2003 legislative session, charged the Commission to “retain an actuary to determine the benchmark for setting per capita rates necessary to reimburse prepaid managed care health services organizations and fee-for-service providers for the cost of providing health services” under OHP. After contracting with

⁴⁸ See Appendix A.

Mercer Government Human Services Consulting (Mercer) in December 2003, the Commission established the HSC Actuarial Advisory Committee⁴⁹ to act as a resource for providing ongoing input into this process. This stakeholder group was made up of a knowledgeable group of representatives from hospitals, physicians, pharmacies, mental health and chemical dependency organizations, the durable medical equipment (DME) industry, dentistry, home health, and the fully capitated health plans contracted with the State. Mercer met with the full Commission and the Advisory Committee four different times each over the first nine months of 2004. Both a 20-page summary report⁵⁰ and 160-page technical report⁵¹ are available for further information on the Commission's work resulting in the establishment of benchmark rates for the 2005-07 biennium. The 73rd Oregon Legislative Assembly legislature will compare these rates with those developed by PricewaterhouseCoopers used to establish the budget for the Department of Human Services for the same time period.

Evidence-Based List Task Force

The Evidence-Based List Task Force⁵² was created to establish a process by which the Commission could incorporate the use of evidence-based reviews into the prioritization process. Figure 2.2 in Chapter 2 includes the results of the Task Force's deliberations on the appropriate sources of evidence-based research and how existing reviews should be used in decisions regarding both 1) the potential placement of new services on the Prioritized List, and 2) the potential elimination of procedure codes from a line item if there is evidence that the treatment is not effective for the condition or if it is of

⁴⁹ See Appendix B for the membership list of the HSC Actuarial Advisory Committee.

⁵⁰ SFY 2006-07 Benchmark Rate Study, Summary Report, Oregon Health Services Commission, Salem, OR, Nov. 29, 2004. Available at <http://egov.oregon.gov/DAS/OHPPR/HSC/docs/11-04Summary.pdf>.

⁵¹ SFY 2006-07 Benchmark Rate Study, Technical Report, Mercer Government Human Services Consulting, Phoenix, AZ, Nov. 29, 2004. Available at <http://egov.oregon.gov/DAS/OHPPR/HSC/docs/11-04TechRprt.pdf>.

⁵² The Evidence-Based List Task Force members included commissioners Eric Walsh (Chair), Dave Arnold, Kathy Savicki, Jono Hildner, and Bryan Sohl.

unknown effectiveness and other effective treatments are available for that same condition.

Line Zero Task Force

The Line Zero Task Force⁵³ was created to look at diagnostic and ancillary services that do not appear on the Prioritized List and are covered under OHP in almost all circumstances. The Task Force gets its name from the concept that if these services did appear on the List, they would be placed above all other services on what would logically be numbered Line 0. For those services that fall into this category, they first determined which had high utilization rates and expenditures. These included emergency department visits, incontinence supplies, transportation services, and imaging services. Since these services do not appear on the Prioritized List, the Commission ultimately concluded that they could best be described as implementation issues. Therefore, they made recommendations to OMAP that: 1) they consider contracting with a third party for managing the utilization of imaging services, 2) the number of incontinence supplies allowed per month be decreased to 210 (6 per day and one at night), with an exception process 3) a single source or limited group of suppliers for incontinence supplies be selected by competitive bidding, with a requirement that they be able to serve the entire state, and 4) the practice of autoshipping a set number of incontinence supplies per month to clients be examined and limited.

⁵³ The Line Zero Task Force members included commissioners Dan Mangum (Chair), Donald Dodson, Andrew Glass, Ellen Lowe, and Dan Williams.

**CHAPTER FIVE:
RECOMMENDATIONS**

The Health Services Commission is pleased to offer these recommendations to the Governor and 73rd Oregon Legislative Assembly:

1. Adopt the Prioritized List of Health Services for the 2005-07 biennium appearing in Attachment E;
2. Adopt the practice guidelines that have been incorporated into the aforementioned Prioritized List; and,
3. Use the Prioritized List to delineate services that are not as effective as others to determine the benefit package under the Oregon Health Plan.

The Commission thanks the Governor and Legislature for the opportunity to continue in its service to the citizens of Oregon.

APPENDIX A:
HOUSE BILL 3624 OF 2003

Enrolled
House Bill 3624

Sponsored by COMMITTEE ON AUDIT AND HUMAN SERVICES BUDGET REFORM

CHAPTER

AN ACT

Relating to medical assistance program of Department of Human Services; creating new provisions; amending ORS 414.325, 414.705, 414.720 and 414.725; appropriating money; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2, 3, 5, 5a, 6, 9, 10, 11, 12, 12a and 13 of this 2003 Act are added to and made a part of ORS 414.705 to 414.750.

SECTION 2. As used in this section and sections 3, 5, 5a, 6, 9, 10, 11, 12, 12a and 13 of this 2003 Act and ORS 414.725:

(1) "Designated area" means a geographic area of the state defined by the Department of Human Services by rule that is served by a prepaid managed care health services organization.

(2) "Fully capitated health plan" means an organization that contracts with the Department of Human Services on a prepaid capitated basis under ORS 414.725 to provide an adequate network of providers to ensure that the health services provided under the contract are reasonably accessible to enrollees.

(3) "Physician care organization" means an organization that contracts with the Department of Human Services on a prepaid capitated basis under ORS 414.725 to provide an adequate network of providers to ensure that the health services described in ORS 414.705 (1)(b), (c), (d), (e), (g) and (j) are reasonably accessible to enrollees. A physician care organization may also contract with the department on a prepaid capitated basis to provide the health services described in ORS 414.705 (1)(k) and (L).

(4) "Prepaid managed care health services organization" means a managed physical health, dental, mental health or chemical dependency organization that contracts with the Department of Human Services on a prepaid capitated basis under ORS 414.725. A prepaid managed care health services organization may be a dental care organization, fully capitated health plan, physician care organization, mental health organization or chemical dependency organization.

SECTION 3. (1) Except as provided in subsections (2) and (3) of this section, a person who is eligible for or receiving physical health, dental, mental health or chemical dependency services under ORS 414.705 to 414.750 must be enrolled in the prepaid managed care health services organizations to receive the health services for which the person is eligible.

(2) Subsection (1) of this section does not apply to:

(a) A person who is a noncitizen and who is eligible only for labor and delivery services and emergency treatment services;

- (b) A person who is an American Indian and Alaskan Native beneficiary; and
- (c) A person whom the department may by rule exempt from the mandatory enrollment requirement of subsection (1) of this section, including but not limited to:
 - (A) A person who is also eligible for Medicare;
 - (B) A woman in her third trimester of pregnancy at the time of enrollment;
 - (C) A person under 19 years of age who has been placed in adoptive or foster care out of state;
 - (D) A person under 18 years of age who is medically fragile and who has special health care needs; and
 - (E) A person with major medical coverage.

(3) Subsection (1) of this section does not apply to a person who resides in a designated area in which a prepaid managed care health services organization providing physical health, dental, mental health or chemical dependency services is not able to assign an enrollee to a person or entity that is primarily responsible for coordinating the physical health, dental, mental health or chemical dependency services provided to the enrollee.

- (4) As used in this section, "American Indian and Alaskan Native beneficiary" means:
- (a) A member of a federally recognized Indian tribe, band or group;
 - (b) An Eskimo or Aleut or other Alaskan Native enrolled by the United States Secretary of the Interior pursuant to the Alaska Native Claims Settlement Act, 43 U.S.C. 1601; or
 - (c) A person who is considered by the United States Secretary of the Interior to be an Indian for any purpose.

SECTION 4. ORS 414.725 is amended to read:

414.725. [*Upon meeting the requirements of section 9, chapter 836, Oregon Laws 1989:*]

(1)(a) Pursuant to rules adopted by the Department of Human Services, the department shall execute prepaid managed care health services contracts for *[the]* health services *[funded pursuant to section 9, chapter 836, Oregon Laws 1989]* **funded by the Legislative Assembly**. The contract must require that all services are provided to the extent and scope of the Health Services Commission's report for each service provided under the contract. Such contracts are not subject to ORS 279.011 to 279.063.

(b) It is the intent of ORS 414.705 to 414.750 that the state *[move toward utilizing full service managed care health service providers for providing health]* **use, to the greatest extent possible, prepaid managed care health services organizations to provide physical health, dental, mental health and chemical dependency** services under ORS 414.705 to 414.750.

(c) The department shall solicit qualified providers or plans to be reimbursed *[at rates which cover the costs of providing]* **for providing** the covered services. *[Such]* **The** contracts may be with hospitals and medical organizations, health maintenance organizations, managed health care plans and any other qualified public or private *[entities]* **prepaid managed care health services organization**. The department *[shall]* **may** not discriminate against any contractors *[which]* **that** offer services within their providers' lawful scopes of practice.

(2) *[In the event that there is an insufficient number of qualified entities to provide for prepaid managed health services contracts in certain areas of the state,]* The department may institute a fee-for-service case management system *[where possible]* or *[may continue]* a fee-for-service payment system *[for those areas that pay]* for the same **physical health, dental, mental health or chemical dependency** services provided under the health services contracts for persons eligible for health services under ORS 414.705 to 414.750 **in designated areas of the state in which a prepaid managed care health services organization is not able to assign an enrollee to a person or entity that is primarily responsible for coordinating the physical health, dental, mental health or chemical dependency services provided to the enrollee**. In addition, the department may make other special arrangements as necessary to increase the interest of providers in participation in the state's managed care system, including but not limited to the provision of stop-loss insurance for providers wishing to limit the amount of risk they wish to underwrite.

(3) As provided in subsections (1) and (2) of this section, the aggregate expenditures by the department for health services provided pursuant to ORS 414.705 to 414.750 [shall] **may** not exceed the total dollars appropriated for health services under ORS 414.705 to 414.750.

(4) Actions taken by providers, potential providers, contractors and bidders in specific accordance with ORS 414.705 to 414.750 in forming consortiums or in otherwise entering into contracts to provide health care services shall be performed pursuant to state supervision and shall be considered to be conducted at the direction of this state, shall be considered to be lawful trade practices and [shall] **may** not be considered to be the transaction of insurance for purposes of the Insurance Code.

(5) Health care providers contracting to provide services under ORS 414.705 to 414.750 shall advise a patient of any service, treatment or test that is medically necessary but not covered under the contract if an ordinarily careful practitioner in the same or similar community would do so under the same or similar circumstances.

(6) **A prepaid managed care health services organization shall provide information on contacting available providers to an enrollee in writing within 30 days of assignment to the health services organization.**

(7) **Each prepaid managed care health services organization shall provide upon the request of an enrollee or prospective enrollee annual summaries of the organization's aggregate data regarding:**

(a) **Grievances and appeals; and**

(b) **Availability and accessibility of services provided to enrollees.**

(8) **A prepaid managed care health services organization may not limit enrollment in a designated area based on the zip code of an enrollee or prospective enrollee.**

SECTION 5. (1) If the Department of Human Services has not been able to contract with the fully capitated health plan or plans in a designated area, the department may contract with a physician care organization in the designated area.

(2) **The Office for Oregon Health Policy and Research shall develop criteria that the department shall consider when determining the circumstances under which the department may contract with a physician care organization. The criteria developed by the office shall include but not be limited to the following:**

(a) **The physician care organization must be able to assign an enrollee to a person or entity that is primarily responsible for coordinating the physical health services provided to the enrollee;**

(b) **The contract with a physician care organization does not threaten the financial viability of other fully capitated health plans in the designated area; and**

(c) **The contract with a physician care organization must be consistent with the legislative intent of using prepaid managed care health services organizations to provide services under ORS 414.705 to 414.750.**

SECTION 5a. (1) A fully capitated health plan may apply to the Department of Human Services to contract with the department as a physician care organization rather than as a fully capitated health plan to provide services under ORS 414.705 to 414.750.

(2) **The Office for Oregon Health Policy and Research shall develop the criteria that the department must use to determine the circumstances under which the department may accept an application by a fully capitated health plan to contract as a physician care organization. The criteria developed by the office shall include but not be limited to the following:**

(a) **The fully capitated health plan must show documented losses due to hospital risk and must show due diligence in managing those risks; and**

(b) **Contracting as a physician care organization is financially viable for the fully capitated health plan.**

SECTION 6. (1) Notwithstanding section 5 (1) of this 2003 Act, the Department of Human Services shall contract under ORS 414.725 with a prepaid group practice health plan that serves at least 200,000 members in this state and that has been issued a certificate of au-

thority by the Department of Consumer and Business Services as a health care service contractor to provide health services as described in ORS 414.705 (1)(b), (c), (d), (e), (g) and (j). A health plan may also contract with the Department of Human Services on a prepaid capitated basis to provide the health services described in ORS 414.705 (1)(k) and (L). The Department of Human Services may accept financial contributions from any public or private entity to help implement and administer the contract. The Department of Human Services shall seek federal matching funds for any financial contributions received under this section.

(2) In a designated area, in addition to the contract described in subsection (1) of this section, the Department of Human Services shall contract with prepaid managed care health services organizations to provide health services under ORS 414.705 to 414.750.

SECTION 7. ORS 414.705 is amended to read:

414.705. (1) As used in ORS 414.705 to 414.750, “health services” means at least so much of each of the following as are approved and funded by the Legislative Assembly:

[*(1) Provider services and supplies;*]

[*(2) Outpatient services;*]

[*(3) Inpatient hospital services; and*]

[*(4) Health promotion and disease prevention services.*]

(a) **Services required by federal law to be included in the state’s medical assistance program in order for the program to qualify for federal funds;**

(b) **Services provided by a physician as defined in ORS 677.010, a nurse practitioner certified under ORS 678.375 or other licensed practitioner within the scope of the practitioner’s practice as defined by state law, and ambulance services;**

(c) **Prescription drugs;**

(d) **Laboratory and X-ray services;**

(e) **Medical supplies;**

(f) **Mental health services;**

(g) **Chemical dependency services;**

(h) **Emergency dental services;**

(i) **Nonemergency dental services;**

(j) **Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of this subsection, defined by federal law that may be included in the state’s medical assistance program;**

(k) **Emergency hospital services;**

(L) **Outpatient hospital services; and**

(m) **Inpatient hospital services.**

(2) **Health services approved and funded under subsection (1) of this section are subject to the prioritized list of health services required in ORS 414.720.**

SECTION 8. ORS 414.720 is amended to read:

414.720. (1) The Health Services Commission shall conduct public hearings prior to making the report described in subsection (3) of this section. The commission shall solicit testimony and information from advocates [*for*] **representing** seniors[;], [*handicapped*] persons[;] **with disabilities**, mental health services consumers[;] **and** low-income Oregonians[;], **representatives of commercial carriers, representatives of small and large Oregon employers** and providers of health care, including but not limited to physicians licensed to practice medicine, dentists, oral surgeons, chiropractors, naturopaths, hospitals, clinics, pharmacists, nurses and allied health professionals.

(2) The commission shall actively solicit public involvement in a community meeting process to build a consensus on the values to be used to guide health resource allocation decisions.

(3) The commission shall report to the Governor a list of health services[, *including health care services of the aged, blind and disabled pursuant to section 14, chapter 753, Oregon Laws 1991, including one list into which those mental health and chemical dependency services recommended pursuant to ORS 414.730 are integrated,*] ranked by priority, from the most important to the least important, representing the comparative benefits of each service to the entire population to be

served. [The report shall be accompanied by a report of an independent actuary retained for the commission to determine rates necessary to cover the costs of the services. Until federal waiver approval is obtained and funding authorized for the integrated list including mental health and chemical dependency services, the coverage for mental health and chemical dependency services shall not be considered to be mandated.] The list submitted by the commission pursuant to this subsection is not subject to alteration by any other state agency. The recommendation may include practice guidelines reviewed and adopted by the commission pursuant to subsection (4) of this section.

(4) In order to encourage effective and efficient medical evaluation and treatment, the commission:

(a) May include clinical practice guidelines in its prioritized list of services. The commission shall actively solicit testimony and information from the medical community and the public to build a consensus on clinical practice guidelines developed by the commission.

(b) Shall consider both the clinical effectiveness and cost-effectiveness of health services in determining their relative importance using peer-reviewed medical literature as defined in ORS 743.695.

(5) The commission shall make its report by July 1 of the year preceding each regular session of the Legislative Assembly and shall submit a copy of its report to the Governor, the Speaker of the House of Representatives and the President of the Senate.

(6) The commission may alter the list during interim only under the following conditions:

(a) Technical changes due to errors and omissions; and

(b) Changes due to advancements in medical technology or new data regarding health outcomes.

(7) If a service is deleted or added and no new funding is required, the commission shall report to the Speaker of the House of Representatives and the President of the Senate. However, if a service to be added requires increased funding to avoid discontinuing another service, the commission must report to the Emergency Board to request the funding.

(8) The report listing services to be provided pursuant to ORS 414.036, 414.042, 414.065, 414.107, 414.705 to 414.725 and 414.735 to 414.750 shall remain in effect from October 1 of the odd-numbered year through September 30 of the next odd-numbered year.

SECTION 9. (1) The Health Services Commission shall retain an actuary to determine the benchmark for setting per capita rates necessary to reimburse prepaid managed care health services organizations and fee-for-service providers for the cost of providing health services under ORS 414.705 to 414.750.

(2) The actuary retained by the commission shall use the following information to determine the benchmark for setting per capita rates:

(a) For hospital services, the most recently available Medicare cost reports for Oregon hospitals;

(b) For services of physicians licensed under ORS chapter 677 and other health professionals using procedure codes, the Medicare Resource Based Relative Value system conversion rates for Oregon;

(c) For prescription drugs, the most recent payment methodologies in the fee-for-service payment system for the Oregon Health Plan;

(d) For durable medical equipment and supplies, 80 percent of the Medicare allowable charge for purchases and rentals;

(e) For dental services, the most recent payment rates obtained from dental care organization encounter data; and

(f) For all other services not listed in paragraphs (a) to (e) of this subsection:

(A) The Medicare maximum allowable charge, if available; or

(B) The most recent payment rates obtained from the data available under subsection (3) of this section.

(3) The actuary shall use the most current encounter data and the most current fee-for-service data that is available, reasonable trends for utilization and cost changes to the midpoint of the next biennium, appropriate differences in utilization and cost based on ge-

ography, state and federal mandates and other factors that, in the professional judgment of the actuary, are relevant to the fair and reasonable estimation of costs. The Department of Human Services shall provide the actuary with the data and information in the possession of the department or contractors of the department reasonably necessary to develop a benchmark for setting per capita rates.

(4) The commission shall report the benchmark per capita rates developed under this section to the Director of the Oregon Department of Administrative Services, the Director of Human Services and the Legislative Fiscal Officer no later than August 1 of every even-numbered year.

(5) The Department of Human Services shall retain an actuary to determine:

(a) Per capita rates for health services that the department shall use to develop the department's proposed biennial budget; and

(b) Capitation rates to reimburse physician care organizations for the cost of providing health services under ORS 414.705 to 414.750 using the same methodologies used to develop capitation rates for fully capitated health plans. The rates may not advantage or disadvantage fully capitated health plans for similar services.

(6) The Department of Human Services shall submit to the Legislative Assembly no later than February 1 of every odd-numbered year a report comparing the per capita rates for health services on which the proposed budget of the department is based with the rates developed by the actuary retained by the Health Services Commission. If the rates differ, the department shall disclose, by provider categories described in subsection (2) of this section, the amount of and reason for each variance.

SECTION 10. (1) Subject to the provisions of subsections (2) to (6) of this section, the Department of Human Services shall contract with fully capitated health plans to provide administrative services as follows for eligible persons who receive one or more health services as defined in ORS 414.705 on a fee-for-service payment basis:

(a) Prescription drug management services for all prescription drugs except mental health drugs;

(b) Inpatient and outpatient hospital services;

(c) Utilization of nonemergency medical transportation in designated areas where transportation brokerage services are not available; and

(d) Durable medical equipment and supplies.

(2) The department shall contract with one or more fully capitated health plans in a designated area to provide administrative services to eligible persons who are receiving health services on a fee-for-service payment basis. If the department is not able to contract with a fully capitated health plan in a designated area, the department may contract with a plan that serves another designated area. If the department is not able to contract with any plan, the department may contract with a third party to provide administrative services.

(3) In awarding a contract, the department must ensure that the contract is cost-neutral to the department and that the contractor has the capacity and competence to provide administrative services for the additional persons.

(4) ORS 414.325 and 414.334 apply to prescription drug management services provided under subsection (1)(a) of this section.

(5) This section does not apply to institutional pharmacies that dispense prescription drugs on a fee-for-service payment basis to residents of nursing facilities and community-based residential facilities.

(6) Notwithstanding subsection (1)(a) of this section, the department may contract with a fully capitated health plan or a mental health organization to provide administrative services related to mental health drugs. A fully capitated health plan or a mental health organization that contracts with the department under this subsection shall develop and implement local or regional drug management strategies that require the collaboration of

fully capitated health plans or mental health organizations in the designated area that are not a party to the contract.

(7) The department shall adopt rules to implement this section, including but not limited to defining eligible persons who are exempt from the provisions of this section.

SECTION 10a. Section 10 of this 2003 Act is repealed on January 2, 2008.

SECTION 11. The Department of Human Services may not establish capitation rates that include payment for mental health drugs. The department shall reimburse pharmacy providers for mental health drugs only on a fee-for-service payment basis.

SECTION 12. (1) A fully capitated health plan that does not have a contract with a hospital to provide inpatient or outpatient hospital services under ORS 414.705 to 414.750 must pay for hospital services as follows:

(a) For inpatient hospital services, based on the capitation rates developed for the budget period, at the level of the statewide average unit cost, multiplied by the geographic factor, the payment discount factor and an adjustment factor of 0.925.

(b) For outpatient hospital services, based on the capitation rates developed for the budget period, at the level of charges multiplied by the statewide average cost-to-charge ratio, the geographic factor, the payment discount factor and an adjustment factor of 0.925.

(2) A hospital that does not have a contract with a fully capitated health plan to provide inpatient or outpatient hospital services under ORS 414.705 to 414.750 must accept payment for hospital services as follows:

(a) For inpatient hospital services, based on the capitation rates developed for the budget period, at the level of the statewide average unit cost, multiplied by the geographic factor, the payment discount factor and an adjustment factor of 0.925.

(b) For outpatient hospital services, based on the capitation rates developed for the budget period, at the level of charges multiplied by the statewide average cost-to-charge ratio, the geographic factor, the payment discount factor and an adjustment factor of 0.925.

(3) This section does not apply to type A and type B hospitals, as described in ORS 442.470, and rural critical access hospitals, as defined in ORS 316.143.

(4) The Department of Human Services shall adopt rules to implement and administer this section.

SECTION 12a. A fully capitated health plan or a physician care organization that offers enrollees the option of obtaining prescription drugs through a mail order pharmacy may use the same mail order pharmacy used by the Department of Human Services for the department's mail order pharmacy program.

SECTION 12b. Section 12a of this 2003 Act is repealed on January 2, 2008.

SECTION 13. (1) Subject to the provisions of subsection (4) of this section, the Department of Human Services shall contract with a pharmacy benefit manager to manage prescription drug benefits for the medical assistance program. The pharmacy benefit manager shall purchase prescription drugs in bulk or reimburse pharmacies for prescription drugs prescribed for eligible persons in the medical assistance program.

(2) The pharmacy benefit manager shall establish two programs for the medical assistance program. One program shall purchase prescription drugs for or reimburse fully capitated health plans that use the pharmacy benefit manager under contract with the department. The second program shall reimburse fee-for-service pharmacy providers directly or provide for payment by the Department of Human Services.

(3) Fully capitated health plans may use the pharmacy benefit manager under contract with the department under subsection (1) of this section.

(4) In awarding a contract under this section, the department must ensure that the contractor has the capacity and competence to administer the services and that the contract is cost-neutral to the department.

(5) ORS 414.325 and 414.334 apply to the management of prescription drug benefits under this section.

SECTION 14. (1) The Department of Human Services, in consultation with representatives of fully capitated health plans, shall:

(a) Develop a request for proposal for the pharmacy benefit manager contract described in section 13 of this 2003 Act; and

(b) Review administrative requirements for fully capitated health plan contracts and implement changes that would decrease the costs of administering the contracts. The department shall report to the Emergency Board and the Joint Legislative Audit Committee by November 30, 2003, on the department's findings.

(2) As used in this section, "fully capitated health plan" has the meaning given that term in section 2 of this 2003 Act.

SECTION 15. (1) The Department of Human Services shall negotiate and enter into agreements with pharmaceutical manufacturers for supplemental rebates that are in addition to the discount required under federal law to participate in the medical assistance program.

(2) The department may participate in a multistate prescription drug purchasing pool for the purpose of negotiating supplemental rebates.

(3) ORS 414.325 and 414.334 apply to prescription drugs purchased for the medical assistance program under this section.

NOTE: Section 16 was deleted by amendment. Subsequent sections were not renumbered.

SECTION 17. For each person applying for health services under ORS 414.705 to 414.750, the Department of Human Services shall fully document:

(1) The category of aid as defined in ORS 414.025 that makes the person eligible for medical assistance or the way in which the person qualifies as categorically needy as defined in ORS 414.025;

(2) The status of the person as a resident of this state; and

(3) The financial income and resources of the person.

SECTION 18. (1) Except as provided in section 19 of this 2003 Act, sections 2, 3, 5, 5a, 11, 12, 12a, 14 and 15 of this 2003 Act and the amendments to ORS 414.705 and 414.725 by sections 4 and 7 of this 2003 Act become operative on October 1, 2003.

(2) Sections 10 and 13 of this 2003 Act become operative on the day after the date the Department of Human Services receives the necessary waivers from the Centers for Medicare and Medicaid Services.

(3) The Director of Human Services shall notify the Legislative Counsel upon receipt of the waivers or denial of the waiver request.

SECTION 19. The Director of Human Services may take any action before the operative dates of sections 2, 3, 5, 5a, 10, 11, 12, 12a, 13, 14 and 15 of this 2003 Act and the amendments to ORS 414.705 and 414.725 by sections 4 and 7 of this 2003 Act that is necessary to enable the director to exercise, on and after the operative dates of sections 2, 3, 5, 5a, 10, 11, 12, 12a, 13, 14 and 15 of this 2003 Act and the amendments to ORS 414.705 and 414.725 by sections 4 and 7 of this 2003 Act, all the duties, functions and powers conferred on the director by this 2003 Act.

SECTION 20. ORS 414.325 is amended to read:

414.325. (1) As used in this section, "legend drug" means any drug requiring a prescription by a practitioner, as defined in ORS 689.005.

(2) A licensed practitioner may prescribe such drugs under this chapter as the practitioner in the exercise of professional judgment considers appropriate for the diagnosis or treatment of the patient in the practitioner's care and within the scope of practice. Prescriptions shall be dispensed in the generic form pursuant to ORS 689.515, 689.854 and 689.857 and pursuant to rules of the Department of Human Services unless the practitioner prescribes otherwise and an exception is granted by the department.

(3) The department shall pay only for drugs in the generic form if the federal Food and Drug Administration has approved a generic version of a particular brand name drug that is chemically

identical to the brand name drug according to federal Food and Drug Administration rating standards, unless an exception has been granted by the department.

(4) An exception must be applied for and granted before the department is required to pay for minor tranquilizers and amphetamines and amphetamine derivatives, as defined by rule of the department.

(5) Notwithstanding subsections (1) to (4) of this section, the department is authorized to:

(a) Withhold payment for a legend drug when federal financial participation is not available; and

(b) Require prior authorization of payment for drugs that the department has determined should be limited to those conditions generally recognized as appropriate by the medical profession.

(6) Notwithstanding subsection (3) of this section, the department may not limit legend drugs when used as approved by the federal Food and Drug Administration to treat mental illness, HIV and AIDS, and cancer.

(7) Notwithstanding ORS 414.334, the department may conduct prospective drug utilization review prior to payment for drugs for a patient whose prescription drug use exceeded 15 drugs in the preceding six-month period.

SECTION 21. ORS 414.325, as amended by section 6, chapter 897, Oregon Laws 2001, is amended to read:

414.325. (1) As used in this section, "legend drug" means any drug requiring a prescription by a practitioner, as defined in ORS 689.005.

(2) A licensed practitioner may prescribe such drugs under this chapter as the practitioner in the exercise of professional judgment considers appropriate for the diagnosis or treatment of the patient in the practitioner's care and within the scope of practice. Prescriptions shall be dispensed in the generic form pursuant to ORS 689.515, 689.854 and 689.857 and pursuant to rules of the Department of Human Services unless the practitioner prescribes otherwise and an exception is granted by the department.

(3) Except as provided in subsections (4) and (5) of this section, the department shall place no limit on the type of legend drug that may be prescribed by a practitioner, but the department shall pay only for drugs in the generic form unless an exception has been granted by the department.

(4) Notwithstanding subsection (3) of this section, an exception must be applied for and granted before the department is required to pay for minor tranquilizers and amphetamines and amphetamine derivatives, as defined by rule of the department.

(5)(a) Notwithstanding subsections (1) to (4) of this section and except as provided in paragraph (b) of this subsection, the department is authorized to:

(A) Withhold payment for a legend drug when federal financial participation is not available; and

(B) Require prior authorization of payment for drugs that the department has determined should be limited to those conditions generally recognized as appropriate by the medical profession.

(b) The department may not require prior authorization for therapeutic classes of nonsedating antihistamines and nasal inhalers, as defined by rule by the department, when prescribed by an allergist for treatment of any of the following conditions, as described by the Health Services Commission on the funded portion of its prioritized list of services:

(A) Asthma;

(B) Sinusitis;

(C) Rhinitis; or

(D) Allergies.

(6) Notwithstanding ORS 414.334, the department may conduct prospective drug utilization review prior to payment for drugs for a patient whose prescription drug use exceeded 15 drugs in the preceding six-month period.

SECTION 22. The Department of Human Services may not adopt or amend any rule that requires a prescribing practitioner to contact the department to request an exception for a medically appropriate or medically necessary drug that is not listed on the Practitioner-Managed Prescription Drug Plan drug list for that class of drugs adopted under ORS 414.334,

unless otherwise authorized by enabling legislation setting forth the requirement for prior authorization.

SECTION 23. Section 22 of this 2003 Act applies to rules adopted or amended by the Department of Human Services before, on or after the effective date of this 2003 Act.

SECTION 24. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Department of Administrative Services for the biennium ending June 30, 2005, out of the General Fund, the amount of \$275,000, for the Office for Oregon Health Policy and Research for the purpose of the Health Services Commission carrying out the provisions of section 9 (1) of this 2003 Act.

SECTION 25. This 2003 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2003 Act takes effect on its passage.

Passed by House May 16, 2003

Received by Governor:

Repassed by House August 23, 2003

.....M,....., 2003

Approved:

.....
Chief Clerk of House

.....M,....., 2003

.....
Speaker of House

.....
Governor

Passed by Senate August 22, 2003

Filed in Office of Secretary of State:

.....
President of Senate

.....M,....., 2003

.....
Secretary of State

**APPENDIX B:
COMMISSION AND SUBCOMMITTEE
MEMBERSHIP**

HEALTH SERVICES COMMISSION

COMMISSION STAFF

**MENTAL HEALTH CARE AND CHEMICAL
DEPENDENCY SUBCOMMITTEE**

HSC ACTUARIAL ADVISORY COMMITTEE

Health Services Commission

Member Profiles

“The Health Services Commission is established, consisting of 11 members appointed by the Governor and confirmed by the Senate. Five members shall be physicians licensed to practice medicine in this state who have clinical expertise in the general areas of obstetrics, perinatal, pediatrics, adult medicine, mental health and chemical dependency, disabilities, geriatrics or public health. One of the physicians shall be a doctor of osteopathy. Other members shall include a public health nurse, a social services worker and four consumers of health care.” - ORS 414.715 (1)

PHYSICIANS

Eric Walsh, MD, Chair, 54, of Portland, associate professor and residency director at Oregon Health Sciences University, received his MD from the University of Cincinnati in 1980. He completed his residency in Family Practice at Fairfax Family Practice, a program of the Medical College of Virginia, in 1983, where he was chief resident. After residency, he worked in a community health center in the South Bronx. At the Bronx-Lebanon hospital, Dr. Walsh was instrumental in establishing a fully accredited Family Practice Residency program. He was the residency director of this program from its founding in 1986 until 1991. In 1991, Dr. Walsh moved with his family to Redmond, Oregon. He joined a seven-physician family practice, The Cascade Medical Clinic. In Redmond, he was on the Boards of Directors of the Central Oregon IPA and Physician Hospital Organization, and the Cascades East AHEC. He was also the Medical Director of the Hospice of Redmond and Sisters. Dr. Walsh's professional interests include hospice care, HIV disease and clinical decision-making. His term expires in 2006. (503-494-1093)

Andrew Glass, MD, 65, of Portland, is a retired pediatrician and medical oncologist who practiced with Kaiser Permanente in Portland. Dr. Glass is the current Medical Director for Health Net of Oregon. He has an interest in epidemiologies of cancer and other diseases and a strong background in health services research and clinical trials in cancer. Dr. Glass brings expertise in research and evaluation to the Commission. He has an A.B. from Harvard College and did his medical education at the University of Pennsylvania. He received his medical training at Massachusetts General Hospital and a fellowship at Children's Cancer Research Foundation. *His term expired in 2002; however he served beyond his term expiration.* (503-249-3312)

Daniel Mangum, DO, 46, of Tigard, is a board certified internist in Portland. He is attending physician for Providence St. Vincent hospital, is on active staff at both St. Vincent and Good Samaritan hospitals, and is on faculty staff at Oregon Health Sciences University Department of General Internal Medicine. He is also past-president of the Oregon Society of Internal Medicine and a Fellow of the American College of Physicians. Dr. Mangum received his Bachelor of Arts degree from California State University at Fullerton in 1982. He received his Doctor of Osteopathy from the Western University of Health Sciences in 1987. He did his post-graduate training at Phoenix General Hospital in Phoenix, Arizona and Providence St. Vincent Hospital in Portland. His term expires in 2007. (503-293-1515)

Somnath Saha, MD, MPH, 39, resides in Portland. He received his Bachelor of Science degree at Stanford University. He attended medical school and trained in internal medicine at the University of California, San Francisco. Dr. Saha completed fellowship training in the Robert Wood Johnson Clinical Scholars Program at the University of Washington in Seattle, where he also obtained a Masters degree in Public Health. He currently practices as a general internist at the Portland VA Medical Center and is an Assistant Professor of Medicine and Public Health & Preventive Medicine at Oregon Health & Science University. He is an active member of the Oregon Evidence-based Practice Center, where he has conducted critical reviews of studies on the clinical and cost effectiveness of diagnostic and therapeutic technologies. He also has an interest in disparities in health care delivery. His term expires in 2008. (503-220-8262)

Bryan Sohl, MD, 46, resides in Ashland. He obtained his Bachelor of Science degree in Physiology from the University of California at Davis in 1980. In 1984, he graduated from the University of California at San Diego Medical School. Dr. Sohl completed his internship and residency in Obstetrics and Gynecology at the University of California at San Diego in 1988. He then practiced Obstetrics and Gynecology in Medford for 8 years before returning to the University of California at San Diego for a fellowship in Maternal-Fetal Medicine, which he completed in 1998. Currently, Dr. Sohl serves as Chair of the Department of Women and A-4 Children's Health for Rogue Valley Medical Center and Providence Medford Medical Center. He is also the director of Maternal-Fetal Medicine at Rogue Valley Medical Center. His professional interests include the management of complicated pregnancies and obstetrical ultrasound. *His term expired in 2004; however he served beyond his term expiration.* (541-608-5565)

PUBLIC HEALTH NURSE

Donalda Dodson, RN, MPH, 63, of Salem, is the former Administrator for the Office of Family Health, Health Services, Department of Human Services. Ms. Dodson has worked in the area of public health for more than 40 years and served on numerous community boards and advisory groups. She is an active member of the Oregon Child Development Coalition and March of Dimes Professional Advisory Committee. She has an active interest in health of women, children and families. She received her Bachelor of Science in Nursing from the University of Oregon, and her Master in Public Health degree from the University of Washington. *Her term expired in 2004; however she served beyond her term expiration.* (971-224-1004)

SOCIAL WORKER

Kathleen Savicki, LCSW, 59, of Salem, a licensed clinical social worker, is Quality Improvement Coordinator for the Mid-Valley Behavioral Care network. She has her Master's degree from the Smith College School for Social Work and almost 30 years experience in clinical social work practice. She is a member of the National Association of Social Workers. *Her term expired in 2003; however she served beyond her term expiration.* (503-585-4985)

CONSUMER ADVOCATES

Jono Hildner, 60, is the former Director for the Department of Human Services for Clackamas County and was acting Administrator of the Oregon Health Division in 1994-95 and again in 1999-2000. He was an Adjunct Professor at the Atkinson Graduate School of Management at Willamette University in addition to consulting as President of Hildner & Associates. Mr. Hildner received a Bachelor of Arts in Business and Economics from Illinois College in 1970 and a Master of Science in Human Resource Management from University of Utah in 1977. He has particular interest in the area of population-based health. Mr. Hildner now resides in the sunny climes of Southern California. *Resigned March 2004*

Ellen C. Lowe, 74, of Portland, is a public policy consultant after retiring as Director of Public Policy for Ecumenical Ministries of Oregon. She is a member of the Insurance Pool Governing Board, Legislative Chair of the Human Services Coalition of Oregon and a member of the OHSU Oregon Opportunity Taskforce. Recognized as a human service and civil rights advocate, Ms. Lowe has been honored by the Oregon Food Bank, Oregon Education Association, State Commissions for Women and Hispanic Affairs, the Oregon Health Forum, Elders in Action, Right to Pride, Oregon Gambling Addiction Treatment Foundation, Willamette University and the Governor's Commission on Senior Services. A former secondary social studies teacher and university librarian, Ms. Lowe is a 1952 graduate of the University of Oregon. *Her term expired in 2004; however she served beyond her term expiration.* (503-294-0659)

Susan McGough, CHE, 51, is hospital administrator for Mountain View Hospital District in Madras. Ms. McGough began her healthcare career in medical technology. In 1993, she completed her Masters Degree in Health Administration, after 15 years in hospital laboratory management. She has served as assistant administrator or administrator for the past 10 years for community-based hospitals systems. Ms. McGough is a member of the American College of Healthcare Executives and serves on a number of Central Oregon boards and community organizations. Her term expires in 2008. (541-475-3882)

Dan Williams, 64, of Eugene, is the Vice President for Administration at the University of Oregon. He was awarded an undergraduate degree in Political Science from the University of Oregon in 1962 and received his Master's degree in Public Administration from the University of San Francisco in 1980. Mr. Williams previously served on the Peace Health Oregon Region Governing Board for ten years and the State Accident Insurance Fund Board of Directors. He currently serves as director on the Liberty Bank board and the Bi-Mart Corporation. Local community services include board membership for the Volunteers in Medicine Clinic and Oregon Forest Resource Institute. His term expires in 2007. (541-346-3003)

Commission Staff

DIRECTOR

Darren Coffman began his work with the Health Services Commission soon after its creation in 1989 as an analyst in a six-month limited duration position. He eventually served in that capacity for three years, playing a key role in the development of the methodology for prioritizing health services. In 1992, Mr. Coffman became the Research Manager for the Commission, took on the additional role of Acting Director in October 1996, and was named Director in April 1997. He received his Bachelor of Science from the University of Oregon in computer science in 1987 and a Master of Science in statistics from Utah State University in 1989. (503-378-2422 ext. 413)

MEDICAL DIRECTOR

Alison S. Little, MD, MPH, is a family physician from Lake Oswego. After initially practicing in Prineville, she shifted her interests to public health and administration. Dr. Little received her Master of Public Health degree from University of Washington in 1998, and served 7 years as medical director of a fully capitated health plan in central Oregon before joining the Health Services Commission as medical director in 2003. She received her Bachelor of Science degree from Pacific University in Forest Grove, took her medical training at the Medical College of Wisconsin in Milwaukee, and completed her family practice residency at Oregon Health Sciences University and a University of Washington affiliated program in Renton, Washington. Dr. Little also completed a three-year National Health Service Corps scholarship commitment in rural Minnesota before moving to Oregon in 1990. (503-378-2422 ext. 405)

PROGRAM/ADMINISTRATIVE SPECIALIST

Laura Lanssens has over eleven years in the public service arena. She has a Bachelor of Arts Degree from University California Irvine and has taken some postgraduate classes in early childhood development and education. In the mid 1990's she moved to Salem and began working for the Department of Justice, which eventually led her to work for the Solicitor General in the Appellate Division. In January 2000, she began her work with the Office of the Oregon Health Policy and Research providing administrative assistance to administrators, staff and commission members for the Health Services Commission and the Advisory Committee on Physician Credentialing Information. (503-378-2422 ext. 417)

Mental Health Care and Chemical Dependency Subcommittee

Member Profiles

Seth Bernstein, PhD, of Corvallis, leads and directs the operation of the Accountable Behavioral Health Alliance (ABHA), a five county MHO funded through the Oregon Health Plan. ABHA provides quality management, utilization management, contract administration, a 24-hour crisis/access line, financial administration, data management and reporting, claims adjudication and payment, and management/oversight for member complaints and grievances. Dr. Bernstein is a clinical psychologist who has worked in managed behavioral care for nine years. He has written many articles, including *Measuring Clinical Outcome In Managed Mental Health* and played the lead role in developing the Oregon Change Index (OCI) for ABHA. The OCI is a user-friendly survey instrument, which is designed to measure clinical outcomes for behavioral health treatment.

Gary Cobb, a Portland, Oregon resident, is a Co-Chair of the Recovery Association Project (RAP) for Multnomah County. He is a tireless advocate for persons seeking treatment, as well as those already engaged in recovery. His passion is fueled by the fact that he is a recovering addict who is employed at Portland Alternative Health Center (PAHC), one of the state's leading substance abuse treatment facilities. Mr. Cobb is also pursuing a Bachelor of Arts in Humanities at Reed College.

Donalda Dodson, RN, MPH, of Salem, is the former Administrator for the Office of Family Health, Health Services, Department of Human Services. Ms. Dodson has worked in the area of public health for more than 40 years and served on numerous community boards and advisory groups. She is an active member of the Oregon Child Development Coalition and March of Dimes Professional Advisory Committee. She has an active interest in health of women, children and families. She received her Bachelor of Science in Nursing from the University of Oregon, and her Master in Public Health degree from the University of Washington.

Robert A. George, MD, of Beaverton, is a psychiatrist specializing in child, adolescent and family psychiatry. He is also a Clinical Professor in the Department of Psychiatry at Oregon Health Sciences University. He is a Distinguished Fellow of the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry and was certified in General Psychiatry, Child and Adolescent Psychiatry and in Family Practice. Dr. George is a Past President of the Oregon Psychiatric Association. He served a four-year term as Health Services Commission member from 1992-96. *Resigned 2005*

Muriel Goldman, of Portland, a child advocate in Oregon for 44 years, has focused primarily on the child development, mental health, child welfare, juvenile justice, expanded health care access for children, collaborative planning (both state and local) among all systems that affect children, families and communities, and gender equity for girls and young women within those arenas. She was President of the former Mental Health Association, and chaired its children's committee. Her current advisory roles are: Mental Health Planning & Management Advisory Council, Office of Mental Health & Addiction Services, the Juvenile Code Revision subcommittee (Oregon Law Commission), Newborn Hearing Advisory Council (DHS). Locally, Ms. Goldman is on the Multnomah Commission on Children and Families, and represents it on the statewide coalition of county Commissions on Children and Families. She is a founding member and former board member of the statewide advocacy organization, Children First for Oregon, and is now Board Emeritus on the Morrison Center, where her Board participation dates back to 1975. Ms. Goldman's undergraduate and graduate work was in Sociology at the University of Chicago. *Resigned 2004*

Casadi Marino, LCSW, of Oregon City, works for Clackamas County Mental Health in the adult outpatient program. She has worked in community mental health for ten years. She is a board member of the National Association of Social Workers (NASW) Oregon chapter, and is chair of its finance committee. She is also a board member of the Oregon Advocacy Center, our state's Protection and Advocacy (P&A), and chair of its Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) council. She is in recovery from bipolar disorder.

Bruce Piper, MA, of Roseburg, is Chief Executive Officer of ADAPT, a chemical dependency and mental health provider in Douglas, Josephine and Coos counties. He earned his Master's degree in Marriage, Family and Child Counseling from Fresno State University, and has worked in the addictions field in Oregon for over 20 years. Recently, he served for six years as President of the Oregon Treatment Network, which contracts to provide clinical research and treatment for chemical dependency and mental health. Mr. Piper is a board member of BestCare Treatment Services, which provides chemical dependency and mental health services in Central Oregon. He also has a consulting firm, and through this has managed an Ambulatory Surgery Center for the last three years (1999-2002). *Resigned 2004*

David Pollack, MD, of West Linn, is the Medical Director for the Office of Mental Health and Addiction Services in the Oregon Department of Human Services and professor of psychiatry at Oregon Health and Science University. He has worked in community and public sector mental health for over 30 years, most notably as Medical Director for Mental Health Services West in Portland. During the 1999 legislative year, he served as a Robert Wood Johnson Health Policy Fellow in the office of Senator Edward Kennedy. Dr. Pollack attended Northwestern University and Oklahoma Health Sciences Center, completing his training in psychiatry from Oregon Health Sciences University in 1976.

Paul D. Potter, MSW, MAC, is the Vice President of Clinical Services for Cascadia Mental Health and Addiction Services. Mr. Potter combines his passion with humor, which he brings to the task of integrating Cascadia's mental health and addictions services. With over 20 years of experience in both the private and public sectors, he's committed to fostering "systems" thinking throughout the Cascadia organization. Mr. Potter also serves as the Treasurer for NAADAC, The Association of Addiction Professionals.

Carole Romm, RN, MPA, of Portland, is a health care consultant who develops strategic initiatives for health care organizations. Her clients have included the Oregon Health Services Commission, Kaiser Permanente, Virginia Garcia Memorial Health Center, Central City Concern, the Oregon Department of Public Health, and the China/UK Urban Health and Poverty Project. From 1993 to 2002, Ms. Romm was a senior manager at CareOregon, initially as Director of Health Services and subsequently as Director of Health Partnerships. In 2000, she was awarded a Robert Wood Johnson Foundation Nurse Executive Fellowship. She obtained a baccalaureate in labor relations from Cornell University, a nursing degree from Portland Community College, and a Masters in Public Administration (MPA) from Portland State University.

Kathleen Savicki, LCSW, of Salem, a licensed clinical social worker, is Quality Improvement Coordinator for the Mid-Valley Behavioral Care network. She has her master's degree from the Smith College School for Social Work and almost 30 years experience in clinical social work practice. Ms. Savicki is a member of the National Association of Social Workers.

Ann Uhler, of Tigard, retired as the Executive Director of Comprehensive Options for Drug Abusers (CODA), in September of 2002. She is currently a consultant for the Oregon Treatment Network on research through its affiliation with OHSU and the National Institute on Drug Abuse (NIDA's) Clinical Trials Network. Ms. Uhler has her master's degree in Human Development Counseling from Sangamon State University (now merged with University of Illinois) and has been working in the alcohol and drug field since 1974. She serves on the Board of Directors for the Women's Commission on Alcohol and Drug Issues of Oregon. She is the President of the Alcohol and Drug Problems Association and is past Chairperson of the Alcoholism and Drug Program Directors Association of Oregon. She represents providers on the Oregon Node of NIDA's Clinical Trials Network (CTN), and serves on the National Steering Committee of the CTN.

HSC Actuarial Advisory Committee

Member Profiles

Kevin M. Campbell, of The Dalles, is the CEO of Greater Oregon Behavioral Health Inc. (GOBHI), a position he has held since 2001. GOBHI is a member-owned Benefits Management Company dedicated to assuring high quality services delivered through rural community behavioral health programs. It is the Oregon Health Plan Mental Health Benefit Provider for Baker, Clatsop, Columbia, Grant, Harney, Lake, Malheur, Morrow, Umatilla, Union, Wallowa, Wheeler, and Counties. The Counties of GOBHI constitute approximately 50% of Oregon's land mass and 8.4% of its population. GOBHI provides quality management, utilization management, contract administration, financial administration, data management and reporting, claims adjudication and payment, encounter data and CPMS submissions and integrity audits, a 24-hour crisis/access line, and management/oversight for member complaints and grievances. Mr. Campbell is a native Eastern Oregonian, former County Judge, and small business owner who has worked in the mental health field in rural Oregon for the past ten years.

Wee Yuen Chin, CPA (alternate), is the Chief Operating Officer of Willamette Dental Group PC. He served as Board Treasurer from 1998-1999. Mr. Chin is a member of the Oregon Society of Certified Public Accountants (OSCPA).

Tom Coogan is Vice President of Care Medical Equipment, Inc. an Oregon-based company with eight branch locations throughout Oregon and Washington states. Mr. Coogan has a Bachelor of Science degree and has been employed by Care Medical since 1977. He serves on the Pacific Association of Medical Equipment Suppliers (PAMES) board of directors, the Oregon Medicaid Committee for Durable Medical Equipment, the Oregon Medical Case Managers Group (OMCMG) board of directors, the Washington State Sales Tax Committee, and has been a delegate for Oregon and Washington for the American Association for Homecare in Washington D.C. concerning federal issues effecting the home medical equipment industry.

Joel R. Daven, MD, of Roseburg, is the Medical Director of the Douglas County Individual Practice Association (DCIPA) and a Board Certified Adult and Child Neurologist. He earned his MD degree at Boston University School of Medicine in 1975 and completed a residency in Pediatrics at the University of Colorado and a residency in Neurology at the University of Washington. Prior to accepting the position of Medical Director with DCIPA in July of 2001, Dr. Daven served as DCIPA's Board Chair for 4 years and has extensive knowledge of the Oregon Health Plan.

Kevin Earls is Vice President of Finance and Health Policy of the Oregon Association Hospitals and Health Systems (OAHHS). His concerns are Medicare and Medicaid financial issues, health information and data analysis, reporting, and special issues management. Also Mr. Earls is the OAHHS liaison with Healthcare Financial Management Association.

C. Scott R. Gallant is the Director for the Government Affairs Department of the Oregon Medical Association (OMA). He is responsible for state and federal health policy and political activities for the OMA, a position he has held for the last 24 years. Prior to this position, he was the Regional Director of Government Relations for the states of Idaho, Montana and Oregon for the National Federation of Independent Business. Mr. Gallant has served on a variety of state policy advisory committees, is currently serving on the National Governors Association Safety Net Policy Team, and is the immediate Past President of the Capitol Club, a statewide association of professional lobbyists. Federally, Mr. Gallant served for the last 4 years on the American Medical Association (AMA) State Legislative Advisory Committee, and is currently on the Advocacy Resource Center Board of the AMA. Mr. Gallant is a native of Tennessee, where he received a BS Degree from the University of Tennessee.

Tom Holt is the executive director of Oregon State Pharmacy Association (OSPA). He serves as treasurer and administrator of the Oregon Pharmacists Fund. His other concerns are pharmacy issues and policies, insurance issues, Pharmacy Coalition, owner services, and program sponsorships.

Rick Jones, CADCIH, NCACIH, is the Director of Choices Counseling Center a substance abuse program operated by Oregon Health Management Services a fully capitated medical plan since 1995. He is a 28-year veteran in the addictions field in southern Oregon. As one of the first counselors certified in Oregon he has worked with public and private programs in modalities ranging from detoxification, residential and outpatient services. Mr. Jones is also involved in several non-profits that deal with networking health care services, transitional housing and children's mental health services.

Rich Monnie, MS, MBA, of Gresham, is the principal of Crossroads Health, Inc., a healthcare business consulting firm. He provides business services such as financial management, operational analyses, data management and reporting, marketing management, claims' systems auditing and new business development to medical, and dental provider organizations and insurance companies. Mr. Monnie has been the Executive Manager of Exceptional Needs Dental Services since 1996. He has over 20 years of health care financial management experience, and is a co-owner of Sandy Physical Therapy located in Sandy, Oregon. Mr. Monnie has an MBA from Portland State University and a Masters in Health Services Administration from the University of Oregon.

William Murray, CPA, is the Chief Executive Officer of Doctors of Oregon Coast South (DOCS), which was established in 1995 and is a managed care program that serves the Coos County's Medicaid population.

Sarah A. Reeder is a Government Relations Consultant for Legislative Advocates, Inc., a private lobbying and association management firm located in Salem, Oregon. She is the Executive Director for the Oregon Association for Home Care, a non-profit trade association representing providers of skilled home health, hospice, in-home care, IV therapy and home medical equipment services. She represents the interests of Legislative Advocates' health care clients and the home care industry on the state and national level. Ms. Reeder earned her Bachelor's degree in Political Science from Willamette University.

Jim Russell, MSW (alternate), of Salem, has been the leader of the Mid-Valley Behavioral Care Network (MVBCN) for ten years. MVBCN is a five-county Oregon Health Plan (OHP) Mental Health Organization, which is directed collaboratively by consumers, public and private agencies. Mr. Russell has twenty-five years experience in public mental health services.

APPENDIX C:
BIENNIAL REVIEW CHANGES

Figures 2.4-2.6 appearing on pages 34-36 of this report outline the major changes affecting entire line items. This appendix gives a detailed code-by-code account of the changes that were made to the Prioritized List as a result of the biennial review that did not involve the addition, deletion, or merging of entire lines. The report is sorted by code, starting with ICD-9-CM diagnosis codes. Given for each code is the type of change made, which line of the 2003-05 Prioritized List of Health Services it appeared on, the 2005-07 Prioritized List line item it now appears on, and a description of the code involved. A blank space under '2003' indicates that the code did not appear on the 2003-05 List and a blank under '2005' means that the code does not appear on the 2005-07 List. A line number in parentheses under '2005' shows the line that the ICD-9-CM code continues to remain on while being deleted from a line on the 2003-05 List.

During this past biennium, an effort was undertaken to remove hundreds of thousands of inappropriate pairings of medical therapy and radiation therapy codes. When the Prioritized List was first created in the early 90's, the Health Services Commission did not have the resources or the time to review the clinical appropriateness of the nearly 1000 medical and radiation therapy codes for each of the 700+ line items on the List. Instead the Commission chose to add the general ranges of CPT codes 90000-99999 and 70000-79999 to those lines in which any of these types of therapies were appropriate. During the review of the List leading to the 1995 Biennial Report, those medical and radiation therapy codes representing treatments that the Commission did not think were appropriate for OHP funding in any situation were extracted from the ranges (e.g., work hardening). It wasn't until this past year, under the guidance of HSC Medical Director Dr. Alison Little, that a concerted effort was undertaken to better match these types of codes with the conditions in which they're used for treatment. This removed such pairings as cardiac procedures for conditions of the eye. Because of the volume of these changes, they are not being included as part of this report. Please see Appendix E for the revised definitions of line items on the Prioritized List involving medical and radiation therapy codes.

Change	Code	2003	2005	Code Description
MOVE	070.0	603	329	Viral hepatitis A with hepatic coma
MOVE	070.20	603	329	Viral hepatitis B with hepatic coma, acute or unspecified, without mention of hepatitis delta
MOVE	070.21	603	329	Viral hepatitis B with hepatic coma, acute or unspecified, with hepatitis delta
MOVE	070.22	603	329	Viral hepatitis B with hepatic coma, chronic, without mention of hepatitis delta
MOVE	070.23	603	329	Viral hepatitis B with hepatic coma, chronic, with hepatitis delta
MOVE	070.33	603	329	Viral hepatitis B without mention of hepatic coma, chronic, with hepatitis delta

Change	Code	2003	2005	Code Description
MOVE	070.41	603	329	Acute or unspecified hepatitis C with hepatic coma
MOVE	070.42	603	329	Hepatitis delta without mention of active hepatitis B disease with hepatic coma
MOVE	070.43	603	329	Hepatitis E with hepatic coma
MOVE	070.44	603	329	Chronic hepatitis C with hepatic coma
MOVE	070.49	603	329	Other specified viral hepatitis with hepatic coma
MOVE	070.52	603	329	Hepatitis delta without mention of active hepatitis B disease or hepatic coma
MOVE	070.6	603	329	Unspecified viral hepatitis with hepatic coma
MOVE	070.71	603	329	Unspecified viral hepatitis C with hepatic coma
MOVE	110.0	363	537	Dermatophytosis of scalp and beard
MOVE	110.2	363	537	Dermatophytosis of hand
MOVE	110.5	363	537	Dermatophytosis of the body
MOVE	110.6	363	537	Deep-seated dermatophytosis
MOVE	277.6	351	250	Other deficiencies of circulating enzymes
DELETE	277.8	386	(216)	Other specified disorders of metabolism
MOVE	520.0	301	514	Anodontia
MOVE	520.1	301	354	Supernumerary teeth
DELETE	520.2	301	(707)	Abnormalities of size and form of teeth
DELETE	520.3	301	(707)	Mottled teeth
DELETE	520.4	726	(298)	Disturbances of tooth formation
DELETE	520.5	301	(707)	Hereditary Disturbances in tooth structure NEC
MOVE	520.6	301	354	Disturbances in tooth eruption
DELETE	520.6	524		Disturbances in tooth eruption
DELETE	520.8	301	(707)	Other specified disorders of tooth development
DELETE	520.9	301	(707)	Other specified disorders of tooth development
MOVE	521.0	301	495	Dental caries
DELETE	521.0	358		Dental caries
DELETE	521.0	359		Dental caries
DELETE	521.1	301	(707)	Excessive attrition of teeth
DELETE	521.2	301	(707)	Abrasion of teeth
MOVE	521.3	301	495	Erosion of teeth
DELETE	521.3	726		Erosion of teeth
DELETE	521.4	301		Pathological resorption of teeth
DELETE	521.4	726		Pathological resorption of teeth
MOVE	521.5	301	496	Hypercementosis
DELETE	521.5	726		Hypercementosis
MOVE	521.6	301	354	Ankylosis of teeth
DELETE	521.6	726		Ankylosis of teeth
DELETE	521.7	301	(707)	Posteruptive color changes of teeth
MOVE	521.8	726	354	Other specified diseases of hard tissues of teeth
DELETE	521.9	301	(707)	Unspecified disease of hard tissues of teeth
DELETE	522.0	301	(354)	Pulpitis
DELETE	522.1	301	(354)	Necrosis of the pulp
MOVE	522.2	301	354	Pulp degeneration
MOVE	522.3	301	354	Abnormal hard tissue formation in pulp
DELETE	522.3	726		Abnormal hard tissue formation in pulp
DELETE	522.4	301	(354)	Acute apical periodontitis of pulpal origin
DELETE	522.5	301	(354)	Periapical abscess without sinus
DELETE	522.6	301	(354)	Chronic apical periodontitis
DELETE	522.6	560		Chronic apical periodontitis
DELETE	522.7	301	(354)	Periapical abscess with sinus

Change	Code	2003	2005	Code Description
DELETE	522.8	301	(354)	Radicular cyst
DELETE	522.8	560		Radicular cyst
DELETE	522.9	301	(354)	Other and unspecified diseases of pulp and periapical tissues
MOVE	523	301	496	Gingival and periodontal diseases
DELETE	523.0	359		Acute gingivitis
DELETE	523.1	359		Chronic gingivitis
DELETE	523.2	359		Gingival recession
DELETE	523.3	358		Acute periodontitis
DELETE	523.3	359		Acute periodontitis
DELETE	523.4	359		Chronic periodontitis
DELETE	523.5	359		Periodontosis
DELETE	523.8	359		Other specified periodontal diseases
DELETE	523.9	358		Unspecified gingival and periodontal disease
MOVE	524.3	524	707	Anomalies of tooth position
MOVE	524.4	524	707	Unspecified malocclusion
MOVE	525.0	533	496	Exfoliation of teeth due to systemic causes
DELETE	525.10	677	(658)	Unspecified acquired absence of teeth
MOVE	525.11	533	354	Loss of teeth due to trauma
DELETE	525.12	677	(658)	Loss of teeth due to periodontal disease
DELETE	525.13	677	(658)	Loss of teeth due to caries
DELETE	525.19	677	(658)	Other loss of teeth
MOVE	525.3	536	354	Retained dental root
MOVE	525.8	533	496	Other specified disorders of teeth and supporting structures
DELETE	525.9	525		Unspecified disorders of teeth and supporting structures
MOVE	526.0	359	495	Developmental odontogenic cysts
MOVE	526.1	359	495	Fissural cysts of jaw
MOVE	526.2	359	495	Other cysts of jaw
MOVE	526.3	359	495	Central giant cell granuloma
MOVE	526.8	359	495	Other specified diseases of the jaws
MOVE	526.9	359	495	Unspecified disease of the jaws
MOVE	572.2	30	438	Hepatic coma
MOVE	572.3	30	438	Portal hypertension
MOVE	572.8	30	438	Other sequelae of chronic liver disease
ADD	696.1		358	Other psoriasis

APPENDIX D:
INTERIM MODIFICATIONS

The following interim modifications were made to the Prioritized List of Health Services in accordance with ORS 414.720(6) from July 2003 to January 2005. Both the dates on which the Health Services Commission approved the interim modifications and the date they became effective are listed.

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003.

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 1

ADD 850.11 Concussion, with loss of consciousness of 30 minutes or less
ADD 850.12 Concussion, with loss of consciousness from 31 to 59 minutes

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 850.1, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: DIABETES MELLITIS

Treatment: MEDICAL THERAPY

Line: 2

ADD V53.91 Fitting and adjustment of insulin pump
ADD V65.46 Encounter for insulin pump training

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 10

ADD 47802 FUSE LIVER DUCT & INTESTINE
ADD 50760 URETERURETEROSTOMY
ADD 52332 CYSTOURETHROSTOMY WITH INSERTION OF URETERAL STENT

NOTE: CHANGE CPT CODES "50740,50750" TO THE RANGE "50740-50760."

Diagnosis DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment SURGICAL TREATMENT

Line: 21

DELETE 35450 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35452 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35454 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35456 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35458 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35459 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35460 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35470 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35471 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35472 TRANSLUMINAL ANGIOPLASTY, PERC

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment: SURGICAL TREATMENT

Line: 21 (CONT'D)

DELETE	35473	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35474	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35475	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35476	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35480	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35481	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35482	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35483	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35484	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35485	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35490	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35491	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35492	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35493	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35494	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35495	TRANSLUMINAL ATHERECTOMY, PERC

NOTE: CHANGE CPT RANGE "35450-35515" TO "35500-35515".

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

DELETE	35450	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35452	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35454	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35456	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35458	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35459	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35460	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35470	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35471	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35472	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35473	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35474	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35475	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35476	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35480	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35481	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35482	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35483	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35484	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35485	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35490	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35491	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35492	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35493	TRANSLUMINAL ATHERECTOMY, PERC

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24 (CONT'D)

DELETE	35494	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35495	TRANSLUMINAL ATHERECTOMY, PERC

NOTE: CHANGE CPT RANGE "35450-35515" TO "35500-35515".

Diagnosis: ACUTE OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 35

ADD	23035	INCISION BONE CORTEX (EG, FOR OSTEOMYELITIS), SHOULDER AREA
ADD	23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), CLAVICLE
ADD	23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), SCAPULA
ADD	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), HUMERAL HEAD TO SURGICAL NECK
ADD	23180	PARTIAL EXCISION (EG, FOR OSTEOMYELITIS), CLAVICLE
ADD	23182	PARTIAL EXCISION (EG, FOR OSTEOMYELITIS), SCAPULA
ADD	23184	PARTIAL EXCISION (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS
DELETE	23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS
DELETE	23221	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS, WITH AUTOGRAFT
DELETE	23222	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS, WITH PROSTHETIC REPLACEMENT
ADD	23935	INCISION WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS), HUMERUS
ADD	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), DISTAL HUMERUS
ADD	24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), RADIUS
ADD	24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS
ADD	24140	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS
ADD	24145	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), RADIUS
ADD	24147	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS
DELETE	24150	RADICAL RESECTION OF BONE TUMOR, DISTAL HUMERUS
DELETE	24151	RADICAL RESECTION OF BONE TUMOR, DISTAL HUMERUS, WITH AUTOGRAFT
DELETE	24152	RADICAL RESECTION OF BONE TUMOR, RADIUS
DELETE	24153	RADICAL RESECTION OF BONE TUMOR, RADIUS, INCISION WITH AUTOGRAFT
DELETE	24498	PROPHYLACTIC TREATMENT, HUMERAL SHAFT
ADD	25035	INCISION WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS), FOREARM

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: ACUTE OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 35 (CONT'D)

ADD	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), FOREARM/WRIST
ADD	25150	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), ULNA
ADD	25151	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), RADIUS
ADD	26034	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), HAND/FINGER
ADD	26992	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), PELVIS/HIP
DELETE	27065	EXCISION BENIGN TUMOR, SUPERFICIAL, HIP
DELETE	27066	EXCISION BENIGN TUMOR, DEEP, HIP
DELETE	27067	EXCISION BENIGN TUMOR, WITH AUTOGRAFT, HIP
ADD	27070	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), SUPERFICIAL HIP
ADD	27071	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), DEEP HIP
DELETE	27187	PROPHYLACTIC TREATMENT, FEMORAL NECK AND PROXIMAL FEMUR
ADD	27303	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), FEMUR/KNEE
ADD	27607	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), LEG/ANKLE
DELETE	27745	PROPHYLACTIC TREATMENT, TIBIA
ADD	28005	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), FOOT
ADD	28120	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), TALUS/CALCANEUS
ADD	28122	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), METATARSAL BONE
ADD	28124	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), PHALANX OF TOE
DELETE	42000	DRAINAGE OF ABSCESS, PALATE

NOTE: ADD CPT RANGES "23170-23184", "24134-24147", "25145-25151", AND
"25145-25151".

Diagnosis: RUPTURE OF BLADDER, NON-TRAUMATIC
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 46

DELETE	599.8	Other specified disorders of the urethra
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Diagnosis: SEPTICEMIA
Treatment: MEDICAL THERAPY
Line: 48

ADD	785.52	Septic shock
DELETE	785.59	Other shock without mention of trauma

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: BIRTH CONTROL
Treatment: CONTRACEPTION MANAGEMENT
Line: 54

ADD V25.03 Encounter for emergency contraceptive
counseling and prescription

NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING
ICD-9-CM CODE V25.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 55

ADD 674.50 Peripartum cardiomyopathy, unspecified as to episode
of care or not applicable
ADD 674.51 Peripartum cardiomyopathy, delivered, with or
without mention of antepartum
ADD 674.52 Peripartum cardiomyopathy, delivered, with mention
of postpartum condition
ADD 674.53 Peripartum cardiomyopathy, antepartum condition or
complication
ADD 674.54 Peripartum cardiomyopathy, postpartum condition
complication

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 674.5, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY
Line: 75

ADD 767.11 Epicranial subaponeurotic hemorrhage
ADD 767.19 Other injuries to scalp

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 767.1, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT
Treatment: MEDICAL THERAPY
Line: 80

ADD 766.21 Post-term infant
ADD 766.22 Prolonged gestation of infant

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 766.2, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: VENTRICULAR SEPTAL DEFECT
Treatment: CLOSURE
Line: 97

ADD 33647 REPAIR HEART SEPTUM DEFECTS

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION

Line: 100

ADD 752.81 Scrotal transposition
ADD 752.89 Other specified anomalies of genital organs

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 752.8, WHICH ALREADY APPEARS ON THIS LINE

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 109

ADD 282.64 Sickle-cell/Hb-C disease with crisis
ADD 282.68 Other sickle-cell disease without crisis

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 282.6, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: MYOCARDITIS, PERICARDITIS AND ENDOCARDITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 112

ADD 33400 AORTIC VALVULOPLASTY, OPEN, WITH CP BYPASS
ADD 33401 AORTIC VALVULOPLASTY, OPEN, WITH INFLOW OCCCLUSION
ADD 33403 AORTIC VALVULOPLASTY, USING TRANSVENTRICULAR DILATION, WITH CP BYPASS
ADD 33405 AORTIC VALVE REPLACEMENT, PROSTHETIC VALVE
ADD 33406 AORTIC VALVE REPLACEMENT, WITH ALLOGRAFT
ADD 33410 AORTIC VALVE REPLACEMENT, WITH STENTLESS VALVE TISSUE
ADD 33411 AORTIC VALVE REPLACEMENT, WITH AORTIC ANNULUS ENLARGEMENT
ADD 33412 AORTIC VALVE REPLACEMENT, WITH AORTIC ANNULUS ENLARGEMENT, TRANSVENTRICULAR
ADD 33413 AORTIC VALVE REPLACEMENT, BY TRANSLOCATION OF PULMONARY VALVE
ADD 33425 MITRAL VALVULOPLASTY, WITH CP BYPASS
ADD 33426 MITRAL VALVULOPLASTY, WITH PROSTHETIC RING
ADD 33427 MITRAL VALVULOPLASTY, RADICAL RECONSTRUCTION
ADD 33430 MITRAL VALVE REPLACEMENT
ADD 33460 TRICUSPID VALVULOPLASTY, WITH CP BYPASS
ADD 33463 TRICUSPID VALVULOPLASTY, WITHOUT RING INSERTION
ADD 33464 TRICUSPID VALVULOPLASTY, WITH RING INSERTION
ADD 33465 TRICUSPID VALVE REPLACEMENT
ADD 33475 PULMONARY VALVE REPLACEMENT

NOTE: ADD CPT RANGES "33400-33403", "33405-33413" AND "33425-33465".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME

Treatment: BONE MARROW TRANSPLANT

Line: 118

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: HODGKIN'S DISEASE

Treatment: BONE MARROW TRANSPLANT

Line: 120

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 122

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: NON-HODGKIN'S LYMPHOMAS

Treatment: BONE MARROW TRANSPLANT

Line: 124

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 125

ADD	282.41	Sickle-cell thalassemia without crisis
ADD	282.42	Sickle-cell thalassemia with crisis
ADD	282.49	Other thalassemia
ADD	282.64	Sickle-cell/Hb-C disease with crisis
ADD	282.68	Other sickle-cell disease without crisis
DELETE	77261-77799	RADIATION THERAPY PLANNING
ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 282.4 AND 282.6, WHICH ALREADY APPEAR ON THIS LINE.

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: FRACTURE OF JOINT, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 132

ADD	29105	APPLICATION OF LONG ARM SPLINT
ADD	29125	APPLICATION OF SHORT ARM SPLINT, STATIC
ADD	29126	APPLICATION OF SHORT ARM SPLINT, DYNAMIC
ADD	29130	APPLICATION OF FINGER SPLINT, STATIC
ADD	29131	APPLICATION OF FINGER SPLINT, DYNAMIC

NOTE: ADD CPT RANGE "29105-29131".

Diagnosis: BENIGN NEOPLASM OF THE BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY,
WHICH INCLUDES RADIATION THERAPY
Line: 139

ADD	61795	BRAIN SURGERY USING COMPUTER
ADD	62272	DRAIN SPINAL FLUID

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Guideline Note)
Treatment: MEDICAL THERAPY
Line: 144

DELETE	V03.0	Need for prophylactic vaccination and inoculation, Cholera
DELETE	V03.1	Need for prophylactic vaccination and inoculation, Typhoid/Paratyphoid
DELETE	V03.3	Need for prophylactic vaccination and inoculation, Plague
DELETE	V03.4	Need for prophylactic vaccination and inoculation, Tularemia
DELETE	V04.4	Need for prophylactic vaccination and inoculation, Yellow Fever
DELETE	V04.5	Need for prophylactic vaccination and inoculation, Rabies
DELETE	V04.8	Need for prophylactic vaccination and inoculation, Influenza
ADD	V04.81	Need for prophylactic vaccination and inoculation, Influenza
ADD	V04.82	Need for prophylactic vaccination and inoculation, Respiratory syncytial virus
DELETE	V05.2	Need for prophylactic vaccination and inoculation, Leishmaniasis
DELETE	V06.0	Need for prophylactic vaccination and inoculation, Cholera with Typhoid/Paratyphoid
DELETE	V06.2	Need for prophylactic vaccination and inoculation, DPT with Typhoid/Paratyphoid

NOTE: CHANGE ICD-9-CM CODES "V02-V03, V04.0, V04.2-V04.6, V04.8, V05-V06"
TO "V02, V03.2, V03.5-V03.9, V04.0, V04.2-V04.3, V04.6, V04.81- V04.82,
V05.0-V05.1, V05.3, V05.8, V06.1, V06.3-V06.6, V06.9".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148

ADD	11043	DEBRIDEMENT OF SKIN, SUBQ AND MUSCLE
ADD	11044	DEBRIDEMENT OF SKIN, SUBQ, MUSCLE AND BONE
ADD	27236	TREAT THIGH FRACTURE
ADD	27301	INCISION AND DRAINAGE, DEEP ABSCESS OR BURSA, THIGH/KNEE
ADD	27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR/KNEE
ADD	27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE REMOVAL OF FOREIGN BODY
ADD	43870	CLOSURE OF GASTROSTOMY
ADD	49002	REOPENING OF ABDOMEN
ADD	49422	REMOVE PERM CANNULA/CATHETER

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMBS INCLUDING BLOOD VESSELS

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 149

ADD	728.88	Rhabdomyolysis
ADD	959.13	Fracture of corpus cavernosum penis

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART

Treatment: CARDIAC TRANSPLANT

Line: 157

ADD	414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart
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NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE 414.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: ASTHMA

Treatment: MEDICAL THERAPY

Line: 159

ADD	493.81	Exercise induced brochospasm
ADD	493.82	Cough variant asthma

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 493.8, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE

Treatment: MEDICAL THERAPY, DIALYSIS

Line: 166

ADD	785.59	Other shock without mention of trauma
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Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN

Treatment: MEDICAL THERAPY

Line: 176

ADD	282.41	Sickle-cell thalassemia without crisis
ADD	282.42	Sickle-cell thalassemia with crisis
ADD	282.49	Other thalassemia
ADD	282.64	Sickle-cell/Hb-C disease with crisis
ADD	282.68	Other sickle-cell disease without crisis
ADD	289.52	Splenic sequestration
ADD	289.81	Primary hypercoagulable state
ADD	289.82	Secondary hypercoagulable state
ADD	289.89	Other specified diseases of blood and blood-forming organs

NOTE: THE FIRST SIX NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 282.4 AND 282.6, WHICH ALREADY APPEAR ON THIS LINE. ALSO ADD ICD-9-CM CODE 289.8, WHICH SUBSUMES THE LAST THREE FIFTH-DIGIT CODES LISTED.

Diagnosis: FRACTURE OF HIP, CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 180

ADD	27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE
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Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA

Treatment: BONE MARROW TRANSPLANT

Line: 182

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

Line: 183

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10
(See Guideline Note)

Treatment: MEDICAL THERAPY

Line: 184

DELETE	V03.0	Need for prophylactic vaccination and inoculation, Cholera
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Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10
(See Guideline Note)

Treatment: MEDICAL THERAPY

Line: 184 (CONT'D)

DELETE	V03.1	Need for prophylactic vaccination and inoculation, Typhoid/Paratyphoid
DELETE	V03.3	Need for prophylactic vaccination and inoculation, Plague
DELETE	V03.4	Need for prophylactic vaccination and inoculation, Tularemia
DELETE	V04.1	Need for prophylactic vaccination and inoculation, Smallpox
DELETE	V04.4	Need for prophylactic vaccination and inoculation, Yellow Fever
DELETE	V04.5	Need for prophylactic vaccination and inoculation, Rabies
DELETE	V04.8	Need for prophylactic vaccination and inoculation, Influenza and other viral diseases
ADD	V04.81	Need for prophylactic vaccination and inoculation, Influenza
DELETE	V05.2	Need for prophylactic vaccination and inoculation, Leishmaniasis
DELETE	V05.4	Need for prophylactic vaccination and inoculation, Varicella
DELETE	V06.0	Need for prophylactic vaccination and inoculation, Cholera with Typhoid/Paratyphoid
DELETE	V06.2	Need for prophylactic vaccination and inoculation, DPT with Typhoid/Paratyphoid
DELETE	V06.8	Need for prophylactic vaccination and inoculation, other combinations (bacterial)

NOTE: CHANGE ICD-9-CM CODES "V02-V03, V04.0, V04.2-V04.6, V04.8, V05-V06" TO "V02, V03.2, V03.5-V03.9, V04.0-V04.3, V04.6, V04.81-V04.82, V05.0-V05.1, V05.3, V05.8, V06.1, V06.3-V06.6, V06.9".

Diagnosis: CANCER OF THYROID, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING CHEMOTHERAPY AND RADIATION THERAPY

Line: 193

DELETE	192	Malignant neoplasm of other parts of nervous system
ADD	193	Malignant neoplasm of thyroid gland

Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANT

Line: 200

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: MULTIPLE MYELOMA
Treatment: BONE MARROW TRANSPLANT
Line: 213

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 216

DELETE	357.81	Chronic inflammatory demyelinating polyneuritis
DELETE	357.82	Critical illness polyneuropathy
DELETE	357.89	Other inflammatory and toxic neuropathy
DELETE	359.81	Critical illness myopathy
DELETE	359.89	Other myopathies

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
Line: 219

ADD	277.81	Primary carnitine deficiency
ADD	277.82	Carnitine deficiency due to inborn errors of metabolism
ADD	277.83	Iatrogenic carnitine deficiency
ADD	277.84	Other secondary carnitine deficiency
ADD	277.89	Other specified disorders of metabolism
ADD	331.11	Pick's disease
ADD	331.19	Other frontotemporal dementia
ADD	331.82	Dementia with Lewy bodies
ADD	348.30	Encephalopathy, unspecified
ADD	348.31	Metabolic encephalopathy
ADD	348.39	Other encephalopathy
ADD	62351	IMPLANTATION/REVISION OF INTRATHECAL CATHETER FOR MEDICATION VIA PUMP, WITH LAMINECTOMY
ADD	62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL CATHETER

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY APPEAR ON THIS LINE. CHANGE CPT CODE LISTING "62350" TO THE RANGE "62350-62355".

Diagnosis: ESOPHAGEAL STRICTURE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 220

ADD	43248	ESOPH ENDOSCOPY, DILATION W/WIRE
ADD	43249	ESOPH ENDOSCOPY, DILATION

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Diagnosis: CANCER OF SOFT TISSUE, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 227

ADD 22900 REMOVE ABDOMINAL WALL LESION

Diagnosis: CANCER OF BREAST, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INLCUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION

Line: 228

ADD 38500 BIOPSY/REMOVAL, LYMPH NODES
ADD 38505 BIOPSY/REMOVAL, LYMPH NODES
ADD 38510 BIOPSY/REMOVAL, LYMPH NODES
ADD 38520 BIOPSY/REMOVAL, LYMPH NODES

NOTE: ADD CPT RANGE "38500-38520".

Diagnosis: CANCER OF BONES, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 234

ADD 27334 REMOVE KNEE JOINT LINING
ADD 27335 REMOVE KNEE JOINT LINING

Diagnosis: CANCER OF BLADDER AND URETER, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 235

ADD 52332 CYSTOSCOPY AND TREATMENT

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 237

ADD 69110 REMOVE EXTERNAL EAR, PARTIAL

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY

Line: 252

ADD 43226 ESOPH ENDOSCOPY, DILATION
DELETE 43626 INVALID CODE

Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
Treatment: MEDICAL THERAPY

Line: 253

ADD 277.81 Primary carnitine deficiency

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Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA

Treatment: MEDICAL THERAPY

Line: 253 (CONT'D)

ADD 277.82 Carnitine deficiency due to inborn errors of
metabolism
ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.84 Other secondary carnitine deficiency
ADD 277.89 Other specified disorders of metabolism

NOTE: ADD ICD-9-CM CODE 289.8, WHICH SUBSUMES THE FIFTH-DIGIT CODES LISTED.

Diagnosis: DIVERTICULITIS OF COLON

Treatment: COLON RESECTION, MEDICAL THERAPY

Line: 259

ADD 44626 REPAIR BOWEL OPENING

NOTE: CHANGE CPT RANGE "44620-44625" TO "44620-44626".

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 264

ADD 414.07 Coronary atherosclerosis, of bypass graft (artery)
(vein) of transplanted heart

NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 414.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS

Treatment: EXCISION OF POLYP

Line: 269

ADD 44145 PARTIAL REMOVAL OF COLON

Diagnosis: ANOGENITAL VIRAL WARTS

Treatment: MEDICAL THERAPY

Line: 272

DELETE 078 Other diseases due to viruses and Chlamydia
ADD 078.1 Viral warts

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 273

DELETE 31540 LARYNGOSCOPY, DIRECT, OPERATIVE
DELETE 31541 LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING
MICROSCOPE
DELETE 43248 UGI ENDOSCOPY WITH INSERTION OF GUIDEWIRE FOLLOWED
BY DILATION

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Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 273

DELETE	43249	UGI ENDOSCOPY WITH BALLOON DILATION OF ESOPHAGUS
DELETE	43250	UGI ENDOSCOPY WITH REMOVAL OF LESION BY HOT BIOPSY FORCEPS
DELETE	43631	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTRODUODENOSTOMY
DELETE	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY
DELETE	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION
DELETE	43634	GASTRECTOMY, PARTIAL, DISTAL, WITH FORMATION OF INTESTINAL POUCH
ADD	44300	ENTEROSTOMY OR CECOSTOMY
ADD	44310	ILEOSTOMY OR JEJUNOSTOMY
ADD	44312	REVISE ISEOSTOMY
ADD	44314	REVISE ILEOSTOMY
ADD	44316	CONTINENT ISEOSTOMY
ADD	44320	COLOSTOMY
ADD	44322	COLOSTOMY
ADD	44340	REVISE COLOSTOMY
ADD	44346	REVISE COLOSTOMY

NOTE: CHANGE THE CPT LISTING OF "44345" TO THE RANGE "44300-44346".

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 280

ADD	37202	TRANSCATHETER THERAPY INFUSE
ADD	61615	RESECT/EXCISE LESION, SKULL

Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION
Treatment: MEDICAL THERAPY/ADRENALECTOMY

Line: 283

ADD	255.10	Primary aldosteronism
ADD	255.11	Glucocorticoid-remediable aldosteronism
ADD	255.12	Conn's syndrome
ADD	255.13	Bartter's syndrome
ADD	255.14	Other secondary aldosteronism

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 255.1, WHICH ALREADY APPEARS ON THIS LINE.

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Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF
INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 296

ADD 44640 REPAIR BOWEL-SKIN FISTULA

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 299

ADD 36536 REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM
CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS

ADD 36537 REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM
CENTRAL VENOUS DEVICE VIA DEVICE LUMEN

ADD 996.57 Complication, Due to insulin pump

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note)

Treatment: CLEANING AND FLUORIDE

Line: 301

ADD D0180 COMPREHENSIVE PERIODONTAL EVALUATION

Diagnosis: ATRIAL SEPTAL DEFECT, SECUNDUM

Treatment: REPAIR SEPTAL DEFECT

Line: 318

ADD 33647 REPAIR HEART SEPTUM DEFECTS

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC
CONDITIONS (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND
ORTHOPEDIC PROCEDURE)

Line: 336

ADD 14040 SKIN TISSUE REARRANGEMENT

ADD 26442 RELEASE PALM & FINGER TENDON

ADD 26490 REVISE THUMB TENDON

ADD 277.81 Primary carnitine deficiency

ADD 277.82 Carnitine deficiency due to inborn errors of
metabolism

ADD 277.83 Iatrogenic carnitine deficiency

ADD 277.84 Other secondary carnitine deficiency

ADD 277.89 Other specified disorders of metabolism

ADD 331.11 Pick's disease

ADD 331.19 Other frontotemporal dementia

ADD 331.82 Dementia with Lewy bodies

ADD 348.30 Encephalopathy, unspecified

ADD 348.31 Metabolic encephalopathy

ADD 348.39 Other encephalopathy

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY APPEAR ON THIS
LINE.

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Diagnosis: DISORDERS OF ARTERIES, VISCERAL

Treatment: BYPASS GRAFT

Line: 341

ADD 34151 REMOVAL OF ARTERY CLOT
ADD 35471 REPAIR ARTERIAL BLOCKAGE
ADD 35480 ATHERECTOMY, OPEN

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 348

ADD 35490 ATHERECTOMY, PERCUTANEOUS

Diagnosis: CHRONIC ULCER OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 354

ADD 28122 OSTECTOMY, OTHER METATARSAL HEAD
ADD 37700 LIGATION/DIVISION OF LONG SAPHENOUS VEIN
ADD 37720 LIGATION/DIVISION/COMPLETE STRIPPING, LONG OR SHORT SAPHENOUS VEINS
ADD 37730 LIGATION/DIVISION/COMPLETE STRIPPING, LONG AND SHORT SAPHENOUS VEINS
ADD 37735 LIGATION/DIVISION/COMPLETE STRIPPING, SAPHENOUS VEINS, WITH EXCISION OF ULCER
ADD 37760 LIGATION OF PERFORATOR VEINS, RADICAL, W/ OR W/O SKIN GRAFT
ADD 37780 LIGATION/DIVISION OF SHORT SAPHENOUS VEIN
ADD 37785 LIGATION/DIVISION/EXCISION OF RECURRENT/SECONDARY VARICOSE VEINS

NOTE: ADD CPT RANGE "37700-37785".

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 355

ADD 11000 DEBRIDE INFECTED SKIN
ADD 11001 DEBRIDE INFECTED SKIN ADD-ON
ADD 11010 DEBRIDE SKIN, FX
ADD 11011 DEBRIDE SKIN/MUSCLE, FX
ADD 11012 DEBRIDE SKIN/MUSCLE/BONE, FX
ADD 11040 DEBRIDE SKIN, PARTIAL
ADD 11041 DEBRIDE SKIN, FULL
ADD 11042 DEBRIDE SKIN/TISSUE
ADD 11044 DEBRIDE TISSUE/MUSCLE/BONE
ADD 20005 INCISION OF SOFT TISSUE ABSCESS, DEEP
ADD 28003 TREATMENT OF FOOT INFECTION
ADD 40801 DRAINAGE OF ABSCESS, VESTIBULE OF MOUTH, COMPLEX
ADD 41800 DRAINAGE OF ABSCESS, DENTOALVEOLAR

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Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 355 (CONT'D)

ADD	42000	DRAINAGE OF ABSCESS, PALATE
ADD	46060	INCISION AND DRAINAGE, ISCHIORECTAL ABSCESS
ADD	528.5	Diseases of lips (abscess, cellulitis, fistula, hypertrophy, cheilitis, cheilosis)
ADD	529.0	Glossitis (abscess, ulceration of tongue)
ADD	53040	DRAINAGE OF PERIURETHRAL ABSCESS
ADD	54700	INCISION AND DRAINAGE OF SCROTAL SPACE
ADD	56405	INCISION AND DRAINAGE OF VULVAR OR PERINEAL ABSCESS
ADD	56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS
ADD	60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS
ADD	603.1	Infected hydrocele
ADD	616.3	Bartholin gland abscess
ADD	616.4	Other vulvar abscess

NOTE: CHANGE THE CPT LISTING OF "11043" TO THE RANGE "11000-11044".

Diagnosis: DENTAL SERVICES (EG. INFECTIONS) (See Guideline Note)

Treatment: URGENT AND EMERGENT DENTAL SERVICES

Line: 359

DELETE	D0130	EMERGENCY ORAL EXAMINATION
DELETE	D7110	EXTRACTION OF SINGLE TOOTH
ADD	D7111	EXTRACT CORONAL REMNANTS - DECIDUOUS TOOTH
DELETE	D7120	EXTRACTION OF ADDITIONAL TEETH
DELETE	D7130	REMOVAL OF EXPOSED ROOTS
ADD	D7140	EXTRACT ERUPTED TOOTH/EXPOSED ROOT

Diagnosis: VESICoureTERAL REFLUX

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 366

ADD	50220	REMOVAL OF KIDNEY
ADD	50225	REMOVAL OF KIDNEY
ADD	50234	REMOVAL OF KIDNEY & URETER
ADD	50236	REMOVAL OF KIDNEY & URETER
ADD	50240	PARTIAL REMOVAL OF KIDNEY

NOTE: ADD CPT RANGE "50234-50240".

Diagnosis: CONGENITAL HYDRONEPHROSIS

Treatment: NEPHRECTOMY/REPAIR

Line: 370

ADD	52310	CYSTOSCOPY AND TREATMENT
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Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 371

ADD	35450	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35452	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35454	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35456	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35458	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35459	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35460	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35476	TRANSLUMINAL ANGIOPLASTY, PERC
ADD	35480	TRANSLUMINAL ATHERECTOMY, OPEN
ADD	35481	TRANSLUMINAL ATHERECTOMY, OPEN
ADD	35482	TRANSLUMINAL ATHERECTOMY, OPEN
ADD	35483	TRANSLUMINAL ATHERECTOMY, OPEN
ADD	35484	TRANSLUMINAL ATHERECTOMY, OPEN
ADD	35485	TRANSLUMINAL ATHERECTOMY, OPEN
ADD	35490	TRANSLUMINAL ATHERECTOMY, PERC
ADD	35491	TRANSLUMINAL ATHERECTOMY, PERC
ADD	35492	TRANSLUMINAL ATHERECTOMY, PERC
ADD	35493	TRANSLUMINAL ATHERECTOMY, PERC
ADD	35494	TRANSLUMINAL ATHERECTOMY, PERC
ADD	35495	TRANSLUMINAL ATHERECTOMY, PERC

NOTE: CHANGE THE CPT LISTING OF "35452,35470-35475" TO THE RANGE "35450-35495".

Diagnosis: ESOPHAGITIS

Treatment: MEDICAL THERAPY

Line: 379

ADD	530.20	Ulcer of esophagus without bleeding
ADD	530.21	Ulcer of esophagus with bleeding
ADD	530.85	Barrett's esophagus

NOTE: THE FIRST TWO NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 530.2, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: DEEP OPEN WOUNDS

Treatment: REPAIR

Line: 380

ADD	64893	NERVE GRAFT, ARM OR LEG
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Diagnosis: CLEFT PALATE WITH CLEFT LIP

Treatment: EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS

Line: 382

ADD	42200	RECONSTRUCT CLEFT PALATE
ADD	42205	RECONSTRUCT CLEFT PALATE

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Diagnosis: CLEFT PALATE WITH CLEFT LIP
Treatment: EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 382 (CONT'D)

ADD 42210 RECONSTRUCT CLEFT PALATE
ADD 42281 INSERTION, PALATE PROSTHESIS

NOTE: CHANGE THE CPT LISTING OF "42215" TO THE RANGE "42200-42215".

Diagnosis: CLEFT PALATE
Treatment: REPAIR & PALATOPLASTY, ORTHODONTICS
Line: 383

ADD 30462 REVISION OF NOSE (TIP, SEPTUM AND OSTEOTOMIES)

Diagnosis: CLEFT LIP, CONGENITAL FISTULA OF LIP
Treatment: LIP EXCISION AND REPAIR
Line: 384

ADD 30462 REVISION OF NOSE (TIP, SEPTUM AND OSTEOTOMIES)

Diagnosis: VITREOUS HEMORRHAGE
Treatment: VITRECTOMY
Line: 423

ADD 67040 LASER TREATMENT OF RETINA

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM
INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification
Below)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 440

ADD 52500 REVISION OF BLADDER NECK
DELETE 599.1 Urethral fistula
DELETE 599.2 Urethral diverticulum
DELETE 599.3 Urethral caruncle
DELETE 599.4 Urethral false passage
ADD 600.01 Hypertrophy (benign) of prostate with urinary
obstruction
ADD 600.11 Nodular prostate with urinary obstruction
ADD 600.21 Benign localized hyperplasia of prostate with
urinary obstruction
ADD 600.91 Hyperplasia of prostate, unspecified, with urinary
obstruction
ADD 939.1 Foreign body in uterus, any part

NOTE: CHANGE THE ICD-9-CM LISTING OF "600" TO "600.01,600.11,600.21, 600.91".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: HEREDITARY IMMUNE DEFICIENCY

Treatment: BONE MARROW TRANSPLANT

Line: 445

ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 446

ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE
ADD G0267 BONE MARROW OR PERIPHERAL STEM CELL HARVEST, MOD OR TREATMENT TO ELIMINATE CELL TYPES

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION

Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)

Line: 455

ADD 277.81 Primary carnitine deficiency
ADD 277.82 Carnitine deficiency due to inborn errors of metabolism
ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.84 Other secondary carnitine deficiency
ADD 277.89 Other specified disorders of metabolism
ADD 331.11 Pick's disease
ADD 331.19 Other frontotemporal dementia
ADD 331.82 Dementia with Lewy bodies
ADD 348.30 Encephalopathy, unspecified
ADD 348.31 Metabolic encephalopathy
ADD 348.39 Other encephalopathy

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

Line: 456

ADD 277.81 Primary carnitine deficiency
ADD 277.82 Carnitine deficiency due to inborn errors of metabolism

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC
CONDITIONS

Treatment: MEDICAL THERAPY

Line: 456 (CONT'D)

ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.84 Other secondary carnitine deficiency
ADD 277.89 Other specified disorders of metabolism
ADD 331.11 Pick's disease
ADD 331.19 Othere frontotemporal dementia
ADD 331.82 Dementia with Lewy bodies
ADD 348.30 Encephalopathy, unspecified
ADD 348.31 Metabolic encephalopathy
ADD 348.39 Other encephalopathy

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY APPEAR ON THIS
LINE.

Diagnosis: OTOSCLEROSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 458

DELETE 060.4 Invalid code

Diagnosis: MIGRAINE HEADACHES

Treatment: MEDICAL THERAPY

Line: 459

ADD 97799 PHYSICAL MEDICINE PROCEDURE

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 469

ADD 29130 APPLICATION OF FINGER SPLINT, STATIC
ADD 29131 APPLICATION OF FINGER SPLINT, DYNAMIC

NOTE: CHANGE THE CPT LISTING OF "29105,29125,29121" TO THE RANGE
"29105-29131".

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE
AND SHOULDER

Treatment: SURGICAL TREATMENT

Line: 484

ADD 29065 APPLICATION OF LONG ARM CAST

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)
Treatment: OPEN OR CLOSED REDUCTION
Line: 486

ADD 20680 REMOVAL OF SUPPORT IMPLANT
ADD 24620 TREAT ELBOW FRACTURE
ADD 26676 PIN HAND DISLOCATION
ADD 27828 REPAIR LOWER LEG FRACTURE
ADD 29065 APPLICATION OF LONG ARM CAST

Diagnosis: PULMONARY FIBROSIS
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 490

ADD 517.3 Acute chest syndrome

NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE 517, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: MYASTHENIA GRAVIS
Treatment: MEDICAL THERAPY, THYMECTOMY
Line: 499

ADD 358.00 Myasthenia gravis without (acute)
ADD 358.01 Myasthenia gravis with (acute) exacerbation

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 358.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: CANCER OF ESOPHAGUS, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 500

ADD 31540 OPERATIVE LARYNGOSCOPY

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) (See Guideline Note)
Treatment: BASIC RESTORATIVE
Line: 507

DELETE D2110 AMALGAM RESTORATION, PRIMARY
DELETE D2120 AMALGAM RESTORATION, PRIMARY
DELETE D2130 AMALGAM RESTORATION, PRIMARY
DELETE D2131 AMALGAM RESTORATION, PRIMARY
DELETE D2336 COMPOSITE RESIN CROWN, ANTERIOR
DELETE D2337 RESIN-BASED COMPOSITE CROWN, ANTERIOR PERMANENT
ADD D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline Note)
Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS
Line: 508

ADD D4342 PERIODONTAL SCALING/PLANE ROOT, 1-3 TEETH

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: DISRUPTION OF LIGAMENTS AND TENDONS, ARMS AND LEGS, EXCLUDING KNEE, GRADES II AND III

Treatment: REPAIR

Line: 516

ADD 25310 TRANSPLANT FOREARM TENDON
ADD 29345 APPLICATION OF LONG LEG CAST
ADD 29355 APPLICATION OF LONG LEG CAST, WALKER TYPE
ADD 29358 APPLICATION OF LONG LEG CAST BRACE
ADD 29365 APPLICATION OF CYLINDER CAST
ADD 29405 APPLICATION OF SHORT LEG CAST
ADD 29425 APPLICATION OF SHORT LEG CAST, WALKER TYPE
ADD 29440 ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD 29445 APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD 29505 APPLICATION OF LONG LEG SPLINT
ADD 29515 APPLICATION OF SHORT LEG SPLINT
ADD 29540 STRAPPING, FOOT OR ANKLE
ADD 29705 REMOVAL OR BI-VALVING, FULL LEG CAST
ADD 29730 WINDOWING OF CAST
ADD 29740 WEDGING OF CAST
ADD 727.67 Rupture of Achilles tendon, non-traumatic

NOTE: ADD CPT RANGE "29105-29131". CHANGE ICD-9-CM RANGE "727.68-727.69" TO "727.67-727.69".

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENOUS DISRUPTIONS OF THE KNEE, GRADE II AND III

Treatment: REPAIR, MEDICAL THERAPY

Line: 518

DELETE 27347 REMOVE KNEE CYST

Diagnosis: MALUNION & NONUNION OF FRACTURE

Treatment: SURGICAL TREATMENT

Line: 519

ADD 21462 TREAT LOWER JAW FRACTURE
ADD 23472 RECONSTRUCT SHOULDER JOINT
ADD 28485 TREAT METATARSAL FRACTURE
ADD 28725 FUSION OF FOOT BONES

Diagnosis: FOREIGN BODY IN UTERUS, VULVA, AND VAGINA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 520

DELETE 939.1 Foreign body in uterus, any part

Diagnosis: ABSCESSSES AND CYSTS OF BARTHOLIN'S GLAND AND VULVA

Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

Line: 526

DELETE 56405 INCISION AND DRAINAGE OF VULVAR OR PERINEAL ABSCESS
DELETE 56420 INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS
DELETE 616.3 Bartholin's gland abscess

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: ABSCESSSES AND CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 526 (CONT'D)

DELETE 616.4 Other vulvar abscess

NOTE: CHANGE ICD-9-CM RANGE "616.2-616.9" TO "616.2,616.5-616.9". CHANGE TITLE TO "CYSTS OF BARTHOLIN'S GLAND AND VULVA".

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline Note)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
Line: 528

DELETE D4220 GINGIVAL CURETTAGE
ADD D4241 GINGIVAL FLAP PROCEDURE, 1-3 TEETH
ADD D4261 OSSEOUS SURGERY, 1-3 TEETH

Diagnosis: URINARY INCONTINENCE (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 529

ADD 57260 REPAIR OF VAGINA
DELETE 97110 THERAPEUTIC EXERCISES 30 MIN
DELETE 97112 NEUROMUSCULAR REEDUCATION

NOTE: CHANGE CPT RANGE "97010-97537" TO "97010-97039,97113-97537".

Diagnosis: INCONTINENCE OF FECES
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 538

DELETE 97110 THERAPEUTIC EXERCISES 30 MIN
DELETE 97112 NEUROMUSCULAR REEDUCATION

NOTE: CHANGE CPT RANGE "97010-97537" TO "97010-97039,97113-97537".

Diagnosis: URETHRAL FISTULA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 541

DELETE 53040 DRAINAGE OF PERIURETHRAL ABSCESS

Diagnosis: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 544

ADD 607.85 Peyronie's disease

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OR THE VESTIBULAR SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 549

DELETE 438.6 Alteration in sensation
DELETE 438.7 Disturbance of vision
DELETE 438.83 Facial weakness

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OR THE VESTIBULAR SYSTEM

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 549 (CONT'D)

DELETE	438.84	Ataxia
DELETE	438.85	Vertigo as late effect of cerebrovascular disease

Diagnosis: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION

Treatment: MEDICAL THERAPY

Line: 550

ADD	600.0	Hypertrophy (benign) of prostate without urinary obstruction
ADD	600.1	Nodular prostate without urinary obstruction
ADD	600.2	Benign localized hyperplasia of prostate without urinary obstruction
ADD	600.9	Hyperplasia of prostate, unspecified, without urinary obstruction

NOTE: CHANGE THE ICD-9-CM LISTING OF "600" TO "600.00,600.10,600.20, 600.90".

Diagnosis: BENIGN NEOPLASM BONE & ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 562

ADD	21025	EXCISION OF BONE, LOWER JAW
ADD	21026	EXCISION OF FACIAL BONE(S)
DELETE	D7480	PARTIAL OSTECTOMY

NOTE: CHANGE CPT RANGE "21029-21032" TO "21025-21032".

Diagnosis: STOMATITIS AND DISEASES OF THE LIPS

Treatment: MEDICAL THERAPY

Line: 564

DELETE	10060	INCISION AND DRAINAGE OF ABSCESS, SIMPLE, SINGLE
DELETE	10061	INCISION AND DRAINAGE OF ABSCESS, COMPLICATED OR MULTIPLE
DELETE	20000	INCISION OF SOFT TISSUE ABSCESS, SUPERFICIAL
DELETE	20005	INCISION OF SOFT TISSUE ABSCESS, DEEP
DELETE	40801	DRAINAGE OF ABSCESS, VESTIBULE OF MOUTH, COMPLEX
DELETE	41800	DRAINAGE OF ABSCESS, DENTOALVEOLAR
DELETE	42000	DRAINAGE OF ABSCESS, PALATE
DELETE	528.5	Diseases of the lips (abscess, cellulites, fistula, hypertrophy, cheilitis, cheilosis)
DELETE	529.0	Glossitis (abscess, ulceration of tongue)

NOTE: CHANGE TITLE TO "STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: HYPOTENSION
Treatment: MEDICAL THERAPY
Line: 602

ADD 458.21 Hypotension of hemodialysis
ADD 458.29 Other iatrogenic hypotension

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 458.2, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION
Line: 642

DELETE 603.1 Infected hydrocele

NOTE: CHANGE THE ICD-9-CM LISTING OF "603" TO "603.0, 603.8-603.9".

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I
Treatment: MEDICAL THERAPY
Line: 645

ADD 27347 REMOVE KNEE CYST

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
(See Guideline Note)

Treatment: ELECTIVE DENTAL SERVICES
Line: 700

DELETE D2380 RESIN RESTORATION, POSTERIOR-PRMRY
DELETE D2381 RESIN RESTORATION, POSTERIOR-PRMRY
DELETE D2382 RESIN RESTORATION, POSTERIOR-PRMRY
DELETE D2385 RESIN RESTORATION, POSTERIOR-PERM
DELETE D2386 RESIN RESTORATION, POSTERIOR-PERM
DELETE D2387 RESIN RESTORATION, POSTERIOR-PERM
DELETE D2388 RESIN-BASED COMPOSITE, 4+ SURFACES, POSTERIOR
ADD D2391 RESIN RESTORATION, 1 POSTERIOR SURFACE
ADD D2392 RESIN RESTORATION, 2 POSTERIOR SURFACES
ADD D2393 RESIN RESTORATION, 3 POSTERIOR SURFACES
ADD D2394 RESIN RESTORATION, 4+ POSTERIOR SURFACES

Diagnosis: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
Treatment: MEDICAL THERAPY
Line: 706

ADD 959.11 Other injury of chest wall
ADD 959.12 Other injury of abdomen
ADD 959.14 Other injury of external genitals
ADD 959.19 Other injury of other sites of trunk

NOTE: CHANGE THE ICD-9-CM RANGE "959.0-959.8" TO "959.0, 959.11-959.12, 959.14-959.19, 959.2-959.8".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR
NO TREATMENT NECESSARY

Treatment: EVALUATION

Line: 719

ADD 728.87 Muscle weakness

Diagnosis: SENORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENTS

Treatment: EVALUATION

Line: 721

DELETE 747.47 Invalid code

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)

Treatment: COSMETIC DENTAL SERVICES

Line: 726

DELETE D6519 INLAY/ONLAY-PORCELAIN/CERAMIC
DELETE D6520 RETAINER, INLAY-METALLIC
DELETE D6530 RETAINER, INLAY-METALLIC
DELETE D6543 RETAINER, ONLAY-METALLIC
DELETE D6544 RETAINER, ONLAY-METALLIC
ADD D6600 INLAY-PORCELAIN/CERAMIC, 2 SURFACES
ADD D6601 INLAY-PORCELAIN/CERAMIC, 3+ SURFACES
ADD D6602 INLAY-HIGH NOBLE METAL, 2 SURFACES
ADD D6603 INLAY-HIGH NOBLE METAL, 3+ SURFACES
ADD D6604 INLAY-BASE METAL, 2 SURFACES
ADD D6605 INLAY-BASE METAL, 3+ SURFACES
ADD D6606 INLAY-NOBLE METAL, 2 SURFACES
ADD D6607 INLAY-NOBLE METAL, 3+ SURFACES
ADD D6608 ONLAY-PORCELAIN/CERAMIC, 2 SURFACES
ADD D6609 ONLAY-PORCELAIN/CERAMIC, 3+ SURFACES
ADD D6610 ONLAY-HIGH NOBLE METAL, 2 SURFACES
ADD D6611 ONLAY-HIGH NOBLE METAL, 3+ SURFACES
ADD D6612 ONLAY-BASE METAL, 2 SURFACES
ADD D6613 ONLAY-BASE METAL, 3+ SURFACES
ADD D6614 ONLAY-NOBLE METAL, 2 SURFACES
ADD D6615 ONLAY-NOBLE METAL, 3+ SURFACES

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List**

Diagnosis: RUMINATION DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.53

CPT: 90846-90849, 90887, 99217-99223, 99231-99239, 99251-99263, 99301-99316

HCPCS: H0035, S9484, S9485

Line: 92

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.1

CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 145

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List (Cont'd)**

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.89

CPT: 90801-90815, 90821, 90822, 90828, 90829, 90846-90862, 90882, 90887, 96100, 99201-99275,

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 146

Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 295.1-295.9, 298.4, 299.1, 299.9

CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 162

Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.30-296.36, 298.0

CPT: 90801-90829, 90846-90862, 90870, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 163

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.0-296.1, 296.4-296.8, 296.99, 301.13

CPT: 90801-90829, 90846-90862, 90870, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 164

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note)

Treatment: MEDICAL THERAPY/BREIF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS

ICD-9: 305.1

CPT: 97780-97781, 99071, 99078, 99201-99215, 99372

HCPCS: D1320, G9016, S9075, S9453

Line: 185

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 291.1, 303.9, 304, 305.0, 305.2-305.9

CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 97780, 97781, 99201-99275

HCPCS: H0001, H0002, H0004, H0005, H0006, H0012, H0016, H0020, H0031, H0033, H0034, H0035, H0048, H2035, T1006, T1013, T1016

Line: 187

Diagnosis: MAJOR DEPRESSION; SINGLE EPISODE OR MILD

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.2, 298.0, 311

CPT: 90801-90815, 90821, 90822, 90828, 90829, 90846-90862, 90882, 90887, 96100, 99201-99275

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 188

Diagnosis: OTHER PSYCHOTIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 297.3, 298.1-298.3, 298.9, 299.8

CPT: 90801-90815, 90821, 90822, 90828, 90829, 90846-90862, 90882, 90887, 96100, 99201-99275

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 189

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List (Cont'd)**

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 314

CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 190

Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 308

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 244

Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.21

CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275, G0176, G0177

HCPCS: H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016

Line: 245

Diagnosis: SUBSTANCE-INDUCED DELIRIUM

Treatment: MEDICAL THERAPY

ICD-9: 291.0, 291.3, 291.8-291.9, 292.0, 292.8

CPT: 90816-90819, 90823-90827, 90862, 90887, 97780, 97781, 99217-99223, 99231-99239, 99251-99263

HCPCS: H0001, H0002, H0004, H0005, H0033, H0035, H0048, T1006, T1013

Line: 263

Diagnosis: ADJUSTMENT DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.0, 309.1, 309.23-309.29, 309.3-309.4, 309.82, 309.83, 309.9

CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 266

Diagnosis: OPPOSITIONAL DEFIANT DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.81

CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 267

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.0, 307.2

CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016

Line: 268

New Definitions for Mental Health Care and Chemical Dependency Related Lines Items on the Prioritized List (Cont'd)

Diagnosis: POSTTRAUMATIC STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.81, 309.89

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 304

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.3

CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016

Line: 305

Diagnosis: PANIC DISORDER; AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.01, 300.21-300.22

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 340

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Note)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 312.0-312.2, 312.4, 312.8

CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 376

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.00, 300.02-300.09, 307.46, 313.0

CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 377

Diagnosis: BULIMIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.51, 307.54

CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 378

Diagnosis: PARANOID (DELUSIONAL) DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 297.0-297.2, 297.8-297.9

CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316

HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016

Line: 392

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List (Cont'd)**

Diagnosis: CHRONIC DEPRESSION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.4-300.5
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 425

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5, 291.9, 292.1-292.2, 292.89, 292.9, 303.0
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 97780, 97781, 99201-99275, 99301-99316
HCPCS: H0001, H0002, H0004, H0005, H0016, H0020, H0031, H0033, H0034, H0035, H0048, T1006, T1013, T1016
Line: 426

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.83
CPT: 90801-90807, 90810-90813, 90816-90820, 90823-90827, 90846, 90847, 90853-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0018, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 427

Diagnosis: IDENTITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.82
CPT: 90801, 90802, 90804-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90857, 90882, 90887, 96100, 99201-9215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0034, H0035, T1013, T1016
Line: 428

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.0, 301.22
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0018, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 429

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 433

Diagnosis: FUNCTIONAL ENCOPIRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 434

New Definitions for Mental Health Care and Chemical Dependency Related Lines Items on the Prioritized List (Cont'd)

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.2
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 435

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 436

Diagnosis: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50, 307.54, 307.59
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 462

Diagnosis: DISSOCIATIVE DISORDERS: DEPERSONALIZATION DISORDER; MULTIPLE PERSONALITY DISORDER; DISSOCIATIVE DISORDER NOS; PSYCHOGENIC AMNESIA; PSYCHOGENIC FUGUE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10, 300.12-300.15, 300.6
CPT: 90801-90815, 90821, 90822, 90828, 90829, 90846-90862, 90882, 90887, 96100, 99201-99275
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 463

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 290, 291.2, 292.82-292.84, 293.8, 294.0-294.1, 294.9, 299.00, 299.10, 299.8, 310.1
CPT: 90801, 90804-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 464

Diagnosis: STEREOTYPY/HABIT DISORDER & SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 307.3
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 478

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.81-300.82, 307.80, 307.89, 625.4
CPT: 90801, 90804-90807, 90816-90819, 90823-90827, 90846, 90847, 90853, 90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: H0002, H0004, H0031, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 514

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List (Cont'd)**

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.29
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 535

Diagnosis: IMPULSE DISORDERS (See Guideline Note)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.31-312.39
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 561

Diagnosis: SEXUAL DYSFUNCTION
Treatment: PSYCHOTHERAPY
ICD-9: 302.7
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853-90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, S9484, S9485, T1013, T1016
Line: 563

Diagnosis: FACTITIOUS DISORDERS
Treatment: CONSULTATION
ICD-9: 300.10, 300.16, 300.19, 301.51
CPT: 90801, 90804-90807, 90816-90819, 90823-90827, 90846, 90847, 90853, 90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 608

Diagnosis: HYPOCHONDRIASIS; SOMATIFORM DISORDER; NOS AND UNDIFFERENTIATED
Treatment: CONSULTATION
ICD-9: 300.7, 300.9, 306
CPT: 90801, 90804-90807, 90816-90819, 90823-90827, 90846, 90847, 90853, 90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 609

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 610

Diagnosis: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90801-90807, 90810-90813, 90846-90857, 90882, 90887, 96100, 99201-99215, 99251-99275
HCPCS: G0177, H0002, H0004, H0031, H0034, H0035, T1013, T1016
Line: 627

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003, Made Effective October 1, 2003. (Cont'd)

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List (Cont'd)**

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.0, 301.10-301.12, 301.20-301.21, 301.3-301.4, 301.50, 301.59, 301.6, 301.81-301.82, 301.84, 301.89, 301.9
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 657

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0034, H0035, S9484, S9485, T1013, T1016
Line: 658

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90801, 90804-90807, 90846-90853, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275,
HCPCS: G0176, G0177, H0002, H0004, H0031, H0034, S9484, S9485, T1013, T1016
Line: 701

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 313.1, 313.3, 313.83
CPT: 99201-99215
Line: 724

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004.

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 4

ADD 36838 DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
Line: 5

ADD 32000 THORACENTESIS; PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURISM

Treatment: SURGICAL TREATMENT

Line: 21

ADD 34805 ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM
USING AORTO-UNIILIAC OR AORTO-UNIFEMORAL PROSTHESIS
ADD 35697 REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC
PROSTHESIS, EACH ARTERY

Diagnosis: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY
IN STOMACH, INTESTINES, COLON AND RECTUM

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 23

ADD 43500 GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL
ADD 44615 INTESTINAL STRICTUROPLASTY WITH OR WITHOUT DILATION,
FOR INTESTINAL OBSTRUCTION

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

ADD 34805 ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM
USING AORTO-UNIILIAC OR AORTO-UNIFEMORAL PROSTHESIS
ADD 35697 REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC
PROSTHESIS, EACH ARTERY

Diagnosis: HODGKIN'S DISEASE

Treatment: MEDICAL THERAPY, INCLUDING RADIATION THERAPY

Line: 27

ADD 79403 RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL
ANTIBODY BY INTRAVENOUS INFUSION

Diagnosis: ACUTE OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 35

DELETE 20960 INVALID CODE
ADD 21025 EXCISION OF BONE (EG, OSTEOMYELITIS OR BONE
ABSCESS), MANDIBLE

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

Line: 54

ADD T1015 CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 55

ADD 59070 TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND
GUIDANCE
ADD 59072 FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND
GUIDANCE

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 55 (CONT'D)

ADD	59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS), INCLUDING ULTRASOUND GUIDANCE
ADD	59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE
ADD	59866	MULTIFETAL PREGNANCY REDUCTION
DELETE	G9001	COORDINATED CARE FEE, INITIAL RATE
DELETE	G9002	COORDINATED CARE FEE, MAINTENANCE RATE
DELETE	G9005	INVALID CODE
DELETE	G9006	INVALID CODE
DELETE	G9009	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 3
DELETE	G9010	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 4
DELETE	G9011	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 5
DELETE	G9012	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, OTHER SPECIFIED

Diagnosis: SPINA BIFIDA
Treatment: SURGICAL TREATMENT
Line: 88

ADD	62180	VENTRICULOCISTERNOSTOMY
ADD	62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR
ADD	62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, PLEURAL, OTHER TERMINUS
ADD	62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER
ADD	62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE
ADD	62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPIC METHOD
ADD	62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, JUGULAR, -AURICULAR
ADD	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS
ADD	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER
ADD	62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM
ADD	62252	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT
ADD	62256	REMOVAL OF COMPLETE CSF SYSTEM; WITHOUT REPLACEMENT
ADD	62258	REMOVAL OF COMPLETE CSF SYSTEM; WITH REPLACEMENT OF SIMILAR OR OTHER SHUNT AT SAME OPERATION

Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA
Treatment: SURGICAL TREATMENT
Line: 89

ADD MEDICAL THERAPY CODES

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: RUMINATION DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 92

ADD	90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES
ADD	90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES, WITH E&M SERVICES
ADD	90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES
ADD	90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES, WITH E&M SERVICES
ADD	90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES
ADD	90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES, WITH E&M SERVICE
ADD	90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES
ADD	90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES, WITH WITH E&M SERVICE
DELETE	99301	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MINIMAL
DELETE	99302	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MORE COMPLEX
DELETE	99303	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MOST COMPLEX
DELETE	99311	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER DAY, MINIMAL
DELETE	99312	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER DAY, MORE COMPLEX
DELETE	99313	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, MOST COMPLEX
DELETE	99315	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, LESS THAN 30 MINUTES
DELETE	99316	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, MORE THAN 30 MINUTES
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: BILIARY ATRESIA

Treatment: LIVER TRANSPLANT

Line: 107

DELETE	47134	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR
ADD	47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
Line: 107 (CONT'D)

DELETE	47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY
ADD	47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY

Diagnosis: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
Line: 109

ADD	36825	CREATION OF AV FISTULA BY OTHER THAN DIRECT AV ANASTOMOSIS; AUTOGENOUS GRAFT
DELETE	62825	INVALID CODE

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT
Treatment: LIVER TRANSPLANT
Line: 110

DELETE	47134	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR
ADD	47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY
DELETE	47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY
ADD	47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 113

ADD	29015	APPLICATION OF RISSER JACKET, INCLUDING HEAD
ADD	29025	APPLICATION OF TURNBUCKLE CAST
ADD	29040	APPLICATION OF BODY CAST, INCLUDING HEAD
ADD	29710	REMOVAL OF SHOULDER, HIP, MINERVA OR RISSER CAST
ADD	29715	REMOVAL OF TURNBUCKLE CAST
ADD	29720	REPAIR OF BODY CAST
ADD	63101	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); THORACIC, SINGLE SEGMENT

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 113 (CONT'D)

ADD 63102 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); LUMBAR, SINGLE SEGMENT

ADD 63103 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); THORACIC OR LUMBAR, EACH ADDITIONAL SEGMENT

Diagnosis: FRACTURE OF PELVIS, OPEN OR CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 114

ADD 29035 APPLICATION OF BODY CAST

ADD 29040 APPLICATION OF BODY CAST, INCLUDING HEAD

ADD 29044 APPLICATION OF BODY CAST, INCLUDING ONE THIGH

ADD 29046 APPLICATION OF BODY CAST, INCLUDING BOTH THIGHS

ADD 29305 APPLICATION OF HIP SPICA CAST, ONE LEG

ADD 29325 APPLICATION OF HIP SPICA CAST, 1 1/2 SPICA OR TWO LEGS

ADD 29710 REMOVAL OF SHOULDER, HIP, MINERVA OR RISSER CAST

ADD 29720 REPAIR OF BODY CAST

Diagnosis: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCUS SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ECZEMA HERPETICUM

Treatment: MEDICAL THERAPY

Line: 116

ADD 65780 OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION

ADD 65781 OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT

ADD 65782 OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT

ADD 68371 HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME

Treatment: BONE MARROW TRANSPLANT

Line: 118

DELETE G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE

DELETE G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

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Diagnosis: HODGKIN'S DISEASE
Treatment: BONE MARROW TRANSPLANT
Line: 120

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 122

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: NON-HODGKIN'S LYMPHOMA
Treatment: MEDICAL THERAPY, INCLUDING CHEMOTHERAPY AND RADIATION THERAPY
Line: 123

ADD	79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION
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Diagnosis: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT
Line: 124

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 125

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: SHORT BOWEL SYNDROME
Treatment: INTESTINE/LIVER TRANSPLANT
Line: 128

DELETE	47134	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR
ADD	47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: SHORT BOWEL SYNDROME
Treatment: INTESTINE/LIVER TRANSPLANT
Line: 128 (CONT'D)

DELETE	47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY
ADD	47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME
Treatment: MEDICAL THERAPY
Line: 129

ADD	31645	BRONCHOSCOPY, WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL
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Diagnosis: FRACTURE OF JOINT, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 132

ADD	29035	APPLICATION OF BODY CAST
ADD	29040	APPLICATION OF BODY CAST, INCLUDING HEAD
ADD	29044	APPLICATION OF BODY CAST, INCLUDING ONE THIGH
ADD	29046	APPLICATION OF BODY CAST, INCLUDING BOTH THIGHS
ADD	29049	APPLICATION, CAST; FIGURE OF EIGHT
ADD	29055	APPLICATION, CAST; SHOULDER SPICA
ADD	29058	APPLICATION, CAST; PLASTER VELPEAU
ADD	29065	APPLICATION, CAST; LONG ARM
ADD	29075	APPLICATION, CAST; SHORT ARM
ADD	29085	APPLICATION, CAST; HAND
ADD	29086	APPLICATION, CAST; FINGER
ADD	29305	APPLICATION OF HIP SPICA CAST; ONE LEG
ADD	29325	APPLICATION OF HIP SPICA CAST, 1 1/2 SPICA OR TWO LEGS
ADD	29345	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD	29358	APPLICATION OF LONG LEG CAST BRACE
ADD	29365	APPLICATION OF CYLINDER CAST
ADD	29405	APPLICATION OF SHORT LEG CAST
ADD	29425	APPLICATION OF SHORT LEG CAST, WALKER
ADD	29435	APPLICATION OF PATELLAR TENDON BEARING CAST
ADD	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD	29505	APPLICATION OF LONG LEG SPLINT
ADD	29515	APPLICATION OF SHORT LEG SPLINT
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
ADD	29720	REPAIR OF SPICA, BODY CAST OR JACKET
ADD	29730	WINDOWING OF CAST
ADD	29740	WEDGING OF CAST

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Diagnosis: FRACTURE OF SHAFT OF BONE, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 133

ADD	29035	APPLICATION OF BODY CAST
ADD	29040	APPLICATION OF BODY CAST, INCLUDING HEAD
ADD	29044	APPLICATION OF BODY CAST, INCLUDING ONE THIGH
ADD	29046	APPLICATION OF BODY CAST, INCLUDING BOTH THIGHS
ADD	29049	APPLICATION, CAST; FIGURE OF EIGHT
ADD	29055	APPLICATION, CAST; SHOULDER SPICA
ADD	29058	APPLICATION, CAST; PLASTER VELPEAU
ADD	29065	APPLICATION, CAST; LONG ARM
ADD	29075	APPLICATION, CAST; SHORT ARM
ADD	29085	APPLICATION, CAST; HAND
ADD	29086	APPLICATION, CAST; FINGER
ADD	29105	APPLICATION OF LONG ARM SPLINT
ADD	29125	APPLICATION OF SHORT ARM SPLINT, STATIC
ADD	29126	APPLICATION OF SHORT ARM SPLINT, DYNAMIC
ADD	29130	APPLICATION OF FINGER SPLINT, STATIC
ADD	29131	APPLICATION OF FINGER SPLINT, DYNAMIC
ADD	29305	APPLICATION OF HIP SPICA CAST; ONE LEG
ADD	29325	APPLICATION OF HIP SPICA CAST, 11/2 SPICA OR TWO LEGS
ADD	29345	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD	29358	APPLICATION OF LONG LEG CAST BRACE
ADD	29365	APPLICATION OF CYLINDER CAST
ADD	29405	APPLICATION OF SHORT LEG CAST
ADD	29425	APPLICATION OF SHORT LEG CAST, WALKER
ADD	29435	APPLICATION OF PATELLAR TENDON BEARING CAST
ADD	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD	29505	APPLICATION OF LONG LEG SPLINT
ADD	29515	APPLICATION OF SHORT LEG SPLINT
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
ADD	29720	REPAIR OF SPICA, BODY CAST OR JACKET
ADD	29730	WINDOWING OF CAST
ADD	29740	WEDGING OF CAST

Diagnosis: OPEN FRACTURE OF EPIPHYSIS OF LOWER EXTREMITY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 134

ADD	29035	APPLICATION OF BODY CAST
ADD	29040	APPLICATION OF BODY CAST, INCLUDING HEAD
ADD	29044	APPLICATION OF BODY CAST, INCLUDING ONE THIGH
ADD	29046	APPLICATION OF BODY CAST, INCLUDING BOTH THIGHS
ADD	29305	APPLICATION OF HIP SPICA CAST; ONE LEG
ADD	29325	APPLICATION OF HIP SPICA CAST, 11/2 SPICA OR TWO LEGS

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Diagnosis: OPEN FRACTURE OF EPIPHYSIS OF LOWER EXTREMITY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 134 (CONT'D)

ADD	29045	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD	29358	APPLICATION OF LONG LEG CAST BRACE
ADD	29365	APPLICATION OF CYLINDER CAST
ADD	29505	APPLICATION OF LONG LEG SPLINT
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
ADD	29720	REPAIR OF SPICA, BODY CAST OR JACKET
ADD	29730	WINDOWING OF CAST

Diagnosis: ARTERIAL ANEURISM OF NECK

Treatment: REPAIR

Line: 136

ADD	37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT, (NON-CORONARY VESSEL), PERCUTANEOUS; INITIAL VESSEL
ADD	37206	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT, (NON-CORONARY VESSEL), PERCUTANEOUS; EACH ADDITIONAL VESSEL
ADD	37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT, (NON-CORONARY VESSEL), OPEN; INITIAL VESSEL
ADD	37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT, (NON-CORONARY VESSEL), OPEN; EACH ADDITIONAL VESSEL

Diagnosis: BENIGN NEOPLASM OF BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY

Line: 139

ADD	61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY, SPENOIDECTOMY, WITHOUT MAXILLECTOMY OR ORBITAL EXENTERATION
ADD	61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY, SPENOIDECTOMY, MAXILLECTOMY AND/OR ORBITAL EXENTERATION
ADD	61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OF FRONTAL
ADD	61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OR RESECTION OF FRONTAL LOBE, OSTEOTOMY OF BASE OF ANTERIOR CRANIAL FOSSA
ADD	61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRONTAL AND/OR TEMPORAL LOBES; WITHOUT ORBITAL EXENTERATION

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Diagnosis: BENIGN NEOPLASM OF BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY

Line: 139 (CONT'D)

- ADD 61585 ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRONTAL AND/OR TEMPORAL LOBES; WITH ORBITAL EXENTERATION
- ADD 61586 BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH OR WITHOUT INTERNAL FIXATION, WITHOUT BONE GRAFT
- ADD 61590 INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA, WITH OR WITHOUT DISARTICULATION OF THE MANDIBLE, INCLUDING PAROTIDECTOMY, CRANIOTOMY, DECOMPRESSION AND/OR MOBILIZATION OF THE FACIAL NERVE AND/OR PETROUS CAROTID ARTERY
- ADD 61591 INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING MASTOIDECTOMY, RESECTION OF SIGMOID SINUS, WITH OR WITHOUT DECOMPRESSION AND/OR MOBILIZATION OF CONTENTS OF AUDITORY CANAL
- ADD 61592 ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING OSTEOTOMY OF ZYGOMA, CRANIOTOMY, EXTRA OR INTRADURAL ELEVATION OF TEMPORAL LOBE
- ADD 61595 TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY, DECOMPRESSION OF SIGMOID SINUS AND/OR FACIAL NERVE, WITH OR WITHOUT MOBILIZATION
- ADD 61596 TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHECTOMY, DECOMPRESSION, WITH OR WITHOUT MOBILIZATION OF FACIAL NERVE AND/OR PETROUS CAROTID ARTERY
- ADD 61597 TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING OCCIPITAL CONDYLECTOMY, MASTOIDECTOMY, RESECTION OF C1-C3 VERTEBRAL BODIES, DECOMPRESSION OF VERTEBRAL ARTERY, WITH OR WITHOUT MOBILIZATION
- ADD 61598 TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIOR PETROSAL SINUS AND/OR SIGMOID SINUS

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Guideline Note)

Treatment: MEDICAL THERAPY

Line: 144

- ADD 90802 INTERACTIVE PSYCHIATRIC ASSESSMENT, CHILD
- DELETE BA008 PSYCHIATRIC ASSESSMENT, CHILD
- DELETE BA009 PSYCHOLOGICAL ASSESSMENT, CHILD
- DELETE BA010 MENTAL HEALTH ASSESSMENT, CHILD
- DELETE BA135 ACUTE CARE NON-HOSPITAL FOR PSYCHOTIC
- DELETE BA310 OUTPATIENT A&D ASSESSMENT

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Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Guideline Note)

Treatment: MEDICAL THERAPY

Line: 144 (CONT'D)

DELETE	BA371	INVALID CODE
DELETE	BA382	PSYCHOLOGICAL TESTING FOR METHADONE
ADD	H0001	A&D ASSESSMENT
ADD	H0002	MH ASSESSMENT FOR ADMISSION TO TX PROGRAM
ADD	H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 145

ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM
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Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 146

ADD	90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES
ADD	90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES, WITH E&M SERVICES
ADD	90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES
ADD	90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES, WITH E&M SERVICES
ADD	90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES
ADD	90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES, WITH E&M SERVICE
ADD	90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES
ADD	90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES, WITH E&M SERVICE
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148

DELETE	26931	INVALID CODE
ADD	33233	REMOVAL OF PERMANENT PACEMAKER PULSE
ADD	33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE; DUAL LEAD SYSTEM
DELETE	50640	INVALID CODE

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Diagnosis: CONGENITAL TRICUSPID ATRESIA AND STENOSIS

Treatment: REPAIR

Line: 152

ADD 92992 ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD,
BALLOON

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA

Treatment: SHUNT/REPAIR

Line: 155

ADD 33530 REOPERATION, CORONARY BYPASS PROCEDURE OR VALVE
PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL
PROCEDURE

ADD 33918 REPAIR OF PULMONARY ATRESIA WITH VSD BY
UNIFOCALIZATION OF PULMONARY ARTERIES; WITHOUT CP
BYPASS

ADD 33919 REPAIR OF PULMONARY ATRESIA WITH VSD BY
UNIFOCALIZATION OF PULMONARY ARTERIES; WITH
CP BYPASS

ADD 33920 REPAIR OF PULMONARY ATRESIA WITH VSD BY CONSTRUCTION
OR REPLACEMENT OF CONDUIT FROM RIGHT OR LEFT
VENTRICLE TO PULMONARY ARTERY

Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 162

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 163

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 164

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: BURN, FULL THICKNESS, GREATER THAN 10% BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 165

ADD 65780 OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE
TRANSPLANTATION

ADD 65781 OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL
ALLOGRAFT

ADD 65782 OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL
AUTOGRAFT

ADD 68371 HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

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Diagnosis: DISORDERS OF FLUID, ELECTROLYTE AND ACID-BASE BALANCE

Treatment: MEDICAL THERAPY, DIALYSIS

Line: 166

ADD 36838 DISTAL REVASCULARIZATION AND INTERVAL LIGATION
(DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS

Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

Line: 169

DELETE 61130 INVALID CODE
ADD 61516 CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY;
FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL

Diagnosis: END-STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 178

ADD 36838 DISTAL REVASCULARIZATION AND INTERVAL LIGATION
(DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER

Treatment: LIVER TRANSPLANT

Line: 179

DELETE 47134 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR
ADD 47140 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; LEFT
LATERAL SEGMENT ONLY
ADD 47141 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL LEFT
LOBECTOMY
ADD 47142 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL
RIGHT LOBECTOMY

Diagnosis: FRACTURE OF HIP, CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 180

ADD 29035 APPLICATION OF BODY CAST
ADD 29040 APPLICATION OF BODY CAST, INCLUDING HEAD
ADD 29044 APPLICATION OF BODY CAST, INCLUDING ONE THIGH
ADD 29046 APPLICATION OF BODY CAST, INCLUDING BOTH THIGHS
ADD 29700 REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD 29710 REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA,
MINERVA OR RISSER
ADD 29720 REPAIR OF SPICA, BODY CAST OR JACKET
ADD 29730 WINDOWING OF CAST

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA
Treatment: BONE MARROW TRANSPLANT
Line: 182

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA
Treatment: BONE MARROW TRANSPLANT
Line: 183

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10
(See Guideline Note)
Treatment: MEDICAL THERAPY
Line: 184

ADD	90802	INTERACTIVE PSYCHIATRIC ASSESSMENT, CHILD
DELETE	BA108	PSYCHIATRIC ASSESSMENT, ADULT
DELETE	BA109	PSYCHOLOGICAL ASSESSMENT, ADULT
DELETE	BA110	MENTAL HEALTH ASSESSMENT, ADULT
DELETE	BA150	MENTAL HEALTH ASSESSMENT FOR JOBS PROGRAM
DELETE	BA310	OUTPATIENT A&D ASSESSMENT
DELETE	BA371	INVALID CODE
DELETE	BA382	PSYCHOLOGICAL TESTING FOR METHADONE
ADD	H0001	A&D ASSESSMENT
ADD	H0002	MH ASSESSMENT FOR ADMISSION TO TX PROGRAM
ADD	H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 187

ADD	J3490	BUPRENORPHINE
ADD	T1502	ADMINISTRATION OF BUPRENORPHINE
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: MAJOR DEPRESSION, SINGLE EPISODE OR MILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 188

ADD	90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES
ADD	90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES, WITH E&M SERVICES

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Diagnosis: MAJOR DEPRESSION, SINGLE EPISODE OR MILD

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 188 (CONT'D)

ADD	90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES
ADD	90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES, WITH E&M SERVICES
ADD	90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES
ADD	90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 20-30 MINUTES, WITH E&M SERVICE
ADD	90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES
ADD	90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE, 45-50 MINUTES, WITH E&M SERVICE
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: OTHER PSYCHOTIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 189

ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM
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Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANT

Line: 200

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 211

DELETE	20960	INVALID CODE
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Diagnosis: MULTIPLE MYELOMA

Treatment: BONE MARROW TRANSPLANT

Line: 213

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, ETC

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 219

DELETE 333.99 Restless legs syndrome

Diagnosis: CANCER OF SOFT TISSUE, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 227

ADD 15738 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP;
LOWER EXTREMITY

ADD 15740 FLAP; ISLAND PEDICLE

ADD 15750 FLAP; NEUROVASCULAR PEDICLE

ADD 15756 FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS

ADD 15758 FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS

Diagnosis: CANCER OF THE BREAST, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION

Line: 228

ADD 58940 OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL

Diagnosis: CANCER OF BONES, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 234

DELETE 17002 INVALID CODE

ADD 63101 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE,

ADD 63102 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE,

ADD 63103 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); THORACIC OR LUMBAR, EACH ADDITIONAL SEGMENT

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 237

DELETE 42880 INVALID CODE

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Diagnosis: ACUTE STRESS DISORDER
 Treatment: MEDICAL/PSYCHOTHERAPY
 Line: 244

ADD	90849	MULTIPLE FAMILY GROUP THERAPY
ADD	90862	PHARMACOLOGIC MANAGEMENT
DELETE	99301	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MINIMAL
DELETE	99302	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MORE COMPLEX
DELETE	99303	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MOST COMPLEX
DELETE	99311	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER DAY, MINIMAL
DELETE	99312	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER DAY, MORE COMPLEX
DELETE	99313	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, MOST COMPLEX
DELETE	99315	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, LESS THAN 30 MINUTES
DELETE	99316	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, MORE THAN 30 MINUTES
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: SEPARATION ANXIETY DISORDER
 Treatment: MEDICAL/PSYCHOTHERAPY
 Line: 245

ADD	90849	MULTIPLE FAMILY GROUP THERAPY
ADD	90862	PHARMACOLOGIC MANAGEMENT

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
 Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
 Line: 249

ADD	36838	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS
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Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
 Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
 Line: 250

ADD	36838	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS
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Diagnosis: SUBSTANCE INDUCED DELIRIUM
 Treatment: MEDICAL THERAPY
 Line: 263

DELETE	90887	INTERPRETATION OF RESULTS TO FAMILY
DELETE	H0004	BEHAVIORAL HEALTH COUNSELING, PER 15 MINUTES
DELETE	H0005	A&D SERVICES, GROUP COUNSELING
DELETE	T1006	A&D SERVICES, FAMILY COUNSELING
DELETE	T1013	SIGN LANGUAGE OR INTERPRETATION SERVICE, EACH 15 MINUTES
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 265

ADD	64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, CONTINUOUS INFUSION BY CATHETER INCLUDING DAILY MANAGEMENT FOR ANESTHETIC AGENT ADMINISTRATION
ADD	64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS
ADD	64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING: CELIAC PLEXUS
ADD	64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING: SUPERIOR HYPOGASTRIC PLEXUS

Diagnosis: ADJUSTMENT DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 266

ADD	90849	MULTIPLE FAMILY GROUP THERAPY
ADD	90862	PHARMACOLOGIC MANAGEMENT

Diagnosis: OPPOSITIONAL DEFIANT DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 267

ADD	99241	OFFICE CONSULTATION, BRIEF
ADD	99242	OFFICE CONSULTATION, LIMITED
ADD	99243	OFFICE CONSULTATION, MODERATE
ADD	99244	OFFICE CONSULTATION, EXPANDED
ADD	99245	OFFICE CONSULTATION, EXTENSIVE
DELETE	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN 24 HOURS

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 268

ADD	99241	OFFICE CONSULTATION, BRIEF
ADD	99242	OFFICE CONSULTATION, LIMITED
ADD	99243	OFFICE CONSULTATION, MODERATE
ADD	99244	OFFICE CONSULTATION, EXPANDED
ADD	99245	OFFICE CONSULTATION, EXTENSIVE
DELETE	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN 24 HOURS

Diagnosis: CANCER OF THE CERVIX, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 274

ADD	58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS
ADD	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS

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Diagnosis: CANCER OF THE CERVIX, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 274 (CONT'D)

ADD 58553 LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250
ADD 58554 LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250

Diagnosis: CANCER OF THE CERVIX, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 274

ADD 58550 LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS
ADD 58552 LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS
ADD 58553 LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250
ADD 58554 LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250

Diagnosis: CANCER OF PROSTATE GLAND, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 276

DELETE 52340 INVALID CODE

Diagnosis: TERMINATION OF PREGNANCY

Treatment: INDUCED ABORTION

Line: 300

DELETE 58611 LIGATION/TRANSECTION OF FALLOPIAN TUBE DONE AT TIME OF C-SECTION OR ABDOMINAL SURGERY
DELETE 59866 MULTIFETAL PREGNANCY REDUCTION

Diagnosis: PREVENTIVE DENTAL SERVICES

Treatment: CLEANING AND FLOURIDE

Line: 301

ADD D0140 LIMITED/PROBLEM FOCUSED DENTAL EXAM
ADD D0170 DENTAL EXAM FOR RE-EVALUATION

Diagnosis: POSTTRAUMATIC STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 304

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: OBSESSIVE COMPULSIVE DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 305

ADD	99241	OFFICE CONSULTATION, BRIEF
ADD	99242	OFFICE CONSULTATION, LIMITED
ADD	99243	OFFICE CONSULTATION, MODERATE
ADD	99244	OFFICE CONSULTATION, EXPANDED
ADD	99245	OFFICE CONSULTATION, EXTENSIVE
DELETE	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN 24 HOURS

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITH MENTION OF
IMPAIRMENT OF CONSCIOUSNESS

Treatment: SINGLE FOCAL SURGERY

Line: 307

ADD	61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY
ADD	61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY
ADD	61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY
ADD	61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS, WITH ELECTROCORTICOGRAPHY DURING SURGERY
DELETE	61862	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY FOR STEREOTACTIC IMPLANTATION OF ONE NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE; WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING
ADD	61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY FOR STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE; WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY
ADD	61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY FOR STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE; WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; EACH ADDITIONAL ARRAY
ADD	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY FOR STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE; WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY
ADD	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY FOR STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE; WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; EACH ADDITIONAL ARRAY

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Diagnosis: ATELECTASIS
Treatment: MEDICAL THERAPY
Line: 320

ADD 31646 BRONCHOSCOPY, WITH THERAPEUTIC ASPIRATION OF
TRACHEOBRONCHIAL TREE, SUBSEQUENT

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC
CONDITIONS (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND
ORTHOPEDIC PROCEDURE)
Line: 336

DELETE 25330 INVALID CODE
DELETE 25331 INVALID CODE

Diagnosis: PANIC DISORDER, AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 340

DELETE 99301 E&M, ANNUAL NURSING FACILITY ASSESSMENT, MINIMAL
DELETE 99302 E&M, ANNUAL NURSING FACILITY ASSESSMENT, MORE
COMPLEX
DELETE 99303 E&M, ANNUAL NURSING FACILITY ASSESSMENT, MOST
COMPLEX
DELETE 99311 E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER
DAY, MINIMAL
DELETE 99312 E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER
DAY, MORE COMPLEX
DELETE 99313 E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, MOST
COMPLEX
DELETE 99315 E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT,
LESS THAN 30 MINUTES
DELETE 99316 E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT,
MORE THAN 30 MINUTES
ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 348

ADD 35697 REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC
PROSTHESIS, EACH ARTERY
ADD 37205 TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT,
(NON-CORONARY VESSEL), PERCUTANEOUS; INITIAL VESSEL
ADD 37206 TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT,
(NON-CORONARY VESSEL), PERCUTANEOUS; EACH ADDITIONAL
VESSEL
ADD 37207 TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT,
(NON-CORONARY VESSEL), OPEN; INITIAL VESSEL
ADD 37208 TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT,
(NON-CORONARY VESSEL), OPEN; EACH ADDITIONAL VESSEL

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Diagnosis: CANCER OF SKIN, NON-MELANOMA, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 349

ADD	11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNKS, ARMS OR LEGS; DIAMETER 0.6 TO 1.0 CM
ADD	11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNKS, ARMS OR LEGS; DIAMETER 1.1 TO 2.0 CM
ADD	11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNKS, ARMS OR LEGS; DIAMETER GREATER THAN 2.0 CM
ADD	11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; DIAMETER 0.5 CM OR LESS
ADD	11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; DIAMETER 0.6 TO 1.0CM
ADD	11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; DIAMETER 1.1 TO 2.0 CM
ADD	11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; DIAMETER GREATER THAN 2.0 CM
ADD	11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS; DIAMETER 0.5 CM OR LESS
ADD	11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS; DIAMETER 0.6 TO 1.0CM
ADD	11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS; DIAMETER 1.1 TO 2.0 CM
ADD	11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS; DIAMETER GREATER THAN 2.0 CM

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 355

ADD	23030	INCISION AND DRAINAGE, SHOULDER AREA, DEEP ABSCESS OR HEMATOMA
ADD	23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA
ADD	26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA
ADD	56740	EXCISION OF BARTHOLIN GLAND OR CYST

Diagnosis: DENTAL CARIES (PERIAPICAL INFECTION)

Treatment: SURGERY

Line: 358

DELETE	21205	INVALID CODE
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Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 359

DELETE D0140 LIMITED/PROBLEM FOCUSED DENTAL EXAM
DELETE D0170 DENTAL EXAM FOR RE-EVALUATION

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS
Treatment: MEDICAL THERAPY, BURN TREATMENT
Line: 365

DELETE 16042 INVALID CODE

Diagnosis: URETERAL OBSTRUCTION OR STRICTURE; HYDRONEPHROSIS; HYDROURETER
Treatment: SURGICAL AND MEDICAL THERAPY
Line: 369

ADD 51535 CYSTOTOMY FOR EXCISION, INCISION OR REPAIR OF
URETEROCELE

Diagnosis: CONGENITAL HYDRONEPHROSIS
Treatment: NEPHRECTOMY/REPAIR
Line: 370

ADD 51535 CYSTOTOMY FOR EXCISION, INCISION OR REPAIR OF
URETEROCELE

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 371

ADD 35510 BYPASS GRAFT, WITH VEIN, CAROTID-BRACHIAL
ADD 35512 BYPASS GRAFT, WITH VEIN, SUBCLAVIAN-BRACHIAL
ADD 35522 BYPASS GRAFT, WITH VEIN, AXILLARY-BRACHIAL
ADD 35525 BYPASS GRAFT, WITH VEIN, BRACHIAL-BRACHIAL

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 376

ADD 99241 OFFICE CONSULTATION, BRIEF
ADD 99242 OFFICE CONSULTATION, LIMITED
ADD 99243 OFFICE CONSULTATION, MODERATE
ADD 99244 OFFICE CONSULTATION, EXPANDED
ADD 99245 OFFICE CONSULTATION, EXTENSIVE
DELETE H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN
24 HOURS

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY
DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 377

ADD 90849 MULTIPLE FAMILY GROUP THERAPY

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Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY
DISORDER, UNSPECIFIED

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 377 (CONT'D)

ADD 90862 PHARMACOLOGIC MANAGEMENT
DELETE H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN
24 HOURS

Diagnosis: BULIMIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 378

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: DEEP OPEN WOUND

Treatment: REPAIR, SURGICAL TREATMENT

Line: 380

ADD 26990 INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA;
DEEP ABSCESS OR HEMATOMA
ADD 57200 COLPORRHAPHY, SUTURE OF INJURY OF VAGINA

Diagnosis: CLEFT PALATE

Treatment: REPAIR & PALATOPLASTY, ORTHODONTICS

Line: 383

DELETE D7110 EXTRACTION - SINGLE TOOTH
ADD D7111 EXTRACTION, CORONAL REMNANTS - DECIDUOUS
DELETE D7120 EXTRACTION - EACH ADDITIONAL TOOTH
ADD D7140 EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT

Diagnosis: PARANOID DELUSIONAL DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 392

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: GLAUCOMA

Treatment: MEDICAL THERAPY

Line: 398

ADD 76514 OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC;
CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL
(DETERMINATION OF CORNEAL)

Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 405

ADD 65780 OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE
TRANSPLANTATION
ADD 65781 OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL
ALLOGRAFT

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Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL THERAPY

Line: 405 (CONT'D)

ADD 65782 OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL
AUTOGRAFT
ADD 68371 HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

Diagnosis: CORNEAL ULCER; SUPERFICIAL INJURY OF THE EYE AND ADNEXA
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY

Line: 408

ADD 65780 OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE
TRANSPLANTATION
ADD 65781 OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL
ALLOGRAFT
ADD 65782 OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL
AUTOGRAFT
ADD 68371 HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

Diagnosis: CATARACT
Treatment: EXTRACTION OF CATARACT

Line: 414

DELETE 743.30 Congenital cataract

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY

Line: 416

ADD 65780 OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE
TRANSPLANTATION
ADD 65781 OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL
ALLOGRAFT
ADD 65782 OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL
AUTOGRAFT
ADD 68371 HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

Diagnosis: CHRONIC DEPRESSION
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 425

ADD 90849 MULTIPLE FAMILY GROUP THERAPY
ADD 90862 PHARMACOLOGIC MANAGEMENT
DELETE H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN
24 HOURS

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 426

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: BORDERLINE PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 427

DELETE	90820	INVALID CODE
DELETE	99301	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MINIMAL
DELETE	99302	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MORE COMPLEX
DELETE	99303	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MOST COMPLEX
DELETE	99311	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER DAY, MINIMAL
DELETE	99312	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, PER DAY, MORE COMPLEX
DELETE	99313	E&M, SUBSEQUENT NURSING FACILITY ASSESSMENT, MOST COMPLEX
DELETE	99315	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, LESS THAN 30 MINUTES
DELETE	99316	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, MORE THAN 30 MINUTES
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: IDENTITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 428

ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM
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Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 429

DELETE	99301	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MINIMAL
DELETE	99302	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MORE COMPLEX
DELETE	99303	E&M, ANNUAL NURSING FACILITY ASSESSMENT, MOST COMPLEX
DELETE	99311	E&M, SUBSEQ NURSING FACILITY ASSESS, MINIMAL
DELETE	99312	E&M, SUBSEQ NURSING FACILITY ASSESS, MODERATE
DELETE	99313	E&M, SUBSEQ NURSING FACILITY ASSESS, COMPLEX
DELETE	99315	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, LESS THAN 30 MINUTES
DELETE	99316	E&M, DISCHARGE DAY NURSING FACILITY ASSESSMENT, MORE THAN 30 MINUTES
ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: SUPERFICIAL INJURIES WITH INFECTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 431

ADD	10121	INCISION AND REMOVAL OF FOREIGN BODY OF SC TISSUES, COMPLICATED
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Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: CONVERSION DISORDER, CHILD

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 433

ADD 99241 OFFICE CONSULTATION, BRIEF
ADD 99242 OFFICE CONSULTATION, LIMITED
ADD 99243 OFFICE CONSULTATION, MODERATE
ADD 99244 OFFICE CONSULTATION, EXPANDED
ADD 99245 OFFICE CONSULTATION, EXTENSIVE

Diagnosis: FUNCTIONAL ENCOPRESIS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 434

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM.

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE
MUTISM

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 435

ADD 90849 MULTIPLE FAMILY GROUP THERAPY
ADD 90862 PHARMACOLOGIC MANAGEMENT

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 436

ADD 99241 OFFICE CONSULTATION, BRIEF
ADD 99242 OFFICE CONSULTATION, LIMITED
ADD 99243 OFFICE CONSULTATION, MODERATE
ADD 99244 OFFICE CONSULTATION, EXPANDED
ADD 99245 OFFICE CONSULTATION, EXTENSIVE

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM
INCLUDING BLADDER OUTLET OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 440

ADD 52310 CYSTOURETROMY, WITH REMOVAL OF FOREIGN BODY,
CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER;
SIMPLE
ADD 53430 URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA
ADD 53431 URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR
URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE
ADD 53440 SLING OPERATION FOR CORRECTION OF MALE URINARY
INCONTINENCE
ADD 53442 REMOVAL OR REVISION OF SLING FOR MALE URINARY
INCONTINENCE
ADD 53444 INSERTION OF TANDEM CUFF
ADD 53445 INSERTION OF INFLATABLE URETHRAL/BLADDER NECK
SPHINCTER, INCLUDING PLACEMENT OF PUMP, RESERVOIR
AND CUFF

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM
INCLUDING BLADDER OUTLET OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 440 (CONT'D)

ADD	53446	REMOVAL OF INFLATABLE URETHRA/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR AND CUFF
ADD	53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR AND CUFF, AT THE SAME OPERATIVE SESSION
ADD	53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR AND CUFF, THROUGH AN INFECTED OPERATIVE FIELD, AT THE SAME
ADD	53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR AND CUFF
ADD	53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY
DELETE	53640	INVALID CODE

Diagnosis: HEREDITARY IMMUNE DEFICIENCY

Treatment: BONE MARROW TRANSPLANT

Line: 445

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 446

DELETE	G0265	CRYOPRESERVATION, FREEZING AND STORAGE
DELETE	G0266	THAWING AND EXPANSION OF FROZEN CELLS

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION

Treatment: MEDICAL THERAPY

Line: 455

DELETE	333.99	Restless legs syndrome
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Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

Line: 456

DELETE	333.99	Restless legs syndrome
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Diagnosis: EATING DISORDER NOS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 462

ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM
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Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: DISSOCIATIVE DISORDERS: DEPERSONALIZATION DISORDER; MULTIPLE PERSONALITY DISORDER; ETC

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 463

ADD 90816 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE
ADD 90817 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE
ADD 90818 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE
ADD 90819 INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, INPATIENT HOSPITAL OR RESIDENTIAL CARE
ADD 90823 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE
ADD 90824 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE
ADD 90826 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE
ADD 90827 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, INPATIENT HOSPITAL OR RESIDENTIAL CARE

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 464

DELETE 90810 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, 20-30 MINUTES
DELETE 90811 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, 20-30 MINUTES, WITH E&M SERVICE
DELETE 90812 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, 45-50 MINUTES
DELETE 90813 INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, 45-50 MINUTES, WITH E&M SERVICE
DELETE 90857 INTERACTIVE GROUP PSYCHOTHERAPY
ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 469

ADD 29049 APPLICATION, CAST; FIGURE OF EIGHT
ADD 29055 APPLICATION, CAST; SHOULDER SPICA
ADD 29058 APPLICATION, CAST; PLASTER VELPEAU
ADD 29065 APPLICATION, CAST; LONG ARM
ADD 29075 APPLICATION, CAST; SHORT ARM
ADD 29085 APPLICATION, CAST; HAND
ADD 29086 APPLICATION, CAST; FINGER
ADD 29105 APPLICATION OF LONG ARM SPLINT
ADD 29125 APPLICATION OF SHORT ARM SPLINT, STATIC
ADD 29126 APPLICATION OF SHORT ARM SPLINT, DYNAMIC
ADD 29130 APPLICATION OF FINGER SPLINT, STATIC

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 469 (CONT'D)

ADD	29131	APPLICATION OF FINGER SPLINT, DYNAMIC
ADD	29305	APPLICATION OF HIP SPICA CAST; ONE LEG
ADD	29325	APPLICATION OF HIP SPICA CAST, 11/2 SPICA OR TWO LEGS
ADD	29345	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD	29358	APPLICATION OF LONG LEG CAST BRACE
ADD	29365	APPLICATION OF CYLINDER CAST
ADD	29405	APPLICATION OF SHORT LEG CAST
ADD	29425	APPLICATION OF SHORT LEG CAST, WALKER
ADD	29435	APPLICATION OF PATELLAR TENDON BEARING CAST
ADD	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD	29505	APPLICATION OF LONG LEG SPLINT
ADD	29515	APPLICATION OF SHORT LEG SPLINT
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
ADD	29720	REPAIR OF SPICA, BODY CAST OR JACKET
ADD	29730	WINDOWING OF CAST
ADD	29740	WEDGING OF CAST

Diagnosis: CLOSED FRACTURE OF PHYSIS OF LOWER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 470

ADD	29305	APPLICATION OF HIP SPICA CAST; ONE LEG
ADD	29325	APPLICATION OF HIP SPICA CAST, 11/2 SPICA OR TWO LEGS
ADD	29345	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD	29358	APPLICATION OF LONG LEG CAST BRACE
ADD	29365	APPLICATION OF CYLINDER CAST
ADD	29405	APPLICATION OF SHORT LEG CAST
ADD	29425	APPLICATION OF SHORT LEG CAST, WALKER
ADD	29435	APPLICATION OF PATELLAR TENDON BEARING CAST
ADD	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD	29505	APPLICATION OF LONG LEG SPLINT
ADD	29515	APPLICATION OF SHORT LEG SPLINT
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
ADD	29720	REPAIR OF SPICA, BODY CAST OR JACKET
ADD	29730	WINDOWING OF CAST
ADD	29740	WEDGING OF CAST

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 471

ADD	29049	APPLICATION, CAST; FIGURE OF EIGHT
ADD	29055	APPLICATION, CAST; SHOULDER SPICA
ADD	29058	APPLICATION, CAST; PLASTER VELPEAU
ADD	29065	APPLICATION, CAST; LONG ARM
ADD	29075	APPLICATION, CAST; SHORT ARM
ADD	29085	APPLICATION, CAST; HAND
ADD	29086	APPLICATION, CAST; FINGER
ADD	29105	APPLICATION OF LONG ARM SPLINT
ADD	29125	APPLICATION OF SHORT ARM SPLINT, STATIC
ADD	29126	APPLICATION OF SHORT ARM SPLINT, DYNAMIC;
ADD	29130	APPLICATION OF FINGER SPLINT, STATIC
ADD	29131	APPLICATION OF FINGER SPLINT, DYNAMIC
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
ADD	29720	REPAIR OF SPICA, BODY CAST OR JACKET
ADD	29730	WINDOWING OF CAST
ADD	29740	WEDGING OF CAST

Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;
CONGENITAL ANOMALIES OF THE EYE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 473

ADD	65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION
ADD	65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT
ADD	65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT
ADD	68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

Diagnosis: STEREOTYPY/HABIT DISORDER & SELF-ABUSIVE BEHAVIOR DUE TO
NEUROLOGICAL DYSFUNCTION

Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL
MODIFICATION

Line: 478

ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM
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Diagnosis: BULLOUS DERMATOSES OF THE SKIN

Treatment: MEDICAL THERAPY

Line: 479

ADD	65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION
ADD	65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: BULLOUS DERMATOSES OF THE SKIN

Treatment: MEDICAL THERAPY

Line: 479 (CONT'D)

ADD 65782 OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL
AUTOGRAFT
ADD 68371 HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 480

ADD 21235 GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR
(INCLUDES OBTAINING GRAFT)

Diagnosis: DISLOCATION/DEFORMITY KNEE AND HIP

Treatment: SURGICAL TREATMENT

Line: 483

ADD 29305 APPLICATION OF HIP SPICA CAST; ONE LEG
ADD 29325 APPLICATION OF HIP SPICA CAST, 1 1/2 SPICA OR TWO
LEGS
ADD 29345 APPLICATION OF LONG LEG CAST
ADD 29355 APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD 29358 APPLICATION OF LONG LEG CAST BRACE
ADD 29365 APPLICATION OF CYLINDER CAST
ADD 29405 APPLICATION OF SHORT LEG CAST
ADD 29425 APPLICATION OF SHORT LEG CAST, WALKER
ADD 29435 APPLICATION OF PATELLAR TENDON BEARING CAST
ADD 29440 ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD 29445 APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD 29505 APPLICATION OF LONG LEG SPLINT
ADD 29515 APPLICATION OF SHORT LEG SPLINT
ADD 29590 DENIS-BROWNE SPLINT STRAPPING
ADD 29700 REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD 29705 REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD 29710 REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA
OR RISSER
ADD 29720 REPAIR OF SPICA, BODY CAST OR JACKET
ADD 29730 WINDOWING OF CAST
ADD 29740 WEDGING OF CAST

Diagnosis: DISLOCATION/DEFORMITY ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE,
SHOULDER

Treatment: SURGICAL TREATMENT

Line: 484

ADD 29049 APPLICATION, CAST; FIGURE OF EIGHT
ADD 29055 APPLICATION, CAST; SHOULDER SPICA
ADD 29058 APPLICATION, CAST; PLASTER VELPEAU
ADD 29075 APPLICATION, CAST; SHORT ARM
ADD 29085 APPLICATION, CAST; HAND
ADD 29086 APPLICATION, CAST; FINGER
ADD 29105 APPLICATION OF LONG ARM SPLINT

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: DISLOCATION/DEFORMITY ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE, SHOULDER

Treatment: SURGICAL TREATMENT

Line: 484 (CONT'D)

ADD	29125	APPLICATION OF SHORT ARM SPLINT, STATIC
ADD	29126	APPLICATION OF SHORT ARM SPLINT, DYNAMIC
ADD	29130	APPLICATION OF FINGER SPLINT, STATIC
ADD	29131	APPLICATION OF FINGER SPLINT, DYNAMIC
ADD	29345	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD	29358	APPLICATION OF LONG LEG CAST BRACE
ADD	29365	APPLICATION OF CYLINDER CAST
ADD	29405	APPLICATION OF SHORT LEG CAST
ADD	29425	APPLICATION OF SHORT LEG CAST, WALKER
ADD	29435	APPLICATION OF PATELLAR TENDON BEARING CAST
ADD	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD	29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, SHORT OR LONG LEG
ADD	29505	APPLICATION OF LONG LEG SPLINT
ADD	29515	APPLICATION OF SHORT LEG SPLINT
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
ADD	29720	REPAIR OF SPICA, BODY CAST OR JACKET
ADD	29730	WINDOWING OF CAST
ADD	29740	WEDGING OF CAST
ADD	29750	WEDGING OF CLUBFOOT CAST

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 485

ADD	20930	ALLOGRAFT FOR SPINE SURGERY, MORSELIZED
ADD	20931	ALLOGRAFT FOR SPINE SURGERY, STRUCTURAL
ADD	20936	AUTOGRAFT FOR SPINE SURGERY, LOCAL, OBTAINED FROM SAME INCISION
ADD	20937	AUTOGRAFT FOR SPINE SURGERY, MORSELIZED, OBTAINED FROM SEPARATE INCISION
ADD	20938	AUTOGRAFT FOR SPINE SURGERY, STRUCTURAL, OBTAINED FROM SEPARATE INCISION
ADD	22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES/DISLOCATIONS, POSTERIOR APPROACH, ONE SEGMENT, LUMBAR
ADD	22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES/DISLOCATIONS, POSTERIOR APPROACH, ONE SEGMENT, CERVICAL
ADD	22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES/DISLOCATIONS, POSTERIOR APPROACH, ONE SEGMENT, THORACIC

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN
WITHOUT SPINAL CORD INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 485 (CONT'D)

- ADD 22328 OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES/DISLOCATIONS, POSTERIOR APPROACH, EACH ADDITIONAL SEGMENT
 - ADD 22532 ARTHODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORASIC
 - ADD 22533 ARTHODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR
 - ADD 22534 ARTHODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORASIC OR LUMBAR, EACH ADDITIONAL SEGMENT
 - ADD 22841 INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES
 - ADD 22842 POSTERIOR SEGMENTAL INSTRUMENTATION; 3-6 VERTEBRAL SEGMENTS
 - ADD 22843 POSTERIOR SEGMENTAL INSTRUMENTATION; 7-12 VERTEBRAL SEGMENTS
 - ADD 22844 POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS
 - ADD 29035 APPLICATION OF BODY CAST
 - ADD 29040 APPLICATION OF BODY CAST, INCLUDING HEAD
 - ADD 29044 APPLICATION OF BODY CAST, INCLUDING ONE THIGH
 - ADD 29046 APPLICATION OF BODY CAST, INCLUDING BOTH THIGHS
 - ADD 29700 REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST
 - ADD 29710 REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER
 - ADD 29720 REPAIR OF SPICA, BODY CAST OR JACKET
-

Diagnosis: FRACTURE OF JOINT, CLOSED, EXCEPT HIP

Treatment: OPEN OR CLOSED REDUCTION

Line: 486

- ADD 23665 CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION
- ADD 23670 CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
- ADD 24635 OPEN TREATMENT OF MONTEGGIA TYPE FRACTURE DISLOCATION AT ELBOW, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
- ADD 25560 CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION
- ADD 25565 CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: FRACTURE OF JOINT, CLOSED, EXCEPT HIP

Treatment: OPEN OR CLOSED REDUCTION

Line: 486 (CONT'D)

ADD 25575 OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA

ADD 29035 APPLICATION OF BODY CAST

ADD 29040 APPLICATION OF BODY CAST, INCLUDING HEAD

ADD 29044 APPLICATION OF BODY CAST, INCLUDING ONE THIGH

ADD 29046 APPLICATION OF BODY CAST, INCLUDING BOTH THIGHS

ADD 29049 APPLICATION, CAST; FIGURE OF EIGHT

ADD 29055 APPLICATION, CAST; SHOULDER SPICA

ADD 29058 APPLICATION, CAST; PLASTER VELPEAU

ADD 29075 APPLICATION, CAST; SHORT ARM

ADD 29085 APPLICATION, CAST; HAND

ADD 29086 APPLICATION, CAST; FINGER

ADD 29105 APPLICATION OF LONG ARM SPLINT

ADD 29125 APPLICATION OF SHORT ARM SPLINT, STATIC

ADD 29126 APPLICATION OF SHORT ARM SPLINT, DYNAMIC

ADD 29130 APPLICATION OF FINGER SPLINT, STATIC

ADD 29131 APPLICATION OF FINGER SPLINT, DYNAMIC

ADD 29305 APPLICATION OF HIP SPICA CAST; ONE LEG

ADD 29325 APPLICATION OF HIP SPICA CAST, 1 1/2 SPICA OR TWO LEGS

ADD 29345 APPLICATION OF LONG LEG CAST

ADD 29355 APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE

ADD 29358 APPLICATION OF LONG LEG CAST BRACE

ADD 29365 APPLICATION OF CYLINDER CAST

ADD 29405 APPLICATION OF SHORT LEG CAST

ADD 29425 APPLICATION OF SHORT LEG CAST, WALKER

ADD 29435 APPLICATION OF PATELLAR TENDON BEARING CAST

ADD 29440 ADDING WALKER TO PREVIOUSLY APPLIED CAST

ADD 29445 APPLICATION OF RIGID TOTAL CONTACT LEG CAST

ADD 29505 APPLICATION OF LONG LEG SPLINT

ADD 29515 APPLICATION OF SHORT LEG SPLINT

ADD 29700 REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST

ADD 29705 REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST

ADD 29710 REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA OR RISSER

ADD 29720 REPAIR OF SPICA, BODY CAST OR JACKET

ADD 29730 WINDOWING OF CAST

ADD 29740 WEDGING OF CAST

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER;

PREMENSTRUAL TENSION SYNDROMES

Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT

Line: 514

ADD H2013 PSYCH HEALTH FACILITY SERVICES, PER DIEM

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: DISRUPTIONS OF LIGAMENTS AND TENDONS OF ARMS AND LEGS, EXCLUDING KNEE, GRADE II AND III

Treatment: REPAIR

Line: 516

ADD	29065	APPLICATION, CAST; LONG ARM
ADD	29075	APPLICATION, CAST; SHORT ARM
ADD	29085	APPLICATION, CAST; HAND
ADD	29086	APPLICATION, CAST; FINGER
ADD	29105	APPLICATION OF LONG ARM SPLINT
ADD	29125	APPLICATION OF SHORT ARM SPLINT, STATIC
ADD	29126	APPLICATION OF SHORT ARM SPLINT, DYNAMIC
ADD	29130	APPLICATION OF FINGER SPLINT, STATIC
ADD	29131	APPLICATION OF FINGER SPLINT, DYNAMIC
ADD	29200	STRAPPING: THORAX
ADD	29220	STRAPPING: LOW BACK
ADD	29240	STRAPPING: SHOULDER
ADD	29260	STRAPPING: ELBOW OR WRIST
ADD	29280	STRAPPING: HAND OR FINGER
ADD	29520	STRAPPING: HIP
ADD	29530	STRAPPING: KNEE
ADD	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST

Diagnosis: INTERNAL DERANGEMENT OF KNEE, GRADE II AND III

Treatment: REPAIR, MEDICAL THERAPY

Line: 518

ADD	29345	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST BRACE, WALKER TYPE
ADD	29358	APPLICATION OF LONG LEG CAST BRACE
ADD	29365	APPLICATION OF CYLINDER CAST
ADD	29405	APPLICATION OF SHORT LEG CAST
ADD	29425	APPLICATION OF SHORT LEG CAST, WALKER
ADD	29435	APPLICATION OF PATELLAR TENDON BEARING CAST
ADD	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD	29505	APPLICATION OF LONG LEG SPLINT
ADD	29530	STRAPPING, KNEE
ADD	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST
ADD	29730	WINDOWING OF CAST
ADD	29740	WEDGING OF CAST

Diagnosis: MALUNION AND NON-UNION OF FRACTURE

Treatment: SURGICAL TREATMENT

Line: 519

ADD	20902	BONE GRAFT ANY DONOR AREA, MAJOR OR LARGE
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Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note)

Treatment: SURGICAL REPAIR

Line: 521

ADD	57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINA WALL
DELETE	57108	INVALID CODE

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 529

DELETE 559.81 Invalid code

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR
Line: 534

ADD 67912 CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION
OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 535

ADD 90849 MULTIPLE FAMILY GROUP THERAPY
ADD 90862 PHARMACOLOGIC MANAGEMENT

Diagnosis: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 555

ADD 29550 STRAPPING; TOES

Diagnosis: IMPULSE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 561

ADD 99241 OFFICE CONSULTATION, BRIEF
ADD 99242 OFFICE CONSULTATION, LIMITED
ADD 99243 OFFICE CONSULTATION, MODERATE
ADD 99244 OFFICE CONSULTATION, EXPANDED
ADD 99245 OFFICE CONSULTATION, EXTENSIVE
DELETE H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN
24 HOURS

Diagnosis: BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING
OSTEOID OSTEOMAS

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 562

ADD 63101 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL
EXTRACAVITARY APPROACH WITH DECOMPRESSION OF
SPINAL CORD AND/OR NERVE ROOTS (EG, FOR TUMOR OR
RETROPULSED BONE FRAGMENTS); THORACIC, SINGLE
SEGMENT
ADD 63102 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL
EXTRACAVITARY APPROACH WITH DECOMPRESSION OF
SPINAL CORD AND/OR NERVE ROOTS (EG, FOR TUMOR OR
RETROPULSED BONE FRAGMENTS); LUMBAR, SINGLE SEGMENT

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING
OSTEOID OSTEOMAS

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 562 (CONT'D)

ADD 63103 VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL
EXTRACAVITARY APPROACH WITH DECOMPRESSION OF
SPINAL CORD AND/OR NERVE ROOTS (EG, FOR TUMOR OR
RETROPULSED BONE FRAGMENTS); THORACIC OR LUMBAR, EACH
ADDITIONAL SEGMENT

Diagnosis: SEXUAL DYSFUNCTION

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 563

ADD 90849 MULTIPLE FAMILY GROUP THERAPY

Diagnosis: PELVIC PAIN SYNDROME; DYSpareunia

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 575

ADD 64517 INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC
PLEXUS

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 594

ADD 64449 INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS,
CONTINUOUS INFUSION BY CATHETER INCLUDING DAILY
MANAGEMENT FOR ANESTHETIC AGENT ADMINISTRATION
DELETE 64520 INJECTION, ANESTHETIC AGENT; LUNBAR OR THORACIC
PARAVERTEBRAL SYMPATHETIC)
DELETE 64530 INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS

Diagnosis: CANCER OF LIVER AND BILE DUCTS

Treatment: LIVER TRANSPLANT
Line: 601

DELETE 47134 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR
ADD 47140 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; LEFT
LATERAL SEGMENT ONLY
ADD 47141 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL LEFT
LOBECTOMY
ADD 47142 DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE
OF ALLOGRAFT; PARTIAL, FROM LIVING DONOR; TOTAL
RIGHT LOBECTOMY

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUE

Treatment: MEDICAL THERAPY

Line: 604

DELETE	D7430	INVALID CODE
DELETE	D7431	INVALID CODE
ADD	D7450	REMOVE BENIGN ODONTOGENIC CYST/TUMOR < 1.25
ADD	D7451	REMOVE BENIGN ODONTOGENIC CYST/TUMOR > 1.25
ADD	D7460	REMOVE BENIGN NONODONTOGENIC CYST/TUMOR < 1.25 CM

Diagnosis: FACTITIOUS DISORDERS

Treatment: CONSULTATION

Line: 608

ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM
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Diagnosis: HYPRCHONDRIASIS; SOMATOFORM DISORDER, NOS AND UNDIFFERENTIATED

Treatment: CONSULTATION

Line: 609

ADD	H2013	PSYCH HEALTH FACILITY SERVICES, PER DIEM
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Diagnosis: CONVERSION DISORDER, ADULT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 610

ADD	99241	OFFICE CONSULTATION, BRIEF
ADD	99242	OFFICE CONSULTATION, LIMITED
ADD	99243	OFFICE CONSULTATION, MODERATE
ADD	99244	OFFICE CONSULTATION, EXPANDED
ADD	99245	OFFICE CONSULTATION, EXTENSIVE

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA

Treatment: SURGICAL TREATMENT

Line: 622

ADD	56306	INVALID CODE
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Diagnosis: PICA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 627

ADD	99241	OFFICE CONSULTATION, BRIEF
ADD	99242	OFFICE CONSULTATION, LIMITED
ADD	99243	OFFICE CONSULTATION, MODERATE
ADD	99244	OFFICE CONSULTATION, EXPANDED
ADD	99245	OFFICE CONSULTATION, EXTENSIVE

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA

Treatment: MEDICAL THERAPY

Line: 628

ADD	333.99	Restless Leg Syndrome
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Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Diagnosis: ERYTHEMA MULTIFORME

Treatment: MEDICAL THERAPY

Line: 631

ADD 65780 OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE
TRANSPLANTATION
ADD 65781 OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL
ALLOGRAFT
ADD 65782 OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL
AUTOGRAFT
ADD 68371 HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND
ANTI-SOCIAL

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 657

ADD 90849 MULTIPLE FAMILY GROUP THERAPY
ADD 90762 PHARMACOLOGIC MANAGEMENT
DELETE H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN
24 HOURS

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS, OTHER PSYCHOSEXUAL
DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 658

ADD 90849 MULTIPLE FAMILY GROUP THERAPY

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY

Line: 688

ADD 37766 STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTRIMITY;
MORE THAN 20 INCISIONS

Diagnosis: CANCER OF VARIOUS SITES WHERE TREATMENT WILL NOT RESULT IN A 5%
FIVE-YEAR SURVIVAL

Treatment: CURATIVE MEDICAL AND SURGICAL TREATMENT

Line: 693

DELETE 42880 INVALID CODE

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Change all cancer lines with a diagnosis description "_____, Treatable" to "_____, where treatment will result in a greater than 5% 5-year survival". For example,

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM & OTHER RESPIRATORY ORGANS, ~~TREATABLE WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL~~

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 275

This will change the diagnosis description of the following lines:
140, 193, 194, 195, 196, 227, 228, 229, 231, 232, 233, 234, 235, 236,
237, 273, 274, 275, 276, 277, 278, 279, 280, 349, 500, 501, 502, and 503.

Changes to Guidelines on the Prioritized List

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 265

Comfort care includes the provision of services or items that give comfort and/or relieve symptoms to patients with a terminal illness ~~pain relief to persons whose choice to forego other types of care will result in death.~~

This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. ~~Specifically, chemotherapy is contraindicated while a cancer patient is enrolled in hospice.~~ Examples of comfort care include:

1. Pain medication and/or pain management devices
2. In-home and day care services and hospice services as defined by OMAP
3. Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)
4. Palliative services for specific symptom relief ~~(e.g. radiation therapy)~~
5. Physician aid in dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications (NOTE: Services related to physician aid in dying are not priced as part of the list and only state funds will be used for their provision)

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 327

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication ~~or radicular symptomatology.~~

Interim Modifications to October 1, 2003, Prioritized List of Health Services; Approved by the Health Services Commission January 22, 2004, Made Effective April 1, 2004. (Cont'd)

Corrected Definition of Line 563

Diagnosis: SEXUAL DYSFUNCTION
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT

ICD-9: 302.7, 607.84
CPT: 54400-54417, 90471-90472, 90780-90799, 90801-90807, 90810-90813, 90846, 90847, 90849, 90853-90862, 90882, 90887, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, S9484, S9485, T1013, T1016
Line: 563

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004.

Diagnosis: BIRTH CONTROL
Treatment: MEDICAL THERAPY
Line: 54

DELETE T1015 CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 55

DELETE V27.0 Single liveborn
DELETE V27.1 Single stillborn
DELETE V27.2 Twins, both liveborn
DELETE V27.3 Twins, one liveborn, one stillborn
DELETE V27.4 Twins, both stillborn
DELETE V27.5 Other multiple birth, all liveborn
DELETE V27.6 Other multiple birth, some liveborn
DELETE V27.7 Other multiple birth, all stillborn
DELETE V27.9 Unspecified outcome of delivery
ADD V72.40 Pregnancy examination or test, pregnancy unconfirmed
ADD V72.41 Pregnancy examination or test, negative
ADD S2411 FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TWIN TRANSFUSION SYNDROME

NOTE: CHANGE ICD-9-CM CODE RANGE "V27-28" TO "V28". THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE V72.4, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: STERILIZATION
Treatment: VASECTOMY
Line: 93

DELETE 55200 VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS DEFERENS
ADD 55450 LIGATION (PERCUTANEOUS) OF VAS DEFERENS

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
 Treatment: BONE MARROW TRANSPLANT
 Line: 118

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
 ALLOGENEIC

Diagnosis: HODGKIN'S DISEASE
 Treatment: BONE MARROW TRANSPLANT
 Line: 120

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
 ALLOGENEIC

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA
 Treatment: MEDICAL THERAPY
 Line: 121

ADD S9355 HOME INFUSION THERAPY; CHELATION THERAPY

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS
 Treatment: BONE MARROW TRANSPLANT
 Line: 122

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
 ALLOGENEIC

Diagnosis: NON-HODGKIN'S LYMPHOMA
 Treatment: MEDICAL THERAPY, INCL CHEMO AND RADIATION
 Line: 123

ADD S9355 HOME INFUSION THERAPY; CHELATION THERAPY

Diagnosis: NON-HODGKIN'S LYMPHOMAS
 Treatment: BONE MARROW TRANSPLANT
 Line: 124

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
 ALLOGENEIC

Diagnosis: THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES
 Treatment: BONE MARROW RESCUE AND TRANSPLANT
 Line: 125

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
 ALLOGENEIC
 DELETE 282.41 Sickle-cell thalassemia without crisis
 DELETE 282.42 Sickle-cell thalassemia with crisis
 DELETE 282.49 Other thalassemia
 DELETE 282.60 Sickle-cell disease, unspecified
 DELETE 282.61 Hb-SS disease without crisis
 DELETE 282.62 Hb-SS disease with crisis
 DELETE 282.63 Sickle-cell/Hb-C disease without crisis

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 125 (CONT'D)

DELETE	282.64	Sickle-cell /Hb-C disease with crisis
DELETE	282.68	Other sickle-cell disease without crisis
DELETE	282.69	Other sickle-cell disease with crisis
DELETE	282.7	Other hemoglobinopathies

NOTE: CHANGE DIAGNOSIS DESCRIPTION OF LINE TO "OSTEOPETROSIS".

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER

Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT

Line: 128

ADD	S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS
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Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS

Treatment: MEDICAL THERAPY

Line: 129

ADD	079.82	SARS-associated corona virus
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Diagnosis: FRACTURE OF JOINT, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 132

ADD	27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE
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Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 143

DELETE	63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF SPINAL CORD; CERVICAL
DELETE	63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF SPINAL CORD; THORACIC
DELETE	63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF SPINAL CORD; THORACOLUMBAR
DELETE	747.82	Spinal vessel anomaly
ADD	S2350	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD/ NERVE ROOTS; LUMBAR, SINGLE INTERSPACE
ADD	S2351	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD/ NERVE ROOTS; LUMBAR, EACH ADDITIONAL INTERSPACE

NOTE: CHANGE CPT CODE RANGE FROM 63170-63252 TO 63170-63200.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS

Treatment: MEDICAL THERAPY

Line: 144

ADD	V01.71	Contact with or exposure to communicable diseases, other viral diseases; varicella
ADD	V01.79	Contact with or exposure to communicable diseases, other viral diseases; other viral diseases
ADD	V01.83	Contact with or exposure to communicable diseases, other communicable diseases; E. coli
ADD	V01.84	Contact with or exposure to communicable diseases, other communicable diseases; Meningococcus

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES V01.7 AND V01.8, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148

ADD	21627	STERNAL DEBRIDEMENT
ADD	21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA

Treatment: SHUNT/REPAIR

Line: 155

ADD	33918	REPAIR OF PULMONARY ATRESIA WITH VSD BY UNIFOCALIZATION OF PULMONARY ARTERIES, W/ OR W/O CPB
ADD	33919	REPAIR OF PULMONARY ATRESIA WITH VSD BY UNIFOCALIZATION OF PULMONARY ARTERIES, W/ CPB
DELETE	33928	INVALID CODE

NOTE: CHANGE CPT CODE RANGE FROM 33928-33920 TO 33918-33920.

Diagnosis: HEREDITARY ANEMIAS, HEMAGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN

Treatment: MEDICAL THERAPY

Line: 176

ADD	S9355	HOME INFUSION THERAPY; CHELATION THERAPY
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Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 182

DELETE	170.0	Malignant neoplasm of bones, skull and face except mandible
DELETE	170.1	Malignant neoplasm of bones, mandible
DELETE	170.2	Malignant neoplasm of bones, vertebral column, excluding sacrum and coccyx
DELETE	170.3	Malignant neoplasm of bones, ribs, sternum and clavicle

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Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 182 (CONT'D)

DELETE	170.4	Malignant neoplasm of bones, scapula and long bones of upper limb
DELETE	170.5	Malignant neoplasm of bones, short bones of upper limb
DELETE	170.6	Malignant neoplasm of bones, pelvic bones, sacrum and coccyx
DELETE	170.7	Malignant neoplasm of bones, long bones of lower limb
DELETE	170.8	Malignant neoplasm of bones, short bones of lower limb
DELETE	170.9	Malignant neoplasm of bones, site unspecified
DELETE	171.0	Malignant neoplasm of connective and other soft tissue, head, face and neck
DELETE	171.2	Malignant neoplasm of connective and other soft tissue, upper limb and shoulder
DELETE	171.3	Malignant neoplasm of connective and other soft tissue, lower limb and hip
DELETE	171.4	Malignant neoplasm of connective and other soft tissue, thorax
DELETE	171.5	Malignant neoplasm of connective and other soft tissue, abdomen
DELETE	171.6	Malignant neoplasm of connective and other soft tissue, pelvis
DELETE	171.7	Malignant neoplasm of connective and other soft tissue, trunk
DELETE	171.8	Malignant neoplasm of connective and other soft tissue, other specified sites
DELETE	171.9	Malignant neoplasm of connective and other soft tissue, site not specified
DELETE	188.0	Malignant neoplasm of bladder, trigone
DELETE	188.1	Malignant neoplasm of bladder, dome
DELETE	188.2	Malignant neoplasm of bladder, lateral wall
DELETE	188.3	Malignant neoplasm of bladder, anterior wall
DELETE	188.4	Malignant neoplasm of bladder, posterior
DELETE	188.5	Malignant neoplasm of bladder, bladder neck
DELETE	188.6	Malignant neoplasm of bladder, ureteric orifice
DELETE	188.7	Malignant neoplasm of bladder, urachus
DELETE	188.8	Malignant neoplasm of bladder, other specified sites
DELETE	188.9	Malignant neoplasm of bladder, sites not specified
DELETE	189.0	Malignant neoplasm of kidney, except pelvis
DELETE	191.6	Malignant neoplasm of brain, cerebellum
DELETE	191.7	Malignant neoplasm of brain, brain stem
DELETE	194.0	Malignant neoplasm of adrenal gland
ADD	S2142	CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION, ALLOGENEIC

NOTE: CHANGE DIAGNOSIS DESCRIPTION OF LINE TO "TESTICULAR CANCER". REMOVE CODING CLARIFICATION, AND ADD GUIDELINE.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

Line: 183

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
ALLOGENEIC

Diagnosis: PREVENTIVE SERVICES, OVER AGE 10

Treatment: MEDICAL THERAPY

Line: 184

ADD 795.09 Unsatisfactory smear
ADD V01.71 Contact with or exposure to communicable diseases,
other viral diseases; varicella
ADD V01.79 Contact with or exposure to communicable diseases,
other viral diseases; other viral diseases
ADD V01.83 Contact with or exposure to communicable diseases,
other communicable diseases; E. coli
ADD V01.84 Contact with or exposure to communicable diseases,
other communicable diseases; Meningococcus
ADD V72.31 Routine gynecologic examination
ADD V72.32 Encounter for PAP smear to confirm findings of
recent normal smear following initial abnormal smear

NOTE: THE NEW FIFTH-DIGIT "V" CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES V01.7, V01.8 AND V72.3, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: CANCER OF UTERUS, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 195

ADD 621.30 Endometrial hyperplasia, unspecified
ADD 621.31 Simple endometrial hyperplasia without atypia
ADD 621.32 Complex endometrial hyperplasia without atypia
ADD 621.33 Endometrial hyperplasia with atypia

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 621.3, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANT

Line: 200

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
ALLOGENEIC

Diagnosis: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES

Treatment: MEDICAL THERAPY

Line: 205

ADD 054.10 Genital Herpes, unspecified

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: MULTIPLE MYELOMA
Treatment: BONE MARROW TRANSPLANT
Line: 213

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
ALLOGENEIC

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP
Treatment: MEDICAL THERAPY
Line: 214

ADD 453.40 Venous embolism and thrombosis of unspecified deep
vessels of lower extremities
ADD 453.41 Venous embolism and thrombosis of deep vessels of
proximal lower extremities
ADD 453.42 Venous embolism and thrombosis of deep vessels of
distal lower extremities

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, ETC
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 219

DELETE 53670 INVALID CODE
ADD 758.31 Cri-du-chat syndrome
ADD 758.32 Velo-cardio-facial syndrome
ADD 758.33 Other microdeletions
ADD 758.39 Other autosomal deletions

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 758, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: ERYTHROPLAKIA, LEUKODERMA OF MOUTH OR TONGUE
Treatment: INCISION/EXCISION/MEDICAL THERAPY
Line: 224

ADD 528.71 Minimal keratinized residual ridge mucosa
ADD 528.72 Excessive keratinized residual ridge mucosa
ADD 528.79 Other disturbances of oral epithelium, including
tongue

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 528.7, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: CANCER OF THE BLADDER AND URETER, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, INCL CHEMO AND RADIATION
Line: 235

DELETE 53670 INVALID CODE

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES

Treatment: THROMBOENDARTERECTOMY

Line: 248

DELETE	92961	INTERNAL CARDIOVERSION
ADD	S2211	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT, CAROTID ARTERY, PERCUTANEOUS

NOTE: CHANGE CPT CODE RANGE FROM 92511-92977 TO 92511-92960, 92970-92977.

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 249

ADD	49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER
ADD	90918	HEMODIALYSIS SERVICES
ADD	90919	HEMODIALYSIS SERVICES
ADD	90920	HEMODIALYSIS SERVICES
ADD	90921	HEMODIALYSIS SERVICES
ADD	90922	ESRD RELATED SERVICES, DAY
ADD	90923	ESRD RELATED SERVICES, DAY
ADD	90924	ESRD RELATED SERVICES, DAY
ADD	90925	ESRD RELATED SERVICES, DAY
ADD	90935	HEMODIALYSIS, ONE EVALUATION

NOTE: CHANGE CPT CODE 90937 TO THE RANGE 90918-90937.

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 250

ADD	588.81	Secondary hyperparathyroidism (of renal origin)
ADD	588.89	Other specified disorders resulting from impaired renal function
ADD	S9355	HOME INFUSION THERAPY; CHELATION THERAPY

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 588.8, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: POISONING BY INGESTION, INJECTION AND NON-MEDICINAL AGENTS

Treatment: MEDICAL THERAPY

Line: 252

ADD	S9355	HOME INFUSION THERAPY; CHELATION THERAPY
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Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA

Treatment: MEDICAL THERAPY

Line: 253

ADD	277.85	Disorders of fatty acid oxidation
ADD	277.86	Peroxisomal disorders
ADD	277.87	Disorders of mitochondrial metabolism

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 277.8, WHICH ALREADY APPEARS ON THIS LINE.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: PERNICIOUS AND SIDEROBLASTIC ANEMIA

Treatment: MEDICAL THERAPY

Line: 257

ADD S9355 HOME INFUSION THERAPY; CHELATION THERAPY

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 264

ADD S2205 MINIMALLY-INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACATOMY, UNDER DIRECT VISION, USING ARTERIAL GRAFT; SINGLE

ADD S2206 MINIMALLY-INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACATOMY, UNDER DIRECT VISION, USING ARTERIAL GRAFT; TWO GRAFTS

ADD S2207 MINIMALLY-INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACATOMY, UNDER DIRECT VISION, USING VENOUS GRAFT; SINGLE GRAFT

ADD S2208 MINIMALLY-INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACATOMY, UNDER DIRECT VISION, USING VENOUS GRAFT; TWO GRAFTS

ADD S2209 MINIMALLY-INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACATOMY, UNDER DIRECT VISION, USING TWO ARTERIAL AND SINGLE VENOUS GRAFT

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 265

DELETE 64400 INJECTION, ANAESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH

DELETE 64402 INJECTION, ANAESTHETIC AGENT; FACIAL NERVE

DELETE 64405 INJECTION, ANAESTHETIC AGENT; GREATER OCCIPITAL NERVE

DELETE 64408 INJECTION, ANAESTHETIC AGENT; VAGUS NERVE

DELETE 64410 INJECTION, ANAESTHETIC AGENT; PHRENIC NERVE

DELETE 64412 INJECTION, ANAESTHETIC AGENT; SPINAL ACCESSORY NERVE

DELETE 64413 INJECTION, ANAESTHETIC AGENT; CERVICAL

DELETE 64415 INJECTION, ANAESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE

DELETE 64416 INJECTION, ANAESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER

DELETE 64417 INJECTION, ANAESTHETIC AGENT; AXILLARY NERVE

DELETE 64418 INJECTION, ANAESTHETIC AGENT; SUPRASCAPULAR NERVE

DELETE 64420 INJECTION, ANAESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE

DELETE 64421 INJECTION, ANAESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK

DELETE 64425 INJECTION, ANAESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES

DELETE 64430 INJECTION, ANAESTHETIC AGENT; PUDENDAL NERVE

DELETE 64435 INJECTION, ANAESTHETIC AGENT; PARACERVICAL NERVE

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Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 265 (CONT'D)

DELETE	64445	INJECTION, ANAESTHETIC AGENT; SCIATIC NERVE, SINGLE
DELETE	64447	INJECTION, ANAESTHETIC AGENT; FEMORAL NERVE, SINGLE
DELETE	64450	INJECTION, ANAESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH

NOTE: DELETE CPT CODE RANGE 64400-64450.

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 271

ADD	622.10	Dysplasia of cervix, unspecified
ADD	622.11	Mild dysplasia of cervix (CIN I)
ADD	622.12	Moderate dysplasia of cervix (CIN II)
ADD	795.03	PAP smear with low grade squamous intraepithelial lesion (LGSIL)
ADD	795.04	PAP smear with high grade squamous intraepithelial lesion (HGSIL)
ADD	795.05	Cervical high-risk human papillomavirus DNA test positive

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 622.1 AND 795.0, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 273

ADD	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY
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Diagnosis: CANCER OF THE KIDNEY AND OTHER URINARY ORGANS

Treatment: MEDICAL AND SURGICAL THERAPY, INCL CHEMO AND RADIATION

Line: 278

DELETE	53670	INVALID CODE
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Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Treatment: MEDICAL THERAPY

Line: 284

ADD	491.22	Obstructive chronic bronchitis, with acute Bronchitis
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NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 491.2, WHICH ALREADY APPEARS ON THIS LINE.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: DISORDERS OF MINERAL METABOLISM

Treatment: MEDICAL THERAPY

Line: 285

ADD S9355 HOME INFUSION THERAPY; CHELATION THERAPY

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 299

ADD 530.86 Infection of esophagostomy

ADD 530.87 Mechanical complication of esophagostomy

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not priced as part of the list.)

Treatment: INDUCED ABORTION

Line: 300

ADD S0199 INDUCED ABORTION BY ORAL INGESTION OF MEDICATION
INCLUDING ALL SERVICES & SUPPLIES EXCEPT DRUGS

Diagnosis: PREVENTIVE DENTAL SERVICES

Treatment: CLEANING AND FLUORIDE

Line: 301

ADD 521.06 Dental caries pit and fissure

ADD 521.07 Dental caries of smooth surface

ADD 521.08 Dental caries of root surface

ADD 521.30 Erosion, unspecified

ADD 521.31 Erosion, limited to enamel

ADD 521.32 Erosion, extending into dentine

ADD 521.33 Erosion, extending into pulp

ADD 521.34 Erosion, localized

ADD 521.35 Erosion, generalized

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 521.0 AND 521.3, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 327

DELETE 63250 LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF
SPINAL CORD; CERVICAL

DELETE 63251 LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF
SPINAL CORD; THORACIC

DELETE 63252 LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF
SPINAL CORD; THORACOLUMBAR

NOTE: CHANGE CPT CODE RANGE FROM 63170-63252 TO 63170-63200.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: DISORDERS OF PLASMA PROTIEN METABOLISM
Treatment: MEDICAL THERAPY
Line: 328

ADD 273.4 Alpha 1-Antitrypsin Deficiency

NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE 273, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: NEUROLOGIC DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 336

ADD 758.31 Cri-du-chat syndrome
ADD 758.32 Velo-cardio-facial syndrome
ADD 758.33 Other microdeletions
ADD 758.39 Other autosomal deletions

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 758.3, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 341

ADD 63250 LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF SPINAL CORD; CERVICAL
ADD 63251 LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF SPINAL CORD; THORACIC
ADD 63252 LAMINECTOMY FOR EXCISION OR OCCLUSION OF AVM OF SPINAL CORD; THORACOLUMBAR

NOTE: ADD CPT CODE RANGE 63250-63252.

Diagnosis: SLEEP APNEA

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 350

ADD 347.00 Narcolepsy, without cataplexy
ADD 347.01 Narcolepsy, with cataplexy

NOTE: CHANGE ICD-9-CM CODE 347 TO 347.0.

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES INCLUDING ALPHA 1-ANTITRYPSIN DEFICIENCY

Treatment: MEDICAL THERAPY

Line: 351

NOTE: CHANGE DIAGNOSIS DESCRIPTION OF LINE TO "OTHER DEFICIENCIES OF CIRCULATING ENZYMES".

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 354

ADD	29580	UNNA BOOT
ADD	707.00	Decubitus ulcer, unspecified site
ADD	707.01	Decubitus ulcer, elbow
ADD	707.02	Decubitus ulcer, upper back
ADD	707.03	Decubitus ulcer, lower back
ADD	707.04	Decubitus ulcer, hip
ADD	707.05	Decubitus ulcer, buttock
ADD	707.06	Decubitus ulcer, ankle
ADD	707.07	Decubitus ulcer, heel
ADD	707.09	Decubitus ulcer, other site

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 707.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 355

ADD	11765	WEDGE RESECTION OF SKIN OF NAIL FOLD
ADD	27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA
ADD	67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID

Diagnosis: PERIAPICAL INFECTIONS
Treatment: SURGERY
Line: 358

ADD	521.06	Dental caries pit and fissure
ADD	521.07	Dental caries of smooth surface
ADD	521.08	Dental caries of root surface

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 521.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: DENTAL CONDITIONS (EG, INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 359

ADD	521.06	Dental caries pit and fissure
ADD	521.07	Dental caries of smooth surface
ADD	521.08	Dental caries of root surface
ADD	523.20	Gingival recession, unspecified
ADD	523.21	Gingival recession, minimal
ADD	523.22	Gingival recession, moderate
ADD	523.23	Gingival recession, severe
ADD	523.24	Gingival recession, localized
ADD	523.25	Gingival recession, generalized

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 521.0 AND 523.2, WHICH ALREADY APPEAR ON THIS LINE.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: DEEP OPEN WOUND
Treatment: REPAIR, SURGICAL TREATMENT
Line: 380

DELETE	64400	INJECTION, ANAESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH
DELETE	64402	INJECTION, ANAESTHETIC AGENT; FACIAL NERVE
DELETE	64405	INJECTION, ANAESTHETIC AGENT; GREATER OCCIPITAL NERVE
DELETE	64408	INJECTION, ANAESTHETIC AGENT; VAGUS NERVE
DELETE	64410	INJECTION, ANAESTHETIC AGENT; PHRENIC NERVE
DELETE	64412	INJECTION, ANAESTHETIC AGENT; SPINAL ACCESSORY NERVE
DELETE	64413	INJECTION, ANAESTHETIC AGENT; CERVICAL
DELETE	64415	INJECTION, ANAESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE
DELETE	64416	INJECTION, ANAESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER
DELETE	64417	INJECTION, ANAESTHETIC AGENT; AXILLARY NERVE
DELETE	64418	INJECTION, ANAESTHETIC AGENT; SUPRASCAPULAR NERVE
DELETE	64420	INJECTION, ANAESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE
DELETE	64421	INJECTION, ANAESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK
DELETE	64425	INJECTION, ANAESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES
DELETE	64430	INJECTION, ANAESTHETIC AGENT; PUDENDAL NERVE
DELETE	64435	INJECTION, ANAESTHETIC AGENT; PARACERVICAL NERVE
DELETE	64445	INJECTION, ANAESTHETIC AGENT; SCIATIC NERVE, SINGLE
DELETE	64447	INJECTION, ANAESTHETIC AGENT; FEMORAL NERVE, SINGLE
DELETE	64450	INJECTION, ANAESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH

NOTE: DELETE CPT CODE RANGE 64400-64450.

Diagnosis: HISTIOCYTOSIS
Treatment: MEDICAL THERAPY
Line: 386

ADD	277.85	Disorders of fatty acid oxidation
ADD	277.86	Peroxisomal disorders
ADD	277.87	Disorders of mitochondrial metabolism

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 277.8, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: GLAUCOMA
Treatment: MEDICAL THERAPY
Line: 398

ADD	S0830	ULTRASOUND PACHYMETRY TO DETERMINE CORNEAL THICKNESS, WITH INTERP AND REPORT
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Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: RUBEOSIS IRIDIS
Treatment: LASER SURGERY
Line: 412

ADD 65875 SEVERING OF ADHESIONS OF THE ANTERIOR CHAMBER OF
THE EYE

Diagnosis: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
Line: 415

DELETE V43.1 Organ or tissue replaced by other means, Lens
(Psuedophakos)

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
Line: 416

ADD S0820 COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 440

DELETE 53675 INVALID CODE

Diagnosis: GUILLAIN-BARRE SYNDROME
Treatment: MEDICAL THERAPY
Line: 441

DELETE 36520 INVALID CODE

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES; CYSTIC FIBROSIS; EMPHYSEMA
Treatment: HEART-LUNG AND LUNG TRANSPLANT
Line: 442

ADD 273.4 Alpha 1-Antitrypsin Deficiency
DELETE 277.6 Other deficiencies of circulating enzymes
ADD S2060 LOBAR LUNG TRANSPLANT
ADD S2061 DONOR LOBECTOMY FOR TRANSPLANTATION

NOTE: CHANGE DIAGNOSIS DESCRIPTION OF LINE TO "ALPHA 1-ANTITRYPSIN
DEFICIENCY; CYSTIC FIBROSIS; EMPHYSEMA".

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION,
PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S
SYNDROME

Treatment: HEART-LUNG AND LUNG TRANSPLANT
Line: 443

ADD S2060 LOBAR LUNG TRANSPLANT
ADD S2061 DONOR LOBECTOMY FOR TRANSPLANTATION

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: HEREDITARY IMMUNE DEFICIENCY

Treatment: BONE MARROW TRANSPLANT

Line: 445

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
ALLOGENEIC

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 446

ADD S2142 CORD BLOOD-DERIVED STEM CELL TRANSPLANTATION,
ALLOGENEIC

Diagnosis: VESICULAR FISTULA

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 448

DELETE 53670 INVALID CODE

Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID
GLAND

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 449

ADD 252.00 Hyperparathyroidism, unspecified
ADD 252.01 Primary Hyperparathyroidism
ADD 252.02 Secondary Hyperparathyroidism, non-renal
ADD 252.08 Other Hyperparathyroidism

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 252.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: MULTIPLE SCLEROSIS

Treatment: MEDICAL THERAPY

Line: 451

DELETE 36520 INVALID CODE

Diagnosis: ARTHROPOD-BORNE VIRAL DISEASES

Treatment: MEDICAL THERAPY

Line: 453

ADD 066.40 West Nile fever, unspecified
ADD 066.41 West Nile fever, with encephalitis
ADD 066.42 West Nile fever, with other neurologic
manifestation
ADD 066.49 West Nile fever, with other complications

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 066.4, WHICH ALREADY APPEARS ON THIS LINE.

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Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

Line: 455

ADD 758.31 Cri-du-chat syndrome
ADD 758.32 Velo-cardio-facial syndrome
ADD 758.33 Other microdeletions
ADD 758.39 Other autosomal deletions

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 758.3, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

Line: 456

ADD 758.31 Cri-du-chat syndrome
ADD 758.32 Velo-cardio-facial syndrome
ADD 758.33 Other microdeletions
ADD 758.39 Other autosomal deletions

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 758.3, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 480

ADD 380.03 Chondritis of pinna

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 380.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 485

ADD 22520 PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; THORACIC
ADD 22521 PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR
ADD 22522 PERCUTANEOUS VERTEBROPLASTY, EACH ADDITIONAL VERTEBRAL BODY
ADD S2360 PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION
ADD S2361 PERCUTANEOUS VERTEBROPLASTY, EACH ADDITIONAL VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION

NOTE: CHANGE CPT CODE RANGE FROM 22532-22534 TO 22520-22534.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)

Treatment: OPEN OR CLOSED REDUCTION

Line: 486

ADD 29240 STRAPPING, SHOULDER

Diagnosis: DENTAL CONDITIONS (EG, SEVERE TOOTH DECAY)

Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE,
REMOVABLE PROSTHETICS

Line: 508

ADD 523.20 Gingival recession, unspecified

ADD 523.21 Gingival recession, minimal

ADD 523.22 Gingival recession, moderate

ADD 523.23 Gingival recession, severe

ADD 523.24 Gingival recession, localized

ADD 523.25 Gingival recession, generalized

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 515

DELETE 64400 INJECTION, ANAESTHETIC AGENT; TRIGEMINAL NERVE, ANY
DIVISION OR BRANCH

Diagnosis: UTERINE PROLAPSE; CYSTOCELE

Treatment: SURGICAL REPAIR

Line: 521

ADD 618.00 Unspecified prolapse of vaginal walls

ADD 618.01 Cystocele, midline

ADD 618.02 Cystocele, lateral

ADD 618.03 Urethrocele

ADD 618.04 Rectocele

ADD 618.05 Perineocele

ADD 618.09 Other prolapse of vaginal walls without mention of
uterine prolapse

ADD 618.81 Incompetence of weakening of pubocervical tissue

ADD 618.82 Incompetence of weakening of rectovaginal tissue

ADD 618.83 Pelvic muscle wasting

ADD 618.89 Other specified genital prolapse

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 618, WHICH ALREADY APPEARS ON THIS LINE.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: SYMPTOMATIC IMPACTED TEETH

Treatment: SURGERY

Line: 524

ADD	524.30	Unspecified anomaly of tooth position
ADD	524.31	Crowding of teeth
ADD	524.32	Excessive spacing of teeth
ADD	524.33	Horizontal displacement of teeth
ADD	524.34	Vertical displacement of teeth
ADD	524.35	Rotation of teeth
ADD	524.36	Insufficient interocclusal distance of teeth
ADD	524.37	Excessive interocclusal distance of teeth
ADD	524.39	Other anomalies of tooth position

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 524.3, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: URINARY INCONTINENCE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 529

ADD	788.38	Overflow incontinence
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Diagnosis: RESIDUAL FOREIGN BODY IN SOFT TISSUE

Treatment: REMOVAL

Line: 531

DELETE	23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	23044	ARTHROTOMY, ACROMIOCLAVICULAR OR STERNOCLAVICULAR, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH EXPLORATION, WITH OR WITHOUT REMOVAL OF FOREIGN BODY
DELETE	23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (HEMIARTHROPLASTY REMOVAL)
DELETE	23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (TOTAL SHOULDER REMOVAL)
DELETE	24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	24101	ARTHROTOMY, ELBOW, WITH EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF FOREIGN BODY
DELETE	25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	25080	ARTHROTOMY, INTERPHALANGEAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	25101	ARTHROTOMY, WRIST JOINT, WITH EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF FOREIGN BODY
DELETE	26070	ARTHROTOMY, CARPO-METACARPAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	26075	ARTHROTOMY, METACARPOPHALANGEAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: RESIDUAL FOREIGN BODY IN SOFT TISSUE

Treatment: REMOVAL

Line: 531 (CONT'D)

DELETE	27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY
DELETE	27310	ARTHROTOMY, KNEE, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	27331	ARTHROTOMY, KNEE, WITH EXPLORATION, BIOPSY, OR REMOVAL OF FOREIGN BODY
DELETE	27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
DELETE	27620	ARTHROTOMY, ANKLE, WITH EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF FOREIGN BODY
DELETE	28020	ARTHROTOMY, INTERTARSAL OR TARSOMETATARSAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	28022	ARTHROTOMY, METATARSOPHALANGEAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	28024	ARTHROTOMY, INTERPHALANGEAL JOINT, INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
DELETE	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM BONY DENTOALVEOLAR STRUCTURES

NOTE: DELETE CPT CODE RANGES 23040-23044 AND 28020-28024. CHANGE RANGE 23330-23332 TO CPT CODE 23330, 26070-26080 TO CPT CODE 26080 AND 41805-41806 TO CPT CODE 41805.

Diagnosis: CONTACT DERMATITIS, ATOPIC DERMATITIS AND OTHER ECZEMA

Treatment: MEDICAL THERAPY

Line: 552

ADD 692.84 Contact dermatitis due to animal dander

NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE 692.8, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE

Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS

Line: 571

ADD	525.20	Unspecified atrophy of edentulous alveolar ridge
ADD	525.21	Minimal atrophy of mandible
ADD	525.22	Moderate atrophy of mandible
ADD	525.23	Severe atrophy of mandible
ADD	525.24	Minimal atrophy of maxilla
ADD	525.25	Moderate atrophy of maxilla
ADD	525.26	Severe atrophy of maxilla

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 525.2, WHICH ALREADY APPEARS ON THIS LINE.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: FEMALE INFERTILITY, MALE INFERTILITY
Treatment: ARTIFICIAL INSEMINATION, MEDICAL THERAPY
Line: 596

ADD 55200 VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION
OF VAS

Diagnosis: VIRAL HEPATITIS, EXCLUDING CHRONIC VIRAL HEPATITIS B AND C
WITHOUT COMA
Treatment: MEDICAL THERAPY
Line: 603

ADD 070.70 Unspecified viral hepatitis C without hepatic coma
ADD 070.71 Unspecified viral hepatitis C with hepatic Coma

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 070.7, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS
Treatment: MEDICAL THERAPY
Line: 615

ADD 477.2 Allergic rhinitis due to animal hair and dander

NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING
ICD-9-CM CODE 477, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
Line: 628

ADD 780.58 Sleep related movement disorder

Diagnosis: MORBID OBESITY
Treatment: GASTROPLASTY
Line: 640

DELETE 44209 INVALID CODE
ADD S2085 LAPAROSCOPIC GASTRIC BYPASS WITH SHORT LIMB
ROUX-EN-Y GASTROENTEROSTOMY

Diagnosis: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES
OF JAW SIZE, OTHER DENTOFACIAL ANOMALIES
Treatment: OSTEOPLASTY, MAIXILLA/MANDIBLE
Line: 660

ADD 524.07 Excessive tuberosity of jaw
ADD 524.20 Unspecified anomaly of dental arch relationship
ADD 524.21 Angle's class I
ADD 524.22 Angle's class II
ADD 524.23 Angle's class III
ADD 524.24 Open anterior occlusal relationship
ADD 524.25 Open posterior occlusal relationship
ADD 524.26 Excessive horizontal overlap
ADD 524.27 Reverse articulation

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER DENTOFACIAL ANOMALIES

Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE

Line: 660 (CONT'D)

ADD	524.28	Anomalies of interarch distance
ADD	524.29	Other anomalies of dental arch relationship
ADD	524.50	Dentofacial functional abnormality, unspecified
ADD	524.51	Abnormal jaw closure
ADD	524.52	Limited mandibular range of motion
ADD	524.53	Deviation in opening and closing of mandible
ADD	524.54	Insufficient anterior guidance
ADD	524.55	Centric occlusion maximum intercuspation discrepancy
ADD	524.56	Non-working side interference
ADD	524.57	Lack of posterior occlusal support
ADD	524.59	Other dentofacial functional abnormalities
ADD	524.75	Vertical displacement of alveolus and teeth
ADD	524.76	Occlusal plane deviation
ADD	524.81	Anterior soft tissue impingement
ADD	524.82	Posterior soft tissue impingement
ADD	524.89	Other specified dentofacial anomalies

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 524.0, 524.2, 524.5, 524.7 AND 524.8, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: CERVICAL RIB

Treatment: SURGICAL TREATMENT

Line: 661

DELETE 92961 INTERNAL CARDIOVERSION

NOTE: CHANGE CPT CODE RANGE FROM 92511-92977 TO 92511-92960, 92970-92977.

Diagnosis: DISORDERS OF SWEAT GLANDS

Treatment: MEDICAL THERAPY

Line: 670

ADD	705.21	Primary focal hyperhidrosis
ADD	705.22	Secondary focal hyperhidrosis

NOTE: CHANGE ICD-9-CM CODE RANGE TO 705.0-705.2.

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RSV IN PERSONS UNDER 3

Treatment: MEDICAL THERAPY

Line: 671

ADD	480.3	Pneumonia due to SARS-associated corona virus
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NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE 480, WHICH ALREADY APPEARS ON THIS LINE.

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Diagnosis: TMJ DISORDERS
Treatment: TMJ SURGERY
Line: 687

ADD 524.64 Temporomandibular joint sounds on opening and/or closing the jaw

NOTE: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE 524.6, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: GENITOURINARY CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 717

ADD 629.20 Female genital mutilation status, unspecified
ADD 629.21 Female genital mutilation Type I status
ADD 629.22 Female genital mutilation Type II status
ADD 629.23 Female genital mutilation Type III status

Diagnosis: DENTAL CONDITIONS
Treatment: COSMETIC DENTAL SERVICES
Line: 726

ADD 521.10 Excessive attrition, unspecified
ADD 521.11 Excessive attrition, limited to enamel
ADD 521.12 Excessive attrition, extending into dentine
ADD 521.13 Excessive attrition, extending into pulp
ADD 521.14 Excessive attrition, localized
ADD 521.15 Excessive attrition, generalized
ADD 521.20 Abrasion, unspecified
ADD 521.21 Abrasion, limited to enamel
ADD 521.22 Abrasion, extending into dentine
ADD 521.23 Abrasion, extending into pulp
ADD 521.24 Abrasion, localized
ADD 521.25 Abrasion, generalized

NOTE: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 521.1 AND 521.2, WHICH ALREADY APPEAR ON THIS LINE.

Diagnosis: SPASTIC DYSPHONIA
Treatment: MEDICAL THERAPY
Line: 729

ADD S2340 CHEMODENERVATION OF ABDUCTOR MUSCLE OF VOCAL CORD
ADD S2341 CHEMODENERVATION OF ADDUCTOR MUSCLE OF VOCAL CORD

Interim Modifications to April 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on March 18, May 27, and June 17, 2004, Made Effective October 1, 2004. (Cont'd)

Changes to the Placement of Therapies on the Prioritized List of Health Services

MAKE THE FOLLOWING CHANGE TO ALL LINES INCLUDING MEDICAL THERAPY AS TREATMENT (SEE FIGURE D.1) :

DELETE	99025	INITIAL (NEW PATIENT) VISIT WHEN STARRED SURGICAL PROCEDURE CONSTITUTES MAJOR SERVICE AT THAT VISIT
DELETE	97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS
DELETE	97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES
DELETE	97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH
DELETE	97020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; MICROWAVE
DELETE	97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY
DELETE	97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED
DELETE	97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET
DELETE	97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS
DELETE	97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS
DELETE	97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND
DELETE	97039	UNLISTED MODALITY
DELETE	97139	UNLISTED THERAPEUTIC PROCEDURE

**Figure D.1
Line Items on 4/1/04 List Which Include Medical Therapy as Treatment**

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
1	20	40	57	74	96	117	142
2	21	41	58	75	97	119	143
3	23	42	59	76	98	121	144
4	24	43	60	77	99	123	145
5	25	44	61	78	100	126	146
6	26	45	62	79	102	127	147
7	27	46	63	80	103	129	148
8	28	47	64	81	104	130	150
9	30	48	65	82	105	131	151
10	31	49	66	83	106	132	152
11	32	50	67	84	108	133	153
14	34	51	68	85	111	134	154
15	35	52	69	86	112	135	155
16	36	53	70	88	113	137	156
17	37	54	71	90	114	138	157
18	38	55	72	91	115	139	158
19	39	56	73	92	116	140	159

Figure D.1 (Cont'd)
Line Items on 4/1/04 List Which Include Medical Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
160	216	270	328	384	440	501	565
161	217	271	329	385	441	502	566
162	218	272	330	386	443	503	568
163	219	273	331	387	447	504	569
164	220	274	332	388	448	505	572
165	221	275	333	389	449	506	573
166	222	276	334	390	450	509	575
167	223	277	336	391	451	510	576
168	224	278	337	392	453	511	577
170	225	279	338	393	454	512	578
171	226	280	339	394	455	515	579
172	227	282	340	396	456	516	580
173	228	283	341	397	457	517	581
174	229	284	342	398	458	518	582
175	231	285	343	399	459	519	583
176	232	286	344	400	460	520	584
177	233	287	345	402	461	521	587
178	234	288	346	403	462	522	589
180	235	291	347	404	463	523	590
181	236	292	348	405	465	526	591
184	237	293	349	406	466	527	593
185	238	294	350	407	467	529	594
186	239	295	351	408	468	530	595
187	240	296	352	409	469	532	596
188	241	297	353	410	470	534	597
189	242	298	354	412	471	535	598
190	243	299	355	413	472	537	599
191	244	300	356	414	473	538	602
192	245	302	357	416	476	539	603
193	246	304	360	417	477	540	604
194	247	305	361	418	479	541	605
195	249	306	363	419	480	542	606
196	250	308	364	420	482	543	607
197	251	309	365	421	483	544	610
198	252	310	366	422	484	545	611
199	253	311	367	423	485	546	612
200	254	312	368	425	486	547	613
201	255	313	369	426	487	548	614
202	256	314	370	427	488	549	615
203	257	315	371	428	489	550	616
204	258	316	373	429	490	552	617
205	259	317	374	430	491	553	618
206	260	318	375	431	492	554	619
207	261	319	376	432	493	555	620
208	262	320	377	433	494	556	621
209	263	322	378	434	495	557	622
210	264	323	379	435	496	558	624
211	265	324	380	436	497	559	625
212	266	325	381	437	498	561	626
214	267	326	382	438	499	563	627
215	268	327	383	439	500	564	628

Figure D.1 (Cont'd)
Line Items on 4/1/04 List Which Include Medical Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
629	641	651	663	673	684	694	706
630	642	652	664	674	685	696	709
631	644	653	666	675	686	697	710
632	645	654	667	677	687	698	712
634	646	655	668	679	688	699	713
635	647	657	669	680	689	701	714
637	648	658	670	681	691	702	728
638	649	660	671	682	692	704	729
639	650	661	672	683	693	705	

MAKE THE FOLLOWING CHANGES TO ALL LINES IN FIGURE D.2:

DELETE	97001	Physical therapy evaluation
DELETE	97002	Physical therapy re-evaluation
DELETE	97004	Occupational therapy re-evaluation
DELETE	97012	Application of modality; traction, mechanical
DELETE	97014	Application of modality; electrical stimulation
DELETE	97032	Application of modality; electrical stimulation (constant attendance)
DELETE	97110	Therapeutic procedure, each 15 minutes; therapeutic Exercises
DELETE	97112	Therapeutic procedure, each 15 minutes; neuromuscular re-education
DELETE	97113	Therapeutic procedure, each 15 minutes; aquatic therapy
DELETE	97116	Therapeutic procedure, each 15 minutes; gait training
DELETE	97124	Therapeutic procedure, each 15 minutes; massage
DELETE	97140	Therapeutic procedure, each 15 minutes; manual therapy techniques
DELETE	97150	Therapeutic procedure, each 15 minutes; group

Figure D.2
Line Items on 4/1/04 List From Which Physical Therapy is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
2	16	32	49	62	74	86	104
3	17	34	50	63	75	88	105
4	18	36	51	64	76	90	106
5	19	38	53	65	77	91	108
6	20	39	54	66	78	92	111
7	21	41	55	67	79	96	112
8	23	43	56	68	80	97	115
9	24	44	57	69	81	98	116
10	25	45	58	70	82	99	117
11	27	46	59	71	83	100	119
14	28	47	60	72	84	102	121
15	30	48	61	73	85	103	123

Figure D.2 (Cont'd)
Line Items on 4/1/04 List From Which Physical Therapy is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
126	190	245	305	361	419	489	556
127	191	246	306	363	420	490	557
129	192	247	308	364	421	491	558
130	193	249	309	365	422	492	559
131	194	250	310	366	423	493	561
135	195	251	311	367	425	494	563
137	196	252	312	368	426	495	564
138	197	253	313	369	427	496	565
139	198	254	314	370	428	497	566
140	200	255	315	371	429	499	569
142	201	256	316	373	430	500	572
144	202	257	317	376	431	501	573
145	203	258	318	377	432	502	575
146	204	259	319	378	433	503	576
147	205	260	320	379	434	504	577
150	206	262	322	380	435	505	578
151	207	263	323	381	436	506	579
152	208	264	324	382	437	509	580
153	209	265	326	383	438	511	581
154	210	266	327	384	439	512	582
155	211	267	328	385	440	515	583
156	212	268	329	386	443	520	587
157	214	270	330	387	447	521	590
158	215	271	331	389	448	523	591
159	216	272	332	390	449	526	593
160	217	273	333	391	450	527	595
161	218	274	334	392	451	529	596
162	220	275	337	393	453	530	597
163	221	276	338	394	457	532	598
164	222	277	339	396	458	534	599
166	223	278	340	397	459	535	602
167	224	279	341	398	460	537	603
168	225	280	342	399	461	538	604
170	226	282	343	400	462	539	605
171	227	283	344	402	463	540	606
172	228	284	345	403	465	541	607
173	229	285	346	404	466	542	610
174	231	288	347	405	467	543	611
175	232	291	348	406	468	544	612
176	233	292	349	407	472	545	613
177	234	293	350	408	473	546	614
178	235	294	351	409	476	547	615
181	236	295	352	410	477	548	616
184	237	296	353	412	479	549	617
185	238	297	354	413	480	550	618
186	239	298	355	414	481	552	619
187	242	300	356	416	482	553	620
188	243	302	357	417	487	554	621
189	244	304	360	418	488	555	622

Figure D.2 (Cont'd)
Line Items on 4/1/04 List From Which Physical Therapy is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
624	635	650	663	674	687	699	714
625	637	651	664	675	688	701	728
626	638	652	666	677	689	702	729
627	639	653	667	679	691	704	
628	641	654	668	680	692	705	
629	642	655	669	681	693	706	
630	644	657	670	682	694	709	
631	647	658	671	683	696	710	
632	648	660	672	684	697	712	
634	649	661	673	686	698	713	

 MAKE THE FOLLOWING CHANGES TO ALL LINES IN FIGURE D.3:

- DELETE 92506 Evaluation of speech, language, voice, communication, auditory processing or aural rehabilitation status
- DELETE 92507 Treatment of speech, language, voice, communication or auditory processing disorder; individual
- DELETE 92508 Treatment of speech, language, voice, communication or auditory processing disorder; group
- DELETE 92607 Evaluation for prescription for speech-generating augmentative and laternative communication device; first hour
- DELETE 92608 Evaluation for prescription for speech-generating augmentative and laternative communication device; each add'l 30 minutes
- DELETE 92609 Evaluation for prescription for speech-generating augmentative and laternative communication device; including programming and modification

Figure D.3
Line Items on 4/1/04 List From Which Speech Therapy is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
2	16	30	44	57	69	81	99
3	17	32	45	58	70	82	100
4	18	34	46	59	71	83	102
5	19	35	47	60	72	84	103
6	20	36	48	61	73	85	104
7	21	37	49	62	74	86	105
8	23	38	50	63	75	88	106
9	24	39	51	64	76	90	108
10	25	40	53	65	77	91	111
11	27	41	54	66	78	96	112
14	28	42	55	67	79	97	113
15	29	43	56	68	80	98	114

Figure D.3 (Cont'd)
Line Items on 4/1/04 List From Which Speech Therapy is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
115	181	241	309	364	432	499	563
116	184	242	310	365	437	500	564
117	191	243	311	366	438	501	565
119	192	246	312	367	439	502	566
121	193	247	313	368	440	503	568
123	194	248	314	369	443	504	569
126	195	249	315	370	447	505	572
127	196	250	316	371	448	506	573
127	197	251	317	373	449	509	575
129	198	252	318	374	450	510	576
130	199	253	319	375	451	511	577
131	200	254	320	379	453	512	578
132	201	255	322	380	454	513	579
133	202	256	323	381	455	515	580
134	203	257	324	385	457	516	581
135	204	258	325	386	458	517	582
137	205	259	326	387	459	518	583
138	206	260	327	388	460	519	584
139	207	262	328	389	461	520	587
140	208	263	329	390	465	521	588
142	209	264	330	391	466	522	589
143	210	265	331	393	467	523	590
144	211	270	332	394	468	526	591
147	212	271	333	396	469	527	593
150	214	272	334	397	470	529	594
151	215	273	336	398	471	530	595
152	216	274	337	399	472	532	596
153	217	275	338	400	473	534	597
154	218	276	339	402	476	537	598
155	219	277	341	403	477	538	599
156	220	278	342	404	479	539	602
157	221	279	343	405	480	540	603
158	222	280	344	406	481	541	604
159	223	282	345	407	482	542	605
160	224	283	346	408	483	543	606
161	225	284	347	409	484	544	607
165	226	285	348	410	485	545	611
166	227	288	349	412	486	546	612
167	228	291	350	413	487	547	613
168	229	292	351	414	488	548	614
170	231	293	352	416	489	549	615
171	232	294	353	417	490	550	616
172	233	295	354	418	491	552	617
173	234	296	355	419	492	553	618
174	235	297	356	420	493	554	619
175	236	298	357	421	494	555	620
176	237	300	359	422	495	556	621
177	238	302	360	423	496	557	622
178	239	306	361	430	497	558	624
180	240	308	363	431	498	559	625

Figure D.3 (Cont'd)
Line Items on 4/1/04 List From Which Speech Therapy is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
626	638	649	660	671	682	693	705
628	639	650	661	672	683	694	706
629	641	651	663	673	684	696	709
630	642	652	664	674	686	697	710
631	644	653	666	675	687	698	712
632	645	654	667	677	688	699	713
634	646	655	668	679	689	701	714
635	647	657	669	680	691	702	728
637	648	658	670	681	692	704	729

MAKE THE FOLLOWING CHANGE TO ALL LINES IN FIGURE D.4:

DELETE	93797	Physician Services for Outpatient Cardiac Rehabilitation; without continuous ECG Monitoring
DELETE	93798	Physician Services for Outpatient Cardiac Rehabilitation; with continuous ECG Monitoring
DELETE	93799	Unlisted cardiovascular service or procedure

Figure D.4
Line Items on 4/1/04 List From Which Cardiac Rehabilitation is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
1	30	54	76	117	148	186	211
2	31	55	77	119	158	187	212
3	32	56	78	121	159	188	214
4	34	57	79	123	160	189	217
5	35	58	80	126	161	190	218
6	36	59	81	127	162	192	219
7	37	60	82	129	163	193	220
8	39	61	83	130	164	194	221
9	40	62	84	131	165	195	222
10	41	63	85	132	166	196	223
11	42	64	86	133	167	197	224
14	43	65	88	134	170	199	225
15	44	66	90	135	171	200	226
16	45	67	91	137	172	201	227
17	46	68	92	138	173	202	228
18	47	69	99	139	174	203	229
20	48	70	100	140	176	204	231
23	49	71	108	142	178	205	232
25	50	72	111	143	180	206	233
26	51	73	113	144	181	207	234
27	52	74	114	145	184	208	235
28	53	75	116	146	185	210	236

Figure D.4 (Cont'd)
Line Items on 4/1/04 List From Which Cardiac Rehabilitation is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
237	295	356	413	471	534	596	655
238	296	357	414	472	535	597	657
239	297	360	416	473	537	598	658
240	298	361	417	476	538	599	660
241	299	363	418	477	539	602	661
242	300	364	419	479	540	603	663
243	302	365	420	480	541	604	664
244	304	366	421	482	542	605	666
245	305	367	422	483	543	606	667
246	306	368	423	484	544	607	668
247	308	369	425	485	545	610	669
249	309	370	426	486	546	611	670
250	310	371	427	487	547	612	671
251	311	373	428	488	548	613	672
252	312	374	429	489	549	614	673
253	314	375	430	490	550	615	674
254	315	376	431	491	552	616	675
255	316	377	432	492	553	617	677
256	317	378	433	493	554	618	679
257	320	379	434	494	555	619	680
258	322	380	435	495	556	620	681
259	325	381	436	496	557	621	682
260	326	382	437	497	558	622	683
261	327	383	438	498	559	624	684
262	328	384	439	499	561	625	685
263	329	385	440	500	563	626	686
265	331	386	441	501	564	627	687
266	332	387	443	502	565	628	688
267	333	388	447	503	566	629	689
268	334	389	448	504	568	630	691
270	336	390	449	505	569	631	692
271	337	391	450	506	572	632	693
272	338	392	451	509	573	634	694
273	339	393	453	510	575	635	696
274	340	394	454	511	576	637	697
275	341	396	455	512	577	638	698
276	342	397	456	515	578	639	699
277	343	398	457	516	579	641	701
278	344	399	458	517	580	642	702
279	345	400	459	518	581	644	704
280	346	402	460	519	582	645	705
282	347	403	461	520	583	646	706
283	348	404	462	521	584	647	709
284	349	405	463	522	587	648	710
285	350	406	465	523	589	649	712
286	351	407	466	526	590	650	713
287	352	408	467	527	591	651	714
291	353	409	468	529	593	652	728
292	354	410	469	530	594	653	729
293	355	412	470	532	595	654	

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 MAKE THE FOLLOWING CHANGE TO ALL LINES IN FIGURE D.5:

DELETE 93668 Peripheral Arterial Disease Rehabilitation, per
 Session

Figure D.5
Line Items on 4/1/04 List From Which Vascular Disease Rehabilitation is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
1	47	90	146	192	235	278	326
2	48	91	147	193	236	279	327
3	49	92	148	194	237	280	328
4	50	96	150	195	238	282	329
5	51	97	151	196	239	283	330
6	52	98	152	197	240	284	331
7	53	99	153	198	241	285	332
8	54	100	154	199	242	286	333
9	55	102	155	200	243	287	334
10	56	103	156	201	244	288	336
11	57	104	157	202	245	291	337
14	58	105	158	203	246	292	338
15	59	106	159	204	247	293	339
16	60	108	160	205	249	294	340
17	61	111	161	206	250	295	341
18	62	112	162	207	251	296	342
19	63	113	163	208	252	297	343
20	64	114	164	209	253	298	344
21	65	115	165	210	254	299	345
23	66	116	166	211	255	300	346
24	67	117	167	212	256	302	347
25	68	119	168	214	257	304	348
26	69	121	170	215	258	305	349
27	70	123	171	216	259	306	350
28	71	126	172	217	260	308	351
30	72	127	173	218	261	309	352
31	73	129	174	219	262	310	353
32	74	130	175	220	263	311	354
34	75	131	176	221	264	312	355
35	76	132	177	222	265	313	356
36	77	133	178	223	266	314	357
37	78	134	180	224	267	315	360
38	79	135	181	225	268	316	361
39	80	137	184	226	270	317	363
40	81	138	185	227	271	318	364
41	82	139	186	228	272	319	365
42	83	140	187	229	273	320	366
43	84	142	188	231	274	322	367
44	85	143	189	232	275	323	368
45	86	144	190	233	276	324	369
46	88	145	191	234	277	325	370

Figure D.5 (Cont'd)

Line Items on 4/1/04 List From Which Vascular Disease Rehabilitation is Being Removed as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
373	412	455	496	542	589	631	675
374	413	456	497	543	590	632	677
375	414	457	498	544	591	634	679
376	416	458	499	545	593	635	680
377	417	459	500	546	594	637	681
378	418	460	501	547	595	638	682
379	419	461	502	548	596	639	683
380	420	462	503	550	597	641	684
381	421	463	504	552	598	642	685
382	422	465	505	553	599	644	686
383	423	466	506	554	602	645	687
384	425	467	509	555	603	646	688
385	426	468	510	556	604	647	689
386	427	469	511	557	605	648	691
387	428	470	512	558	606	649	692
388	429	471	515	559	607	650	693
389	430	472	516	561	610	651	694
390	431	473	517	563	611	652	696
391	432	476	518	564	612	653	697
392	433	477	519	565	613	654	698
393	434	479	520	566	614	655	699
394	435	480	521	568	615	657	701
396	436	482	522	569	616	658	702
397	437	483	523	572	617	660	704
398	438	484	526	573	618	661	705
399	439	485	527	575	619	663	706
400	440	486	529	576	620	664	709
402	441	487	530	577	621	666	710
403	443	488	532	578	622	667	712
404	447	489	534	579	624	668	713
405	448	490	535	580	625	669	714
406	449	491	537	581	626	670	728
407	450	492	538	582	627	671	729
408	451	493	539	583	628	672	
409	453	494	540	584	629	673	
410	454	495	541	587	630	674	

ADD THE FOLLOWING GUIDELINE TO LINES 1, 26, 31, 52, 148, 261, 286, 287, 299, 382, 383, 384, 441:

Speech therapy is covered for these diagnoses, depending on medical necessity, for up to 3 months after the initiation of the therapies.

ADD THE FOLLOWING GUIDELINE TO ALL LINES IN FIGURE D.6:

Physical and occupational therapy are covered for these diagnoses, depending on medical necessity, for up to 3 months after the initiation of the therapies.

Figure D.6
Line Items on 10/1/04 List Which Include Acute Therapies as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
1	52	143	241	299	469	498	584
26	89	148	248	325	470	516	589
31	113	149	261	374	471	517	594
35	114	165	286	375	483	518	645
37	132	180	287	388	484	519	646
40	133	199	289	441	485	522	685
42	134	240	290	454	486	568	

ADD THE FOLLOWING GUIDELINE TO ALL LINES IN FIGURE D.7:

Cardiac rehabilitation is covered for these diagnoses, depending on medical necessity, for up to 3 months after the initiation of the treatment.

Figure D.7
Line Items on 10/1/04 List Which Include Cardiac Rehabilitation as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
19	97	105	149	155	191	264	323
21	98	106	150	156	198	288	324
24	101	112	151	157	209	294	330
38	102	115	152	168	215	313	
95	103	136	153	175	216	318	
96	104	147	154	177	248	319	

ADD THE FOLLOWING GUIDELINE TO LINES 219, 336, 455, 456:

The following number of combined physical and occupational therapy visits are allowed per year for any combination of diagnoses on these lines:

- Ages 0-7: 24*
- Ages 8-12: 12*
- Age > 12: 2*

The following number of speech therapy visits are allowed per year for any combination of diagnoses on these lines:

- Age 0-2: 0*
- Age 3-7: 24*
- Age 8-12: 12*
- Age > 12: 2*

*An additional 6 visits of speech therapy and a combination of 6 additional visits for physical/occupational therapy are allowed whenever there is a change in status, such as surgery, injection, or an acute exacerbation, OR for evaluation and treatment of swallowing disorders, OR for evaluation/training for an assistive communication device.

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ADD THE FOLLOWING GUIDELINE TO LINE 371:

Peripheral vascular disease rehabilitation is covered for these diagnoses, depending on medical necessity, for up to 3 months after the initiation of the treatment.

ADD THE FOLLOWING GUIDELINES TO ALL LINES IN FIGURE D.8:

ERYTHROPOIETIN GUIDELINES

1. Indicated for Hgb < 10 for anemia induced by cancer chemotherapy, or in the setting of myelodysplasia.
2. Treatment should continue for 4-8 weeks, or until Hgb of 12 is reached. If no response by 4-8 weeks, treatment should be discontinued. If Hgb of 12 is reached, EPO should be titrated to maintain this level.

COLONY STIMULATING FACTOR GUIDELINES

1. CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is potentially curative, and is known to produce febrile neutropenia at least 40% of the time. Even for these regimens, dose reduction should be considered instead of using CSF, as no improvement in survival has been documented by use of CSF.
2. For secondary prophylaxis, dose reduction should be considered the primary therapeutic option after an episode of severe or febrile neutropenia except in the setting of curable tumors (e.g., germ cell), as no disease free or overall survival benefits have been documented using dose maintenance and CSF.
3. CSF are not indicated in patients who are acutely neutropenic but afebrile.
4. CSF are not indicated in the treatment of febrile neutropenia except in high-risk patients, as no overall clinical benefit has been documented. High-risk patients include those with ANC < 100, uncontrolled primary disease, pneumonia, hypotension, multi-organ dysfunction and invasive fungal infection.
5. CSF are not indicated to increase chemotherapy dose-intensity or schedule, except in cases where improved outcome from such increased intensity has been documented in a clinical trial.
6. CSF are indicated in the setting of progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
7. CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.
8. There is no evidence of clinical benefit in the routine, continuous use of CSF in myelodysplastic syndromes. CSF may be indicated for some patients with severe neutropenia and recurrent infections, but should used only if significant response is documented.

Figure D.8
Line Items on 4/1/04 List Which Include Oncology Diagnoses

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
27	124	193	212	232	265	278	446
118	125	194	213	233	273	279	500
119	137	195	227	234	274	280	501
120	140	196	228	235	275	329	502
122	182	200	229	236	276	349	503
123	183	201	231	237	277	445	693

 ADD THE FOLLOWING GUIDELINE TO LINES 27,120,123,124,140 AND 275:

PET Scans are indicated for diagnosis and staging of the following cancers:

- Solitary pulmonary nodules and non-small cell lung cancer
- Lymphoma
- Melanoma

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

For staging, PET is covered in the following situations:

- The stage of the cancer remains in doubt after standard diagnostic work up

OR

- PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient

AND

- Clinical management of the patient will differ depending on the stage of the cancer identified

PET Scans are NOT indicated for routine follow up of cancer treatment.

 ADD THE FOLLOWING GUIDELINE TO LINE 55:

Fetoscopic laser surgery (S2411) is only covered for Stages III and IV twin-twin transfusion syndrome.

 ADD THE FOLLOWING GUIDELINE TO LINES 110,128,157,179,442,443,444,601:

Second solid organ transplants are not covered except for acute graft failure that occurs during the original hospitalization for transplantation.

 ADD THE FOLLOWING GUIDELINE TO LINES 118,120,122,124,125,182,183,200,445,446:

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma.

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ADD THE FOLLOWING GUIDELINE TO LINES 180,378:

Radiation treatment is indicated only in those at high risk of heterotopic bone formation: those with a history of prior heterotopic bone formation, ankylosing spondylitis or hypertrophic osteoarthritis.

ADD THE FOLLOWING GUIDELINE TO LINE 182:

The treatment of testicular cancer with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after multiple (at least 2) recurrences after standard chemotherapy.

ADD THE FOLLOWING GUIDELINE TO LINE 228:

1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.
 2. Mammography is indicated annually, and patients treated with breast conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.
 3. No other surveillance testing is indicated.
-

ADD THE FOLLOWING GUIDELINE TO LINE 264:

Minimally invasive coronary artery bypass surgery indicated only for single vessel disease.

ADD THE FOLLOWING GUIDELINE TO LINE 273:

1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.
 2. Carcinoembryonic antigen testing should be performed every 2-3 months after colon resection or at least 2 years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated
 3. Colonoscopy is indicated every 3 to 5 years.
 4. No other surveillance testing is indicated.
-

ADD THE FOLLOWING GUIDELINE TO LINE 414:

Cataract extraction is covered for binocular visual acuity of 20/50 or worse OR monocular visual acuity of 20/50 or worse with the recent development of symptoms related to poor vision (headache, etc).

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ADD THE FOLLOWING GUIDELINE TO LINES 481,492,558:

Sinus surgery indicated in the following circumstances:

1. 4 or more episodes of acute rhinosinusitis in one year

OR

2. Failure of medical therapy of chronic sinusitis including all of the following:

- Several courses of antibiotics AND
- Trial of inhaled and/or oral steroids AND
- Allergy assessment and treatment when indicated

AND one or more of the following:

- Findings of obstruction of active infection on CT scan
- Obstructive symptoms due to polyposis that persist or recur after steroid treatment
- Symptomatic mucocele
- Negative CT scan but significant disease found on nasal endoscopy

OR

3. Bilateral extensive and massive obstructive nasal polyposis with complications

OR

4. Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis

OR

5. Invasive or allergic fungal sinusitis

OR

6. Tumor of nasal cavity or sinuses

OR

7. CSF rhinorrhea

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Diagnosis: TYPE I DIABETES MELLITIS

Treatment: MEDICAL THERAPY

Line: 2

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month

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Diagnosis: TYPE I DIABETES MELLITIS

Treatment: MEDICAL THERAPY

Line: 2 (CONT'D)

ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11

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Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE
GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4 (CONT'D)

ADD G0326 ESRD related services for home dialysis, per day,
age 12-19

ADD G0327 ESRD related services for home dialysis, per day,
age > 20

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX

Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY

Line: 5

ADD 32019 INDWELLING TUNNELED PLEURAL CATHETER INSERT W/CUFF

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 10

ADD 50220 NEPHRECTOMY, W/PARTIAL URETERECTOMY, ANY OPEN
APPROACH W/RIB RESECTION

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment: SURGICAL TREATMENT

Line: 21

ADD 34803 REPAIR, ENDOVASC, INFRARENAL ABDOM AORTIC
ANEURYSM/DISSECT; MODULAR BIFURCATED PROSTH (2
DOCK LIMB)

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

ADD 34803 REPAIR, ENDOVASC, INFRARENAL ABDOM AORTIC
ANEURYSM/DISSECT; MODULAR BIFURCATED PROSTH (2
DOCK LIMB)

DELETE 35161

DELETE 35162

Diagnosis: ACUTE PYELONEPHRITIS, RENAL AND PERINEPHRIC ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 28

ADD 50391 THERAPEUTIC AGENT INSTILLATION INTO RENAL
PELVIS/URETER THRU
NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY

Diagnosis: ACUTE OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 35

ADD 11752 EXCISION, NAIL/NAIL MATRIX, PERMANENT REMOVAL;
W/AMPUTATION, DISTAL PHALANX

ADD 23900 INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)

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Diagnosis: ACUTE OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 35 (CONT'D)

ADD	23920	DISARTICULATION, SHOULDER
ADD	23921	DISARTICULATION, SHOULDER; SECONDARY CLOSURE/SCAR REVISION
ADD	24900	AMPUTATION, ARM THROUGH HUMERUS; W/PRIMARY CLOSURE
ADD	24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)
ADD	24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE/SCAR REVISION
ADD	24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION
ADD	25900	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA
ADD	25905	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA; OPEN, CIRCULAR (GUILLOTINE)
ADD	25907	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA; SECONDARY CLOSURE/SCAR REVISION
ADD	25909	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA; RE-AMPUTATION
ADD	25920	DISARTICULATION THROUGH WRIST
ADD	25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE/SCAR REVISION
ADD	25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION
ADD	25927	TRANSMETACARPAL AMPUTATION
ADD	25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE/SCAR REVISION
ADD	25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION
ADD	26910	AMPUTATION, METACARPAL, W/FINGER/THUMB, SINGLE, W/VO INTEROSSEOUS TRANSFER
ADD	26951	AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY JNT/PHALANX, SINGLE, W/NEURECTOMIES; W/DIRECT CLOSURE
ADD	26952	AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY JNT/PHALANX, SINGLE, W/NEURECTOMIES; W/ADVANCE
ADD	27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)
ADD	27295	DISARTICULATION, HIP
ADD	27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;
ADD	27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE W/1ST CAST
ADD	27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)
ADD	27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE/SCAR REVISION
ADD	27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION
ADD	27598	DISARTICULATION AT KNEE
ADD	27880	AMPUTATION, LEG, THROUGH TIBIA & FIBULA;
ADD	27881	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; W/IMMEDIATE FITTING W/1ST CAST
ADD	27882	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; OPEN, CIRCULAR (GUILLOTINE)

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Diagnosis: ACUTE OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 35 (CONT'D)

ADD	27884	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; SECONDARY CLOSURE/SCAR REVISION
ADD	27886	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; RE-AMPUTATION
ADD	27888	AMPUTATION, ANKLE-MALLEOLI, TIBIA/FIBULA, W/PLASTIC CLOSURE & NERVE RESECTION
ADD	27889	ANKLE DISARTICULATION
ADD	28800	AMPUTATION, FOOT; MIDTARSAL
ADD	28805	AMPUTATION, FOOT; TRANSMETATARSAL
ADD	28810	AMPUTATION, METATARSAL, W/TOE, SINGLE
ADD	28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT
ADD	28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT

Diagnosis: PYOGENIC ARTHRITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 37

ADD	23040	ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION, DRAINAGE/REMOVAL, FB
ADD	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JNT, W/EXPLORE/DRAIN/REMOVAL, FB
ADD	25101	ARTHROTOMY, WRIST JOINT; W/JOINT EXPLORATION, W/WO BX, W/WO REMOVAL LOOSE/FB
ADD	26080	ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB; INTERPHALANGEAL JOINT, EACH
ADD	28022	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; METATARSOPHALANGEAL JOINT
ADD	28024	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; INTERPHALANGEAL JOINT

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 40

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

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Diagnosis: BURN, PARTIAL THICKNESS WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 42

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 55

ADD	S2401	Fetal surg urin trac obstr
ADD	S2402	Fetal surg cong cyst malf
ADD	S2403	Fetal surg pulmon sequest
ADD	S2405	Fetal surg sacrococ teratoma

Note: Also see guideline changes affecting these codes in Attachment B.

Diagnosis: BIRTH TRAUMA FOR BABY

Treatment: MEDICAL THERAPY

Line: 75

ADD	97001	PHYSICAL THERAPY EVAL
ADD	97002	PHYSICAL THERAPY RE-EVAL
ADD	97003	OCCUPATIONAL THERAPY EVAL
ADD	97004	OCCUPATIONAL THERAPY RE-EVAL
ADD	97012	APPLICATION, MODALITY TO 1+ AREAS; TRACTION, MECH
ADD	97014	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (UNATTENDED)
ADD	97022	APPLICATION, MODALITY TO 1+ AREAS; WHIRLPOOL
ADD	97032	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MIN
ADD	97110	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES
ADD	97112	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; NEUROMUSCULAR REEDUCATION
ADD	97113	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; AQUATIC THERAPY W/EXERCISES
ADD	97116	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; GAIT TRAINING (W/STAIR CLIMBING)
ADD	97124	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; MASSAGE
ADD	97140	MANUAL THERAPY TECHNIQUES, 1+ REGIONS, EACH 15 MIN
ADD	97150	THERAPEUTIC PROC(S), GROUP, (2+ INDIVIDUALS)

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Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS

Treatment: SHUNT

Line: 87

ADD 61215 INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM,
VENTRICULAR CATHETER

Diagnosis: RUMINATION DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 92

ADD H0038 Self help/peer services, per 15 min
ADD H2011 Crisis intervention services, per 15 min
ADD H2027 Psychoeducational service, per 15 min
ADD S9125 Respite care services, in the home, per diem
DELETE S9485 Crisis intervention, mental health srvc, per diem

Diagnosis: BILIARY ATRESIA

Treatment: LIVER TRANSPLANT

Line: 107

ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
W/O TRISEGMENT/LOBE SPLIT
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;
W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 109

ADD 50323 BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP
ADD 50325 BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP
(OPEN/LAPAROSCOPIC)
ADD 50327 BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA
ADD 50328 BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,
ADD 50329 BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME
HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS;
POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S DISEASE

Treatment: LIVER TRANSPLANT

Line: 110

ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
W/O TRISEGMENT/LOBE SPLIT
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;
W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER

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Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME
HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS;
POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S DISEASE

Treatment: LIVER TRANSPLANT

Line: 110 (CONT'D)

ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA
ADD 50323 BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP
ADD 50325 BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP
(OPEN/LAPAROSCOPIC)
ADD 50327 BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA
ADD 50328 BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,
ADD 50329 BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER
VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES
WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 113

ADD 733.13 Pathologic fracture of vertebrae

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER

Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT

Line: 128

ADD 44715 BCKBNCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT
PREP W/MOBILE/SUP MESENTERIC ARTERY/VEIN SHAPE
ADD 44720 BACKBENCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT
RECONSTRUCT; VENOUS ANAST, EA
ADD 44721 BACKBENCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT
RECONSTRUCT; ARTERY ANAST, EA
ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
W/O TRISEGMENT/LOBE SPLIT
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;
W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE

Treatment: MEDICAL THERAPY

Line: 144

DELETE H2013 Psychiatric health facility service, per diem

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Diagnosis: ANOREXIA NERVOSA
 Treatment: MEDICAL/PSYCHOTHERAPY
 Line: 145

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
 Treatment: MEDICAL/PSYCHOTHERAPY
 Line: 146

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Line: 148

ADD	11008	REMOVAL PROSTHETIC MATERIAL/MESH, ABD WALL NECRO TISS INFEXN
ADD	23331	REMOVAL, FB, SHOULDER; DEEP
ADD	23332	REMOVAL, FB, SHOULDER; COMPLICATED
DELETE	26055	TENDON SHEATH INCISION (E.G., FOR TRIGGER FINGER)
ADD	27331	ARTHROTOMY, KNEE; W/JOINT EXPLORATION, BX/REMOVAL, LOOSE/FB
ADD	33244	REMOVAL, SINGLE/DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE (S);

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Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148 (CONT'D)

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	44137	COMPLETE TRANSPLANTED INTESTINAL ALLOGRAFT REMOVAL
ADD	49020	DRAINAGE, PERITONEAL ABSCESS/LOCALIZED PERITONITIS EXCLUDES APPENDICEAL ABSCESS; OPEN

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB INCLUDING BLOOD
VESSELS

Treatment: SURGICAL TREATMENT

Line: 149

DELETE	21740	REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
ADD	29130	APPLICATION OF FINGER SPLINT, STATIC
DELETE	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT
VESSELS, HYPOPLASTIC LEFT HEART SYNDROME

Treatment: CARDIAC TRANSPLANT

Line: 157

ADD	33944	BACKBENCH PREPARATION CADAVER HEART W/ALLOGRAFT DISSECT
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Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 162

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 163

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 164

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 165

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS

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Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 165 (CONT'D)

ADD 92607 EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD 92608 EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD 92609 THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 166

ADD 36818 ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD G0308 ESRD related services, age < 2, 4 or more MD visits per month
ADD G0309 ESRD related services, age < 2, 2-3 MD visits per month
ADD G0310 ESRD related services, age < 2, 1 MD visits per month
ADD G0311 ESRD related services, age 2-11, 4 or more MD visits per month
ADD G0312 ESRD related services, age 2-11, 2-3 MD visits per month
ADD G0313 ESRD related services, age 2-11, 1 MD visits per month
ADD G0314 ESRD related services, age 12-19, 4 or more MD visits per month
ADD G0315 ESRD related services, age 12-19, 2-3 MD visits per month
ADD G0316 ESRD related services, age 12-19, 1 MD visits per month
ADD G0317 ESRD related services, age 20 and over, 4 or more MD visits per month
ADD G0318 ESRD related services, age 20 and over, 2-3 MD visits per month
ADD G0319 ESRD related services, age 20 and over, 1 MD visit per month
ADD G0320 ESRD related services for home dialysis, full month, age < 2
ADD G0321 ESRD related services for home dialysis, full month, age 2-11
ADD G0322 ESRD related services for home dialysis, full month, age 12-19
ADD G0323 ESRD related services for home dialysis, full month, age > 20
ADD G0324 ESRD related services for home dialysis, per day, age < 2
ADD G0325 ESRD related services for home dialysis, per day, age 2-11

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Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 166 (CONT'D)

ADD G0326 ESRD related services for home dialysis, per day,
age 12-19
ADD G0327 ESRD related services for home dialysis, per day,
age > 20

Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND
RELATED OPPORTUNISTIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 170

DELETE 97780
DELETE 97781
ADD 97810 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT
15 MIN PERSONAL CONTACT
ADD 97811 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA
ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD 97813 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT
15 MIN PERS CONTACT
ADD 97814 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA
ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: EMPYEMA AND ABSCESS OF LUNG

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 172

ADD 32019 INDWELLING TUNNELED PLEURAL CATHETER INSERT W/CUFF

Diagnosis: END STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 178

ADD 36818 ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM
CEPHALIC VEIN TRANSPOSITION
ADD G0308 ESRD related services, age < 2, 4 or more MD
visits per month
ADD G0309 ESRD related services, age < 2, 2-3 MD visits per
month
ADD G0310 ESRD related services, age < 2, 1 MD visits per
month
ADD G0311 ESRD related services, age 2-11, 4 or more MD
visits per month
ADD G0312 ESRD related services, age 2-11, 2-3 MD visits per
month
ADD G0313 ESRD related services, age 2-11, 1 MD visits per
month
ADD G0314 ESRD related services, age 12-19, 4 or more MD
visits per month
ADD G0315 ESRD related services, age 12-19, 2-3 MD visits
per month

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Diagnosis: END STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 178 (CONT'D)

ADD G0316 ESRD related services, age 12-19, 1 MD visits per month
ADD G0317 ESRD related services, age 20 and over, 4 or more MD visits per month
ADD G0318 ESRD related services, age 20 and over, 2-3 MD visits per month
ADD G0319 ESRD related services, age 20 and over, 1 MD visit per month
ADD G0320 ESRD related services for home dialysis, full month, age < 2
ADD G0321 ESRD related services for home dialysis, full month, age 2-11
ADD G0322 ESRD related services for home dialysis, full month, age 12-19
ADD G0323 ESRD related services for home dialysis, full month, age > 20
ADD G0324 ESRD related services for home dialysis, per day, age < 2
ADD G0325 ESRD related services for home dialysis, per day, age 2-11
ADD G0326 ESRD related services for home dialysis, per day, age 12-19
ADD G0327 ESRD related services for home dialysis, per day, age > 20

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN

ERRORS OF METABOLISM (EG.MAPLE SURUP URINE DISEASE, TYROSINEMIA)

Treatment: LIVER TRANSPLANT

Line: 179

ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/O TRISEGMENT/LOBE SPLIT
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT; W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

Diagnosis: TOBACCO DEPENDENCE

Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS

Line: 185

DELETE 97780
DELETE 97781

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Diagnosis: TOBACCO DEPENDENCE

Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS

Line: 185 (CONT'D)

ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 187

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
DELETE	J3490	Unclassified drugs

Diagnosis: MAJOR DEPRESSION, SINGLE EPISODE OR MILD

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 188

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: OTHER PSYCHOTIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 189

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvc, per diem
ADD	T1023	Screening for services

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR
UNDIFFERENTIATED

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 190

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health srvc, per diem
ADD	T1023	Screening for services

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 195

ADD	58956	BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY
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Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 199

ADD 92506 EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD 92507 SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD 92508 SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
ADD 92607 EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD 92608 EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD 92609 THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 219

ADD 61215 INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER
ADD 754.89 OTH SPEC NONTERATOGENIC ANOMALIES
ADD 787.2 DYSPHAGIA

Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY

Line: 222

ADD G0308 ESRD related services, age < 2, 4 or more MD visits per month
ADD G0309 ESRD related services, age < 2, 2-3 MD visits per month
ADD G0310 ESRD related services, age < 2, 1 MD visits per month
ADD G0311 ESRD related services, age 2-11, 4 or more MD visits per month
ADD G0312 ESRD related services, age 2-11, 2-3 MD visits per month
ADD G0313 ESRD related services, age 2-11, 1 MD visits per month
ADD G0314 ESRD related services, age 12-19, 4 or more MD visits per month
ADD G0315 ESRD related services, age 12-19, 2-3 MD visits per month
ADD G0316 ESRD related services, age 12-19, 1 MD visits per month
ADD G0317 ESRD related services, age 20 and over, 4 or more MD visits per month

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Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE
GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY

Line: 222 (CONT'D)

ADD G0318 ESRD related services, age 20 and over, 2-3 MD visits per month
ADD G0319 ESRD related services, age 20 and over, 1 MD visit per month
ADD G0320 ESRD related services for home dialysis, full month, age < 2
ADD G0321 ESRD related services for home dialysis, full month, age 2-11
ADD G0322 ESRD related services for home dialysis, full month, age 12-19
ADD G0323 ESRD related services for home dialysis, full month, age > 20
ADD G0324 ESRD related services for home dialysis, per day, age < 2
ADD G0325 ESRD related services for home dialysis, per day, age 2-11
ADD G0326 ESRD related services for home dialysis, per day, age 12-19
ADD G0327 ESRD related services for home dialysis, per day, age > 20

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL(See Guideline Notes 2,3 and 12)

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION (See Coding Specification Below)

Line: 228

ADD 19296 BRACHYTHERAPY ON DATE SEPARATE FROM PARTIAL MASTECTOMY
ADD 19298 BRACHYTHERAPY CONCURRANT WITH PARTIAL MASTECTOMY

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer, and must be completed within 5 years of initial mastectomy. When breast reconstruction is performed after the treatment for breast cancer is completed, a principle diagnosis code of V45.71 (Acquired Absence of Breast) is appropriate and is only included on this line in combination with a secondary diagnosis of V10.3 (Personal History of Malignant Neoplasm of the Breast).

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 229

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

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Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 232

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/
ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 233

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/
ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 235

DELETE 50978

Diagnosis: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 244

ADD H0032 Mental health service plan development by
non-physician
ADD H0038 Self help/peer services, per 15 min
ADD H2011 Crisis intervention service, per 15 min
ADD H2012 Behavioral health day treatment, per hour
ADD H2021 Community based wraparound services, per 15 min
ADD H2022 Community based wraparound services, per diem
ADD H2023 Supported employment, per 15 min
ADD H2027 Psychoeducational service, per 15 min
ADD S9125 Respite care services, in the home, per diem
DELETE S9485 Crisis intervention, mental health services, per
diem
ADD T1023 Screening for services

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Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 245

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES

Treatment: THROMBOENDARTERECTOMY

Line: 248

ADD	37215	PER-Q TRANSCATHETER PLACEMENT, CERVICAL CAROTID ARTERY STENT INSERT; W/DISTAL PROTECT
ADD	37216	PER-Q TRANSCATHETER PLACEMENT, CERVICAL CAROTID ARTERY STENT INSERT; WO/DISTAL PROTECT
DELETE	S2211	Transcatheter placement of intravascular stent, carotid artery, percutaneous

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 249

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month

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Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 249 (CONT'D)

ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 250

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month

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Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 250 (CONT'D)

ADD G0319 ESRD related services, age 20 and over, 1 MD visit per month
ADD G0320 ESRD related services for home dialysis, full month, age < 2
ADD G0321 ESRD related services for home dialysis, full month, age 2-11
ADD G0322 ESRD related services for home dialysis, full month, age 12-19
ADD G0323 ESRD related services for home dialysis, full month, age > 20
ADD G0324 ESRD related services for home dialysis, per day, age < 2
ADD G0325 ESRD related services for home dialysis, per day, age 2-11
ADD G0326 ESRD related services for home dialysis, per day, age 12-19
ADD G0327 ESRD related services for home dialysis, per day, age > 20

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS

Treatment: MEDICAL THERAPY

Line: 252

ADD G0308 ESRD related services, age < 2, 4 or more MD visits per month
ADD G0309 ESRD related services, age < 2, 2-3 MD visits per month
ADD G0310 ESRD related services, age < 2, 1 MD visits per month
ADD G0311 ESRD related services, age 2-11, 4 or more MD visits per month
ADD G0312 ESRD related services, age 2-11, 2-3 MD visits per month
ADD G0313 ESRD related services, age 2-11, 1 MD visits per month
ADD G0314 ESRD related services, age 12-19, 4 or more MD visits per month
ADD G0315 ESRD related services, age 12-19, 2-3 MD visits per month
ADD G0316 ESRD related services, age 12-19, 1 MD visits per month
ADD G0317 ESRD related services, age 20 and over, 4 or more MD visits per month
ADD G0318 ESRD related services, age 20 and over, 2-3 MD visits per month
ADD G0319 ESRD related services, age 20 and over, 1 MD visit per month
ADD G0320 ESRD related services for home dialysis, full month, age < 2

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Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS

Treatment: MEDICAL THERAPY

Line: 252 (CONT'D)

ADD G0321 ESRD related services for home dialysis, full month, age 2-11
ADD G0322 ESRD related services for home dialysis, full month, age 12-19
ADD G0323 ESRD related services for home dialysis, full month, age > 20
ADD G0324 ESRD related services for home dialysis, per day, age < 2
ADD G0325 ESRD related services for home dialysis, per day, age 2-11
ADD G0326 ESRD related services for home dialysis, per day, age 12-19
ADD G0327 ESRD related services for home dialysis, per day, age > 20

Diagnosis: SUBSTANCE-INDUCED DELIRIUM

Treatment: MEDICAL THERAPY

Line: 263

DELETE 97780
DELETE 97781
ADD 97810 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD 97811 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD 97813 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD 97814 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 265

DELETE 97780
DELETE 97781
ADD 97810 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD 97811 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD 97813 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD 97814 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

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Diagnosis: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 266

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 267

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: TOURRETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 268

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem

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Diagnosis: TOURRETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 268 (CONT'D)

ADD H2027 Psychoeducational service, per 15 min
ADD H2032 Activity therapy, per 15 min
DELETE S9485 Crisis intervention, mental health services, per
diem
ADD T1023 Screening for services

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 273

ADD 45341 SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC
ULTRASOUND EXAMINATION

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 274

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/
ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER
RESPIRATORY ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 275

ADD 31636 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE;
W/BRONCHIAL STENT INSERT W/TRACH/BRONCH DILATE,
ADD 31637 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; EA
ADDNL BRONCH STENT
ADD 31638 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE;
W/REVISION TRACH/BRONCH STENT W/TRACH/BRONCH

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL
RESULT IN A GREATER

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 278

ADD 50391 THERAPEUTIC AGENT INSTILLATION INTO RENAL
PELVIS/URETER THRU
NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY

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Diagnosis: STROKE
Treatment: MEDICAL THERAPY
Line: 287

ADD 61793 STEREOTACTIC RADIOSURGERY, 1+ SESSIONS

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 299

ADD 21501 INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA,
SOFT TISSUE OF NECK OR THORAX

Diagnosis: POST TRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 304

ADD H0032 Mental health service plan development by non-MD
ADD H0038 Self help/peer services, per 15 min
ADD H0039 Assertive community treatment, per 15 min
ADD H2011 Crisis intervention service, per 15 min
ADD H2012 Behavioral health day treatment, per hour
ADD H2014 Skills training and development
ADD H2021 Community based wraparound services, per 15 min
ADD H2022 Community based wraparound services, per diem
ADD H2023 Supported employment, per 15 min
ADD H2027 Psychoeducational service, per 15 min
ADD H2032 Activity therapy, per 15 min
ADD S9125 Respite care services, in the home, per diem
ADD S9480 Intensive outpatient psychiatric services, per
DELETE S9485 Crisis intervention, mental health srvc, per diem
ADD T1023 Screening for services

Diagnosis: OBSESSIVE COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 305

ADD H0032 Mental health service plan development by
non-physician
ADD H0038 Self help/peer services, per 15 min
ADD H0039 Assertive community treatment, per 15 min
ADD H2011 Crisis intervention service, per 15 min
ADD H2012 Behavioral health day treatment, per hour
ADD H2013 Psychiatric health facility service, per diem
ADD H2014 Skills training and development
ADD H2021 Community based wraparound services, per 15 min
ADD H2022 Community based wraparound services, per diem
ADD H2023 Supported employment, per 15 min
ADD H2027 Psychoeducational service, per 15 min
ADD H2032 Activity therapy, per 15 min
ADD S9480 Intensive outpatient psychiatric services, per
DELETE S9485 Crisis intervention, mental health svcs, per diem
ADD T1023 Screening for services

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Diagnosis: TYPE II DIABETES MELLITUS

Treatment: MEDICAL THERAPY

Line: 314

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per mo
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per mo
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 327

ADD	63050	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS
ADD	63051	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESS, 2/> VERTEBRAL SEGMENTS W/POST BONE RECONSTRUCT
ADD	63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINE ELEMENTS

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: NEUROLOGIC DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 336

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER
ADD	718.40	CONTRACTURE OF JOINT-SITE UNS
ADD	718.41	CONTRACTURE OF JOINT-SHOULDER
ADD	718.42	CONTRACTURE OF JOINT-UPPER ARM
ADD	718.43	CONTRACTURE OF JOINT-FOREARM
ADD	718.44	CONTRACTURE OF JOINT-HAND
ADD	718.45	CONTRACTURE OF JOINT-PELVIC
ADD	718.46	CONTRACTURE OF JOINT-LOWER LEG
ADD	718.47	CONTRACTURE OF JOINT-ANKLE & FOOT
ADD	718.48	CONTRACTURE OF JOINT-OTH SPEC SITES
ADD	754.89	OTH SPEC NONTERATOGENIC ANOMALIES
ADD	97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAIN, EACH 15

Diagnosis: PANIC DISORDER, AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 340

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC ORGANS

Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY

Line: 346

DELETE	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
ADD	31545	DIR LARYNGOSCOPE, W/NON-NEOPLASTIC VOCAL CORD LESION REMOVAL, SUBMUCOUS; LOC FLAP RECONSTRUCT
ADD	31546	DIR LARYNGOSCOPE, W/NON-NEOPLASTIC VOCAL CORD LESION REMOVAL, SUBMUCOUS, W/AUTOGRAFT RECONSTRUCT
ADD	31636	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; W/BRONCHIAL STENT INSERT W/TRACH/BRONCH DILATE,

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY

Line: 346 (CONT'D)

ADD 31637 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; EA
ADDNL BRONCH STENT
ADD 31638 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE;
W/REVISION TRACH/BRONCH STENT W/TRACH/BRONCH

Diagnosis: DYSTONIA (UNCONTROLLABLE)
Treatment: MEDICAL THERAPY

Line: 347

DELETE 333.99 OTH EXTRAPYRAMIDAL DZ-ABNORMAL MOVEMENT DISORDER

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 354

DELETE 454.1 VARICOSE VEINS OF L-EXTREMITIES W INFLAMMATION
DELETE 454.8 VARICOSE VEINS OF THE LOWER EXTREMITIES, WITH OTHE
DELETE 459.12 POSTPHLEBETIC SYNDROME WITH INFLAMMATION
DELETE 459.19 POSTPHLEBETIC SYNDROME WITH OTHER COMPLICATION
DELETE 459.32 CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION
DELETE 459.39 CHRONIC VENOUS HYPERTENSION W/ OTHER COMPLICATION

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 355

ADD 11005 DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS
INFEXN; ABD WALL, W/WO FASCIAL CLOSE
ADD 11006 DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS
INFEXN; GENITAL/PERIN/ABD WALL, W/WO FASCIAL CLOSE
ADD 454.1 VARICOSE VEINS OF L-EXTREMITIES W INFLAMMATION
ADD 459.12 POSTPHLEBETIC SYNDROME WITH INFLAMMATION
ADD 459.32 CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES

Line: 359

ADD 41806 REMOVAL, EMBEDDED FB, DENTOALVEOLAR STRUCTURES;
ADD D7511 I&D ABSCESS OF INTRAORAL SOFT TISSUE, COMPLICATED
ADD D7521 I&D ABSCESS OF EXTRAORAL SOFT TISSUE, COMPLICATED

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT

Line: 362

DELETE 35161
DELETE 35162

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Diagnosis: URINARY TRACT CALCULUS
Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY
Line: 364

DELETE 50978

Diagnosis: CALCULUS OF BLADDER OR KIDNEY
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY,
LITHOTRIPSY
Line: 367

ADD 50395 INTRODUCTION, GUIDE INTO RENAL PELVIS &/OR URETER
W/DILATION, FOR NEPHROSTOMY TRACT, PERCUTANEOUS

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 369

DELETE 50959

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 371

DELETE 35582

Diagnosis: CONDUCT DISORDER, AGE 18 AND UNDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 376

ADD H0032 Mental health service plan development by
non-physician
ADD H0038 Self help/peer services, per 15 min
ADD H0039 Assertive community treatment, per 15 min
ADD H2011 Crisis intervention service, per 15 min
ADD H2012 Behavioral health day treatment, per hour
ADD H2014 Skills training and development
ADD H2021 Community based wraparound services, per 15 min
ADD H2022 Community based wraparound services, per diem
ADD H2023 Supported employment, per 15 min
ADD H2027 Psychoeducational service, per 15 min
ADD H2032 Activity therapy, per 15 min
ADD S9125 Respite care services, in the home, per diem
ADD S9480 Intensive outpatient psychiatric services, per
diem
DELETE S9485 Crisis intervention, mental health services, per
diem
ADD T1023 Screening for services

Diagnosis: OVER-ANXIOUS DISORDER, GENERALIZED ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 377

ADD H0032 Mental health service plan development by
non-physician
ADD H0038 Self help/peer services, per 15 min

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Diagnosis: OVER-ANXIOUS DISORDER, GENERALIZED ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 377 (CONT'D)

ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: BULEMIA
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 378

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR

Line: 380

ADD	23040	ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION, DRAINAGE/REMOVAL, FB
ADD	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JNT, W/EXPLORE/DRAIN/REMOVAL, FB
ADD	25101	ARTHROTOMY, WRIST JOINT; W/JOINT EXPLORATION, W/WO BX, W/WO REMOVAL LOOSE/FB
ADD	26080	ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB; INTERPHALANGEAL JOINT, EACH
ADD	27310	ARTHROTOMY, KNEE, W/EXPLORATION, DRAINAGE/REMOVAL, FB

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Diagnosis: DEEP OPEN WOUNDS

Treatment: REPAIR

Line: 380 (CONT'D)

ADD	28022	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; METATARSOPHALANGEAL JOINT
ADD	28024	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; INTERPHALANGEAL JOINT
DELETE	64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONT CATHETER INFUSN W/DAILY MGMT, ANESTH ADMIN
DELETE	64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONT CATHETER INFUSION W/DAILY MGMT, ANESTH ADMIN
DELETE	64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR, CONTINUOUS CATHETER INFUSION W/DAILY

Diagnosis: EPIDERMOLYSIS BULLOSA

Treatment: MEDICAL THERAPY

Line: 381

ADD	97001	PHYSICAL THERAPY EVAL
ADD	97002	PHYSICAL THERAPY RE-EVAL
ADD	97003	OCCUPATIONAL THERAPY EVAL
ADD	97004	OCCUPATIONAL THERAPY RE-EVAL
ADD	97012	APPLICATION, MODALITY TO 1+ AREAS; TRACTION, MECHANICAL
ADD	97014	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (UNATTENDED)
ADD	97022	APPLICATION, MODALITY TO 1+ AREAS; WHIRLPOOL
ADD	97032	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MIN
ADD	97110	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES
ADD	97112	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; NEUROMUSCULAR REEDUCATION
ADD	97113	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; AQUATIC THERAPY W/EXERCISES
ADD	97116	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; GAIT TRAINING (W/STAIR CLIMBING)
ADD	97124	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; MASSAGE
ADD	97140	MANUAL THERAPY TECHNIQUES, 1+ REGIONS, EACH 15 MIN
ADD	97150	THERAPEUTIC PROC(S), GROUP, (2+ INDIVIDUALS)

Diagnosis: PARANOID DELUSIONAL DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 392

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: PARANOID DELUSIONAL DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 392 (CONT'D)

ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: DIABETIC AND OTHER RETINOPATHY

Treatment: LASER SURGERY

Line: 397

ADD	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH
ADD	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/FOCAL ENDOLASER PHOTOCOAGULATION
ADD	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ENDOLASER PANRETINAL PHOTOCOAGULATION

Diagnosis: PRIMARY AND OPEN ANGLE GLAUCOMA

Treatment: TRABECULECTOMY, CYCLOCRYOTHERAPY, LASER TRABECULOPLASTY

Line: 411

ADD	66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC
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Diagnosis: CATARACT

Treatment: EXTRACTION OF CATARACT

Line: 414

DELETE	250.5	DIABETES WITH OPHTHALMIC COMPLICATIONS
DELETE	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH
DELETE	743.31	CONGENITAL CAPSULAR & SUBCAPSULAR CATARACT
DELETE	743.32	CONGENITAL CORTICAL & ZONULAR CATARACT
DELETE	743.33	CONGENITAL NUCLEAR CATARACT
DELETE	743.34	TOTAL & SUBTOTAL CATARACT-CONGENITAL
DELETE	743.35	CONGENITAL APHAKIA
DELETE	743.36	ANOMALIES OF LENS SHAPE
DELETE	743.37	CONGENITAL ECTOPIC LENS
DELETE	743.39	OTH CONGENITAL CATARACT & LENS ANOMALIES

Note: Change title to "CATARACT, EXCLUDING CONGENITAL."

Diagnosis: DYSTHYMIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 425

ADD	H0032	Mental health service plan development by non-physician
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Diagnosis: DYSTHYMIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 425 (CONT'D)

ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 426

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: BORDERLINE PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 427

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

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Diagnosis: IDENTITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 428

ADD	H0032	Mental health service plan development by non-physician
ADD	H0037	Community psychiatric supportive treatment, per
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 429

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 433

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour

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Diagnosis: CONVERSION DISORDER, CHILD

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 433 (CONT'D)

ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: FUNCTIONAL ENCOPRESIS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 434

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE, ELECTIVE MUTISM

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 435

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITIONS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 436

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: UROLOGIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 439

ADD	50391	THERAPEUTIC AGENT INSTILLATION INTO RENAL PELVIS/URETER THRU NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY
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Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 440

DELETE	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP/DEVICE/DORSAL SLIT; NEWBORN
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Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA

Treatment: HEART-LUNG AND LUNG TRANSPLANT

Line: 442

ADD	32855	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; UNILAT
ADD	32856	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; BILAT
ADD	33933	BACKBENCH PREP CADAVER HEART/LUNG, W/ALLOGRAFT DISSECT;

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION,
PRIMARY PULMONARY FIBROSIS; LYMPHANGIOLEIOMYOMATOSIS,
EISENMENGER'S DISEASE

Treatment: HEART-LUNG AND LUNG TRANSPLANT

Line: 443

ADD 32855 BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT;
UNILAT
ADD 32856 BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT;
BILAT
ADD 33933 BACKBENCH PREP CADAVER HEART/LUNG, W/ALLOGRAFT
DISSECT;

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE

Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER
KIDNEY (PAK) TRANSPLANT

Line: 444

ADD 48551 BACKBENCH PREP CADAVER DONOR PANCREAS ALLOGRAFT,
W/ALLOGRAFT DISSECT FROM TISS
ADD 48552 BACKBENCH CADAVER DONOR PANCREAS ALLOGRAFT
RECONSTRUCT, VENOUS ANASTOMOSIS, EA
ADD 50323 BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP
ADD 50325 BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP
(OPEN/LAPAROSCOPIC)
ADD 50327 BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA
ADD 50328 BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,
ADD 50329 BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT
RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF
INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS
THAT CAUSE NEUROLOGICAL DYSFUNCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 455

ADD 61215 INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM,
VENTRICULAR CATHETER
ADD 754.89 OTH SPEC NONTERATOGENIC ANOMALIES
ADD 97542 WHEELCHAIR MANAGEMENT/PROPULSION TRAIN, EACH 15

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC
CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 456

ADD 61215 INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM,
VENTRICULAR CATHETER
ADD 754.89 OTH SPEC NONTERATOGENIC ANOMALIES

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: EATING DISORDERS NOS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 462

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 463

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS, INCLUDING DEMENTIAS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 464

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 469

DELETE	733.13	Pathologic fracture of vertebrae
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Diagnosis: MENSTRUAL BLEEDING DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 467

ADD	58356	ENDOMETRIAL CRYOABLATION W/US, W/ENDOMETRIAL CURETTAGE, WHEN PERFORMED
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Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;
CONGENITAL ANOMALIES OF EYE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 473

ADD	66820	DISCISSION, SECONDARY MEMBRANOUS CATARACT; STAB INCISION (ZIEGLER/WHEELER KNIFE)
ADD	66821	DISCISSION, SECONDARY MEMBRANOUS CATARACT; LASER (1+ STAGES)
ADD	66825	REPOSITIONING, INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEP PROC)
ADD	66830	REMOVAL, SECONDARY MEMBRANOUS CATARACT W/CORNEO-SCLERAL SECTION, W/WO IRIDECTOMY
ADD	66840	REMOVAL, LENS MATERIAL; ASPIRATION TECHNIQUE, 1+ STAGES
ADD	66850	REMOVAL, LENS MATERIAL; PHACOFRAGMENTATION, W/ASPIRATION
ADD	66852	REMOVAL, LENS MATERIAL; PARS PLANA APPROACH, W/WO VITRECTOMY
ADD	66920	REMOVAL, LENS MATERIAL; INTRACAPSULAR

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;
CONGENITAL ANOMALIES OF EYE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 473 (CONT'D)

ADD	66930	REMOVAL, LENS MATERIAL; INTRACAPSULAR, DISLOCATED LENS
ADD	66940	REMOVAL, LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
ADD	66982	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS PROSTHESIS (1 STAGE), COMPLEX
ADD	66983	INTRACAPSULAR CATARACT EXTRACTION W/INSERTION, LENS PROSTHESIS (1 STAGE)
ADD	66984	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS PROSTHESIS (1 STAGE)
ADD	66985	INSERTION, INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) (NO CONCURRENT CATARACT REMOVAL)
ADD	66986	EXCHANGE, INTRAOCULAR LENS

Diagnosis: STEREOTYPIC HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO
NEUROLOGIC DYSFUNCTION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 478

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE
AND SHOULDER

Treatment: SURGICAL TREATMENT

Line: 484

DELETE	26055	TENDON SHEATH INCISION (E.G., TRIGGER FINGER)
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Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN
WITHOUT SPINAL CORD INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 485

ADD	733.13	Pathologic fracture of vertebrae
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Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)

Treatment: OPEN OR CLOSED REDUCTION

Line: 486

ADD 27827 OPEN TREATMENT OF FRACTURE OF WEIGHT-BEARING
ARTICULAR SURFACE/PORTION OF DISTAL TIBIA WITH
INT/EXT FIXATION, TIBIA ONLY

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 502

ADD 48145 PANCREATECTOMY, DISTAL SUBTOTAL, W/WO SPLENECTOMY;
W/PANCREATICOJEJUNOSTOMY
ADD 48146 PANCREATECTOMY, DISTAL, NEAR-TOTAL W/PRESERVATION,
DUODENUM (CHILD-TYPE PROC)
ADD 48148 EXCISION, AMPULLA, VATER
ADD 48150 PANCREATECTOMY (WHIPPLE); W/PANCREATOJEJUNOSTOMY
ADD 48152 PANCREATECTOMY (WHIPPLE); W/O PANCREATOJEJUNOSTOMY
ADD 48153 PANCREATECTOMY (PYLORUS SPARING, WHIPPLE);
W/PANCREATOJEJUNOSTOMY
ADD 48154 PANCREATECTOMY (PYLORUS SPARING, WHIPPLE); W/O
PANCREATOJEJUNOSTOMY
ADD 48155 PANCREATECTOMY, TOTAL

Diagnosis: NON-MALIGNANT OTITIS EXTERNA

Treatment: MEDICAL THERAPY

Line: 504

ADD 69020 DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH)

Treatment: BASIC RESTORATIVE

Line: 507

ADD D2391 Resin based composite restoration, one surface,
posterior
ADD D2392 Resin based composite restoration, two surfaces,
posterior
ADD D2393 Resin based composite restoration, three surfaces,
posterior
ADD D2394 Resin based composite restoration, four or more
surfaces, posterior
DELETE D3347 Retreatment of previous root canal therapy -
bicuspid
DELETE D3348 Retreatment of previous root canal therapy - molar
ADD D3430 Retrograde filling

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Diagnosis: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
Line: 511

DELETE	388.30	Tinnitus, unspecified
DELETE	388.31	Subjective tinnitus
DELETE	388.32	Objective tinnitus

Diagnosis: SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, PREMENSTRUAL TENSION SYNDROME
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 514

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: DISORDERS OF SHOULDER
Treatment: REPAIR/RECONSTRUCTION
Line: 517

DELETE	718.41	CONTRACTURE OF JOINT-SHOULDER
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Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II & III
Treatment: REPAIR, MEDICAL THERAPY
Line: 518

DELETE	718.46	CONTRACTURE OF JOINT-LOWER LEG
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Diagnosis: UTERINE PROLAPSE; CYSTOCELE
Treatment: SURGICAL REPAIR
Line: 521

ADD	57267	MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT REPAIR, EA SITE, VAGINAL APPROACH
ADD	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 526

ADD	11004	DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS INFEXN; GENITALIA/PERIN
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Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 529

ADD 57267 MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT
REPAIR, EA SITE, VAGINAL APPROACH
ADD 57283 COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH
(UTEROSACRAL, LEVATOR MYORRHAPHY)

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 535

ADD H0032 Mental health service plan development by non-MD
ADD H0038 Self help/peer services, per 15 min
ADD H2011 Crisis intervention service, per 15 min
ADD H2012 Behavioral health day treatment, per hour
ADD H2014 Skills training and development
ADD H2021 Community based wraparound services, per 15 min
ADD H2022 Community based wraparound services, per diem
ADD H2023 Supported employment, per 15 min
ADD H2027 Psychoeducational service, per 15 min
ADD H2032 Activity therapy, per 15 min
DELETE S9485 Crisis intervention, mental health srvc, per diem
ADD T1023 Screening for services

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 537

DELETE 26055 TENDON SHEATH INCISION (E.G., FOR TRIGGER FINGER)

Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY/ INCISION
Line: 542

ADD 46947 HEMORRHOIDOPEXY (PROLAPSING INTERNAL HEMORRHOIDS)
BY STAPLING

Diagnosis: PHIMOSIS
Treatment: SURGICAL TREATMENT
Line: 551

ADD 54150 CIRCUMCISION, USING CLAMP/OTHER DEVICE; NEWBORN
ADD 54160 CIRCUMCISION, SURGICAL EXCISION OTHER THAN
CLAMP/DEVICE/DORSAL SLIT; NEWBORN

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS
Line: 560

ADD D3347 Retreatment of previous root canal therapy -
bicuspid
ADD D3348 Retreatment of previous root canal therapy - molar

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: IMPULSE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 561

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: SEXUAL DYSFUNCTION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 563

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 572

ADD	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
DELETE	26055	TENDON SHEATH INCISION
DELETE	718.42	CONTRACTURE OF JOINT-UPPER ARM
DELETE	718.43	CONTRACTURE OF JOINT-FOREARM
DELETE	718.44	CONTRACTURE OF JOINT-HAND
DELETE	718.45	CONTRACTURE OF JOINT-PELVIC
DELETE	718.46	CONTRACTURE OF JOINT-LOWER LEG

Diagnosis: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
Line: 573

DELETE	718.47	CONTRACTURE OF JOINT-ANKLE & FOOT
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 Diagnosis: INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE
 Treatment: REPAIR, MEDICAL THERAPY
 Line: 584

DELETE 718.48 CONTRACTURE OF JOINT-OTH SPEC SITES

 Diagnosis: PERIPHERAL ENTHESOPATHIES
 Treatment: SURGICAL TREATMENT
 Line: 588

DELETE 26055 TENDON SHEATH INCISION

 Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC
 IMPAIRMENT (See Guideline Note)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Line: 594

DELETE 64446 INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONT
 CATHETER INFUSN W/DAILY MGMT, ANESTH ADMIN
 DELETE 64447 INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
 DELETE 64448 INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONT
 CATHETER INFUSION W/DAILY MGMT, ANESTH ADMIN

 Diagnosis: FEMALE INFERTILITY, MALE INFERTILITY
 Treatment: ARTIFICIAL INSEMINATION, MEDICAL THERAPY
 Line: 596

DELETE 52347

 Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS
 Treatment: LIVER TRANSPLANT
 Line: 601

ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
 W/O TRISEGMENT/LOBE SPLIT
 ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;
 W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
 ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;
 W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
 ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
 RECONSTRUCT; VENOUS ANASTOMOSIS, EA
 ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT
 RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

 Diagnosis: FACTITIOUS DISORDERS
 Treatment: MEDICAL/PSYCHOTHERAPY
 Line: 608

ADD H0032 Mental health service plan development by
 non-physician
 ADD H2011 Crisis intervention service, per 15 min
 ADD H2021 Community based wraparound services, per 15 min
 ADD H2022 Community based wraparound services, per diem
 DELETE S9485 Crisis intervention, mental health services, per
 diem
 ADD T1023 Screening for services

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Diagnosis: HYPOCHONDRIASIS, SOMATOFORM DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 609

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: CONVERSION DISORDER, ADULT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 610

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY

Line: 611

ADD	63050	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS
ADD	63051	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESS, 2/> VERTEBRAL SEGMENTS W/POST BONE RECONSTRUCT
ADD	63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINE ELEMENTS

Diagnosis: PICA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 627

ADD	H0032	Mental health service plan development by non-physician
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: INFERTILITY DUE TO TUBAL DISEASE

Treatment: MICROSURGERY

Line: 636

ADD 52402 CYSTOURETHROSCOPY W/TRANSURETHRAL
RESECTION/INCISION EJACULATORY DUCTS

Diagnosis: MORBID OBESITY

Treatment: GASTROPLASTY

Line: 640

ADD 43644 LAPAROSCOPIC GASTRIC RESTRICTIVE PX, W/GASTRIC
BYPASS/ ROUX-EN-Y, < 150CM
ADD 43645 LAPAROSCOPIC GASTRIC RESTRICTIVE PX, W/GASTRIC
BYPASS/ ROUX-EN-Y/SMALL INTESTINE RECONSTRUCT
ADD 43845 GASTRIC RESTRICTIVE PX, W PART
GASTRECTOMY/DUODENOILEOSTOMY/ILEOILEOSTOMY
50-100CM COMMON CHANNEL
DELETE S2085 Laparscopy, surgical, gastric restrictive
procedure; with gastric bypass, with short limb
roux-en-y gastroenterostomy

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I

Treatment: MEDICAL THERAPY

Line: 645

DELETE 718.46 CONTRACTURE OF JOINT-LOWER LEG

Diagnosis: SYNOVITIS AND TENOSYNOVITIS

Treatment: MEDICAL THERAPY

Line: 646

ADD 26055 TENDON SHEATH INCISION

Diagnosis: PROLAPSED URETHRAL MUCOSA

Treatment: SURGICAL TREATMENT

Line: 655

ADD 57267 MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT
REPAIR, EA SITE, VAGINAL APPROACH

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND
ANTISOCIAL

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 657

ADD H0032 Mental health service plan development by
non-physician
ADD H0038 Self help/peer services, per 15 min
ADD H0039 Assertive community treatment, per 15 min
ADD H2011 Crisis intervention service, per 15 min
ADD H2014 Skills training and development
ADD H2021 Community based wraparound services, per 15 min
ADD H2022 Community based wraparound services, per diem
ADD H2023 Supported employment, per 15 min

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTISOCIAL

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 657 (CONT'D)

ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS, OTHER PSYCHOSEXUAL DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 658

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 679

DELETE	11100	BX, SKIN, SUBQ/MUCOUS MEMBRANE; SINGLE LESION
DELETE	11101	BX, SKIN, SUBQ/MUCOUS MEMBRANE (SEP PROC); ADD'L LESION

Diagnosis: UNCOMPLICATED HEMORRHOIDS

Treatment: HEMORRHOIDECTOMY/MEDICAL THERAPY

Line: 680

ADD	46947	HEMORRHOIDOPEXY (PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING
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Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY

Line: 688

ADD	36475	PER-Q ENDOVENOUS RF ABLATE, INCOMPETENT EXTREMITY VEIN, W/S&I/MONITOR; 1ST VEIN
ADD	36476	PER-Q ENDOVEN RF ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS
ADD	36478	PER-Q ENDOVENOUS LASER ABLATE, INCOMPETENT EXTREMITY VEIN, W/S&I/MONITOR; 1ST VEIN

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR
INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY

Line: 688 (CONT'D)

ADD	36479	PER-Q ENDOVENOUS LASER ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS
ADD	454.8	VARICOSE VEINS OF THE LOWER EXTREMITIES, WITH OTHER COMPLICATIONS
DELETE	459.11	POSTPHLEBETIC SYNDROME WITH ULCER
DELETE	459.12	POSTPHLEBETIC SYNDROME WITH INFLAMMATION
DELETE	459.13	POSTPHLEBETIC SYNDROME WITH ULCER AND INFLAMMATION
DELETE	459.31	CHRONIC VENOUS HYPERTENSION WITH ULCER
DELETE	459.32	CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION
DELETE	459.33	CHRONIC VENOUS HYPERTENSION W/ ULCER & INFLAMMATN

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
(See Guideline Note)

Treatment: ELECTIVE DENTAL SERVICES

Line: 700

DELETE	D2391	Resin based composite restoration, one surface, posterior
DELETE	D2392	Resin based composite restoration, three surfaces, posterior
DELETE	D2393	Resin based composite restoration, two surfaces, posterior
DELETE	D2394	Resin based composite restoration, four or more surfaces, posterior

Diagnosis: ANTISOCIAL PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 701

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 719

DELETE	21742	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; MINIMAL INVASIVE APPROACH, W/O THORACOSCOPY
DELETE	21743	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; MINIMAL INVASIVE APPROACH, W/THORACOSCOPY
DELETE	718.40	CONTRACTURE OF JOINT-SITE UNS

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)

Diagnosis: SENORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 721

ADD 388.30 Tinnitus, unspecified
ADD 388.31 Subjective tinnitus
ADD 388.32 Objective tinnitus

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 724

ADD T1023 Screening for services

Guideline Revisions to the 10/1/04 Prioritized List of Health Services

GUIDELINE NOTE 1, SPEECH, OCCUPATIONAL, AND PHYSICAL THERAPYIES FOR ACUTE CONDITIONS

On Lines 1, 19, 21, 24, 26, 29, 31, 35, 37, 38, 40, 42, 52, 89, 95, 96, 97, 98, 101, 102, 103, 104, 105, 106, 112, 113, 114, 115, 132, 133, 134, 136, 143, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 165, 168, 175, 177, 180, 191, 198, 199, 209, 215, 219, 216, 240, 241, 248, 261, 264, 286, 287, 288, 289, 290, 294, 299, 313, 318, 319, 323, 324, 325, 330, 336, 371, 374, 375, 382, 383, 384, 388, 441, 454, 455, 456, 469, 470, 471, 483, 484, 485, 486, 498, 516, 517, 518, 519, 522, 568, 584, 589, 594, 645, 646, 685

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for these diagnoses ~~when paired with the respective CPT codes appear on these lines~~, depending on medical necessity, for up to 3 months after the initiation of the therapies. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

- Ages < 8: 24
- Ages 8-12: 12
- Age > 12: 2

Following 3 months of acute therapy, the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):

- Age < 3: 4
- Age 3-7: 24
- Age 8-12: 12
- Age > 12: 2

An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever there is a change in status, such as surgery, botox injection, or an acute exacerbation OR for evaluation/training for an assitive communication device.

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital, or an inpatient rehabilitation unit.

Guideline Revisions to the 10/1/04 Prioritized List of Health Services (Cont'd)

GUIDELINE NOTE 2, ERYTHROPOIETIN

On Lines 2, 4, 27, 118, 119, 120, 122, 123, 124, 125, 137, 140, 166, 178, 182, 183, 193, 194, 195, 196, 200, 201, 212, 213, 222, 227, 228, 229, 231, 232, 233, 234, 235, 236, 237, 249, 250, 252, 265, 273, 274, 275, 276, 277, 278, 279, 280, 314, 329, 349, 445, 446, 500, 501, 502, 503, 693

1. Indicated for ~~Hgb < 10~~ anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy, ~~or~~ in the setting of myelodysplasia, or chronic renal failure, with or without dialysis.

A. Endogenous erythropoietin levels of < 200 IU/L are required for treatment, except in chronic renal failure.

B. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

~~2. Treatment should continue for 4-8 weeks, or until Hgb of 12 is reached. If no response by 4-8 weeks, treatment should be discontinued. If Hgb of 12 is reached, EPO should be titrated to maintain this level.~~

2. Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) associated with HIV/AIDS.

A. An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.

B. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

GUIDELINE NOTE 5, FETOSCOPIC LASER SURGERY

On Line 55

~~Fetoscopic laser surgery (S2411) is only covered for Stages III and IV twin-twin transfusion syndrome. repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt.~~

GUIDELINE NOTE 7, SECOND BONE MARROW TRANSPLANTS, NON-MYELOABLATIVE STEM CELL TRANSPLANTS

On Lines 118, 120, 122, 124, 125, 182, 183, 200, 445, 446

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma. Non-myeloablative transplants (mini-transplants) are not covered.

GUIDELINE NOTE 8, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

On Line 143

Neurologic impairment is defined as objective evidence of one or more of the following:

- a) Reflex loss
- b) Dermatomal muscle weakness
- c) Dermatomal sensory loss
- d) EMG or NCV evidence of nerve root impingement
- e) Cauda equina syndrome
- ~~f) Neurogenic claudication~~
- gf) Neurogenic bowel or bladder

~~GUIDELINE NOTE 11, THERAPIES FOR CHRONIC CONDITIONS~~

~~On Lines 219, 336, 455, 456~~

~~The following number of combined physical and occupational therapy visits are allowed per year for any combination of diagnoses on these lines:~~

~~Ages 0-7: 24*~~

~~Ages 8-12: 12*~~

~~Age > 12: 2*~~

Guideline Revisions to the 10/1/04 Prioritized List of Health Services (Cont'd)

GUIDELINE NOTE 11, THERAPIES FOR CHRONIC CONDITIONS (CONT'D)

~~The following number of speech therapy visits are allowed per year for any combination of diagnoses on these lines:~~

~~Age 0-2: 0*~~

~~Age 3-7: 24*~~

~~Age 8-12: 12*~~

~~Age > 12: 2*~~

~~*An additional 6 visits of speech, physical or occupational therapy are allowed whenever there is a change in status, such as surgery, injection, or an acute exacerbation, OR for evaluation and treatment of swallowing disorders, OR for evaluation/training for an assistive communication device.~~

Note: With the deletion of Guideline Note 11 (being combined with Guideline Note 1) and addition of new Guideline Notes 16 and 30, all guideline notes will be renumbered accordingly.

GUIDELINE NOTE 16, COCHLEAR IMPLANTS, AGE 5 OR UNDER

On Line 303

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Child has reached the age of 1
- c) Receive little or no useful benefit from hearing aids
- d) No medical contraindications
- e) High motivation and appropriate expectations (both child, when appropriate, and family)

GUIDELINE NOTE 17, CLINICALLY SIGNIFICANT SPINAL DEFORMITIES

On Line 327

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication, or objective evidence of neurologic impairment consistent with MRI findings (see Guideline Note 8).

GUIDELINE NOTE 18, SLEEP APNEA

On Line 336350

Treatment for coordination disorder (ICD-9 code 315.4) is included in this line for children age 3 and under and, for children over the age of 3, treatment is for diagnostic purposes only and is limited to a maximum of 120 days. Surgery for sleep apnea is only covered after documented failure of both CPAP and an oral appliance.

GUIDELINE NOTE 28, BASIC RESTORATIVE DENTAL CARE

On Line 507

Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (CDT codes D2391, D2392, D2393, D2394).

Guideline Revisions to the 10/1/04 Prioritized List of Health Services (Cont'd)

GUIDELINE NOTE 30, COCHLEAR IMPLANTS, OVER AGE 5

On Line 513

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Child is under the age of 19
- c) Receive little or no useful benefit from hearing aids
- d) No medical contraindications
- e) High motivation and appropriate expectations (both child, when appropriate, and family)

Postlinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Severe-to-profound sensorineural hearing loss in both ears
- b) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
- c) Receive limited benefit from appropriately fit hearing aids; i.e., scores of 40% or less on sentence recognition test in the best-aided listening condition
- d) No medical contraindications

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Hearing loss acquired before learning speech and language (prelinguistic hearing loss)
- c) Receive no benefit from hearing aids
- d) No medical contraindications
- e) A desire to be a part of the hearing world

GUIDELINE NOTE 4041, ELECTIVE DENTAL SERVICES

On Line 700

Treatment not related to symptomatic pain, infection, bleeding or swelling (CDT codes D7220, D7230, D7240, D7241, D7250). ~~Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (CDT codes D2391, D2392, D2393, D2394).~~

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APPENDIX E:
PRIORITIZED HEALTH SERVICES

**FREQUENTLY ASKED QUESTIONS:
A USER'S GUIDE TO THE PRIORTIZED LIST**

**2005-07 PRIORITIZED LIST OF
HEALTH SERVICES**

STATEMENTS OF INTENT

PRACTICE GUIDELINES

PREVENTION TABLES

FREQUENTLY ASKED QUESTIONS:

**A USER'S GUIDE TO THE
PRIORITIZED LIST**

Readers of this document have many questions when they first confront the Prioritized List. A summary of the most frequently asked questions and their answers should familiarize the reader with the format of the List, define important terms, and provide educational examples.

1) What are all those numbers? They are standard code numbers for both diagnosis and treatment from the greater than 20,000 available codes. The following standard classifications are used:

a) ICD-9-CM (*International Classification of Diseases, 9th Revision, Clinical Modification*) codes have from three to five digits. The standard ICD-9-CM codes begin with three digits in the range 001-999, which may be followed by a fourth or fifth digit after a decimal point. The fourth and fifth digit codes provide increasing specificity for the condition classification. Some conditions, such as tetanus, have a single three digit code, whereas diabetes mellitus has over fifty codes associated with the diagnosis.

In addition to the disease codes beginning with 001-999, ICD-9-CM also uses codes beginning with a V for various purposes. They are used when a person enters into the medical care system for specific reasons not associated with a current illness, such as when receiving vaccinations or being screened for certain diseases. V codes are also used when a person with a known disease encounters the health care system for a specific treatment of that disease or when they have a preexisting diagnosis that might affect their health status. These codes are alphanumeric starting with V followed by two digits and usually completed with one or two decimal places. For example:

V06.4 - Need for prophylactic vaccination and
inoculation against measles-mumps-rubella (MMR)
V30.00 - Single liveborn infant, born in the hospital,
without mention of cesarean delivery

b) CPT-4 (*Current Procedural Terminology, Fourth Edition*) codes are used by health care providers to represent the procedure(s) used to treat patients. These codes always have 5 numeric digits and represent both medical management and surgical procedures. Examples of these codes are:

33510 - Coronary artery bypass, single venous graft
59400 - Routine obstetrical care and vaginal delivery

c) HCPCS (*Healthcare Common Procedure Coding System*) codes are used to report professional services and procedures that do not have a CPT-4 code designation. They are alphanumeric with 5 characters with the first always being a letter from A to V. Examples of these codes are:

G0252 - PET scan for initial diagnosis and staging of breast cancer
S9453 - Smoking Cessation Classes

Many HCPCS codes do not appear on the List because they are ancillary services (See Question 12).

d) CDT-4 (*Current Dental Terminology - Fourth Edition*) codes are used to describe dental services. They are alphanumeric with 5 characters, the first always being the letter "D" followed by 4 digits. Whereas CPT-4 are always paired with an ICD-9-CM code to indicate the condition for which the treatment is being used, CDT-4 codes stand alone and refer to both the condition present and procedure being performed. For example:

D0120 - Periodic Oral Examination
D2150 - Amalgam Restoration, Two Surfaces

e) OMAP unique codes are five digit procedure codes starting with letters that were developed by the Office of Medical Assistance Programs (OMAP) to represent special services, services performed by professionals other than physicians, supplies, or bundled services. With the adoption of HIPAA, all of the unique codes were replaced by national standardized codes as of October 16, 2003, hence have been eliminated from the Prioritized List of Health Services.

2) What does the hyphen between code numbers signify? Ranges of ICD-9-CM and CPT-4 codes include all the codes between the numbers. For example, a listing of ICD-9-CM codes 527.5-527.9 would include 527.5, 527.6, 527.7, 527.8, and 527.9. A CPT-4 range of 15100-15108 would include codes 15100, 15101, 15102, 15103, 15104, 15105, 15106, 15107, and 15108.

3) What if an ICD-9-CM code occurs on the line as a three digit code, yet accurate coding requires further description out to the first or second decimal place? Although correct coding with ICD-9-CM often requires a fourth or fifth digit, the Prioritized List may include only a three digit code for sake of brevity. In this case it is implied that any valid fourth or fifth digit

codes are included on the line as well. Similarly, the listing of a fourth digit ICD-9-CM code would imply the inclusion of any valid fifth digit code. For example, the listing of the three digit code 540 would mean the line also includes valid fourth digit codes 540.0, 540.1, and 540.9. If the fourth digit code 360.6 is listed, the line also includes valid fifth digit codes 360.60, 360.61, 360.62, 360.63, 360.64, 360.65 and 360.69.

- 4) **Does the line descriptor contain every diagnosis?** Each line has a description of both a condition and treatment. For some lines there is only one condition, but for others there may be many. The line descriptor contains the most frequent condition or a cluster of conditions represented by the ICD-9-CM codes. For example gout occurs by itself on line 483, but the codes on line 341, described broadly as Zoonotic Bacterial Diseases, include the specific diseases plague, tularemia, anthrax, brucellosis, and cat-scratch disease.
- 5) **What do the line numbers represent?** The line numbers represent the rank order of the condition/treatment pairs assigned by the Health Services Commission. Therefore the services on line item 1 are most important to provide and line item 710 least important in terms of the benefit to be gained by the population being served.
- 6) **What happened to the dollar amounts on the right hand margin?** On previous editions of the Prioritized List, you could find a gray shaded box towards the right margin that appeared after every 30 lines for the latter half of the List. This represented the average per capita cost per month to provide the benefit package described by the Prioritized List for condition/treatment pairs up to and including this line. These dollar amounts are no longer provided, because House Bill 3624 eliminated the requirement that the Prioritized List be accompanied by an independent actuarial report defining rates necessary to cover the cost of services. Please contact the Office of Medical Assistance Programs or see their website for the report on per capita costs associated with the List for Federal Fiscal Years 2006-07 from PricewaterhouseCoopers.
- 7) **How is the funding line established?** The 73rd Oregon Legislative Assembly will review the Prioritized List included in this report. If this report is accepted, they will establish a funding line for this List in accordance with the state budget. Upon approval from the Centers for Medicare and Medicaid Services (CMS), the benefit package represented by the services listed on or above that funding line will be reimbursed under the Medicaid Demonstration beginning no earlier than October 1, 2005.

- 8) Why do many treatments appear more than once?** The same procedure or treatment is often appropriate for several diagnoses. Most lines have a long series of CPT-4 numbers that includes most of the codes in the range 99201-99499. These codes are known as evaluation and management (E&M) codes and describe encounters such as office visits common to both medical and surgical problems.
- 9) Why do many diagnoses appear more than once?** A given diagnosis or condition may have a continuum of treatments including medical, surgical, or transplantation. All transplantations for either bone marrow or solid organs have a separate line in addition to the medical/surgical treatment. These treatments of a condition may vary in their effectiveness and/or cost and therefore receive different rankings by the Health Services Commission. In general the medical treatment ranks higher than the surgical treatment or bone marrow transplantation for the same diagnosis.
- 10) What about diagnostic services?** Diagnostic services are always covered and do not appear on the List. If a condition is diagnosed that appears below the funding line, the diagnostic visit and any necessary tests will be covered, but subsequent office visits and ancillary services such as home health services will not.
- 11) What about preventive services?** The Oregon Health Plan encourages prevention and early intervention. Preventive services for adults (line 181) and children (line 141) are ranked high and described in detail in the prevention tables included with the practice guidelines immediately following the Prioritized List. Preventive dental services are included on line 298. With only a few exceptions, primarily in the areas of mental health and chemical dependency, the prevention tables represent those services determined by the U.S. Preventive Services Task Force to improve important health outcomes, with their benefits outweighing harms (Recommendations A and B).
- 12) What are ancillary services and are they covered?** Ancillary services are those goods, services, and therapies that are considered to be integral to the successful treatment of a condition. Ancillary services are reimbursable when used in conjunction with a covered condition.
- 13) Are prescription drugs covered for all diagnoses?** The Commission considers prescription drugs to be an ancillary service. Therefore, it is the

intent of the HSC that only funded condition-treatment pairs include the coverage of prescription drugs. However, the Commission has discovered that since the diagnosis is not included with a prescription, the pharmacy has no way to determine if a drug is being prescribed for a condition falling below the funding line.

- 14) Why is it that some codes do not appear on the Prioritized List?** There are some ICD-9-CM and CPT-4 codes that you will not find on the List. In some cases these represent conditions and treatments that are almost always covered, such as signs and symptoms ICD-9-CM codes, at least until a diagnosis can be made. Certain CPT-4 codes missing from the List represent ancillary services, which are covered for funded diagnoses, or diagnostic services. Most CPT-4 codes for cosmetic procedures do not appear on the List as there is no corresponding medical condition for which they would be performed. The Commission has also identified a few uncommon conditions or treatments that have intentionally been left off of the List. Still other procedure codes have been left off of the List when they represent an experimental treatment or in cases of new technologies where there is no evidence of its clinical effectiveness or other treatment options exist that are more cost-effective.
- 15) Are mental health care and chemical dependency services a part of the Prioritized List?** Mental health care and chemical dependency lines are fully integrated and prioritized along with physical conditions. Mental health lines are distinguished by the listing of "psychotherapy" under the treatment description. The listing of psychotherapy represents a broad range of mental health therapies provided by different types of mental health professionals in various settings.
- 16) What is comfort care?** Comfort care for those diagnosed with a terminal illness is ranked on line 262 of the Prioritized List. Comfort care includes the provision of services or items that give comfort and/or pain relief to persons whose choice to forego other types of care will result in death. This category of care does not include services that are diagnostic, curative, or focused on active treatment of the primary condition and intended to prolong life. Examples of comfort care include pain management services, in-home, day care and hospice services, medical equipment and supplies, and palliative services for symptom relief. See also the guideline notes immediately following the Prioritized List.

- 17) Are services allowed under Oregon’s Death With Dignity Act covered?** As of December 1, 1998, physician aid-in-dying is a covered service using only state funds. See Chapter Three of the Health Services Commission’s 1999 report, “Prioritization of Health Services,” for a complete discussion of the Commission’s decision to include these services under the comfort care line item.
- 18) Is termination of pregnancy covered?** Termination of pregnancy has been covered since the beginning of the Medicaid Demonstration (currently listed on Line: 297) and is reimbursed using state funds only.
- 19) What are practice guidelines?** Guidelines are used to further delineate conditions where the coding system does not adequately distinguish between sub-groups that are treated differently. See Chapter Three and the guideline notes immediately following the Prioritized List for further detail.
- 20) Where are the indexes?** At the end of this report you will find both the condition and treatment indexes that alphabetically list common medical terms. These terms are cross-referenced with the corresponding ranking of that condition or treatment on the Prioritized List.
- 21) What other resources are available to answer other questions I may have?** For questions about the Prioritized List, the methodology used to create and maintain the List, or other information concerning the work of the Health Services Commission, see the Commission’s web page at:

<http://egov.oregon.gov/DAS/OHPPR/HSC/>

For questions about plan eligibility or administration, see the home page of the Office of Medical Assistance Programs at:

<http://www.dhs.state.or.us/healthplan/>

For policy questions regarding the Oregon Health Plan in general, see the web site of the Office for Oregon Health Policy and Research at:

<http://egov.oregon.gov/DAS/OHPPR/>

Or contact our office at (503) 378-2422.

**2005-07 PRIORITIZED LIST
OF HEALTH SERVICES**

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 850.1-850.5, 851.02-851.06, 851.1, 851.22-851.26, 851.3, 851.42-851.46, 851.5, 851.62-851.66, 851.7, 851.82-851.86, 851.9
CPT: 61108, 61313-61316, 62140-62141, 62148, 92506-92508, 92526, 92607-92609, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 1

Diagnosis: TYPE I DIABETES MELLITUS (See Guideline Note 2)
Treatment: MEDICAL THERAPY
ICD-9: 250.01, 250.03, 250.11, 250.13, 250.21, 250.23, 250.31, 250.33, 250.61, 250.63, 250.91, 250.93, 251.3, V53.91, V65.46
CPT: 90918-90997, 93990, 95250, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0245, G0246, G0308, G0309, G0310, G0311, G0312, G0313, G0314, G0315, G0316, G0317, G0318, G0319, G0320, G0321, G0322, G0323, G0324, G0325, G0326, G0327, S9145
Line: 2

Diagnosis: PERITONITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 567, 569.83, 777.6
CPT: 10180, 44120, 44602, 44626, 49021, 49040-49061, 49080-49081, 49420, 49423-49424, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 3

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (See Guideline Note 2)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.4
CPT: 36818, 36821, 36831-36833, 36835, 36838, 36870, 90918-90997, 93990, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0308, G0309, G0310, G0311, G0312, G0313, G0314, G0315, G0316, G0317, G0318, G0319, G0320, G0321, G0322, G0323, G0324, G0325, G0326, G0327
Line: 4

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
ICD-9: 511.8, 512, 860
CPT: 32000, 32002, 32019, 32020, 32200-32215, 32310, 32420, 32500, 32650-32652, 32655, 32664-32665, 33015, 33020, 33025, 33030-33031, 33050, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 5

Diagnosis: COMPLICATED HERNIA WITH OBSTRUCTION AND/OR GANGRENE; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18
Treatment: REPAIR
ICD-9: 550.0-550.1, 550.9, 551.0-551.2, 551.8-551.9, 552.0-552.2, 552.8-552.9
CPT: 44050, 44120, 49491-49496, 49500-49590, 49650, 49651, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 6

Diagnosis: TORSION OF OVARY
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-9: 620.5
CPT: 58660, 58661, 58662, 58720, 58770, 58925, 58940-58943, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 7

Diagnosis: TORSION OF TESTIS
Treatment: ORCHIECTOMY, REPAIR
ICD-9: 608.2
CPT: 54512-54535, 54600, 54620, 54640, 54660, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 8

Diagnosis: ADDISON'S DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 255.4, 255.5
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 9

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 861.0-861.1, 861.20-861.22, 861.30-861.32, 862.0-862.1, 862.21, 862.29, 862.3, 862.9, 863-869, 958.4, 958.7

CPT: 31775, 32110, 32120, 32124, 32653-32654, 32658, 32820, 33300-33335, 33960-33961, 39501, 39545, 44139-44140, 44625, 44701, 45562-45563, 47361-47362, 47802, 47900, 50220, 50740-50760, 50947-50948, 52310, 52315, 52332, 53502, 53505, 53510, 53515, 58520, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 10

Diagnosis: FLAIL CHEST

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 807.4

CPT: 21750, 21800-21825, 32110, 32120, 32124, 32820, 32905-32906, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 11

Diagnosis: APPENDICITIS

Treatment: APPENDECTOMY

ICD-9: 289.2, 540-543

CPT: 44900-44960, 44970, 49020

Line: 12

Diagnosis: RUPTURED SPLEEN

Treatment: REPAIR/SPLENECTOMY/INCISION

ICD-9: 865

CPT: 38100, 38115, 38120

Line: 13

Diagnosis: TUBERCULOSIS

Treatment: MEDICAL THERAPY

ICD-9: 010-012, 031.0, V71.2

CPT: 32662, 32906, 32960, 33015, 33020, 33025, 33030-33031, 33050, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 14

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN

Treatment: REPAIR

ICD-9: 807.5-807.6, 874

CPT: 11010-11012, 12001-12007, 13101, 13131-13150, 20100, 21493-21495, 31528-31529, 31584-31586, 31766, 31780-31781, 97601-97602, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 15

Diagnosis: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS

Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY

ICD-9: 464.01, 464.1-464.4, 464.51

CPT: 31500, 31600-31605, 31820-31830, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 16

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA

Treatment: MEDICAL THERAPY

ICD-9: 073.0, 481-483, 485-486, 507

CPT: 31500, 31603, 31645-31646, 32000, 94640, 94656-94668, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 17

Diagnosis: PERTUSSIS AND DIPHTHERIA

Treatment: MEDICAL THERAPY

ICD-9: 032-033

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 18

Diagnosis: RUPTURE OF PAPILLARY MUSCLE (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 429.5-429.6

CPT: 33425, 33430, 33542, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 19

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: COAGULATION DEFECTS

Treatment: MEDICAL THERAPY

ICD-9: 286.0-286.5, 286.7-286.9, 719.1, V83.01, V83.02
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 20

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 441.0-441.1, 441.3, 441.5-441.6
CPT: 32110, 32120, 32124, 32820, 33320-33335, 33690, 33860-33877, 33916, 34520, 34803, 34805, 35081-35103, 35301-35311, 35331-35351, 35500-35515, 35526-35531, 35536-35551, 35560-35563, 35572, 35601-35616, 35626-35647, 35651, 35663, 35697, 35820, 35840, 35870-35876, 35905, 35907, 36825-36830, 36834, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 21

Diagnosis: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES

Treatment: LIGATION

ICD-9: 903-904
CPT: 35189-35190, 35206-35207, 35236, 35266, 35500, 37618
Line: 22

Diagnosis: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 560.0, 560.2, 560.30, 560.39, 560.8-560.9, 935.2, 936-938
CPT: 43247, 43500, 43870, 44005-44010, 44020-44025, 44050, 44110-44130, 44139-44147, 44200, 44206-44208, 44310, 44370, 44379, 44383, 44390, 44397, 44615, 44701, 45327, 45337, 45345, 45387, 45915, 49085, 91123, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 23

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 441.2, 441.4, 441.7, 441.9, 442
CPT: 33320-33335, 33860-33877, 33916, 34800-34834, 34900, 35001-35081, 35091, 35102, 35111-35152, 35188, 35301-35311, 35331-35351, 35500-35515, 35526-35531, 35536-35551, 35560-35563, 35572, 35601-35616, 35626-35647, 35651, 35663, 35682-35683, 35697, 35820, 35840, 35905, 35907, 35875-35876, 36825-36830, 36834, 37565-37606, 37618, 61680-61700, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 24

Diagnosis: RUPTURED VISCUS

Treatment: REPAIR

ICD-9: 530.4, 568.81, 569.3, 569.49, 569.89, 862.22
CPT: 43405, 44602-44605, 45334, 45379, 45382, 45500, 45560, 45915, 57268-57270, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 25

Diagnosis: ACUTE BACTERIAL MENINGITIS (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 036, 320
CPT: 61000-61070, 61107, 61210-61215, 92506-92508, 92526, 92607-92609, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 26

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 2,3,4)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 201
CPT: 38100, 38120, 49200, 49220, 77261-77295, 77300-77321, 77331-77370, 77401-77427, 78810, 79403, 96400-96571, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0242, G0243
Line: 27

Diagnosis: ACUTE PYELONEPHRITIS, RENAL AND PERINEPHRIC ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 590.1-590.3
CPT: 49423-49424, 50020-50021, 50220, 50391, 50520, 50525-50526, 50544-50546, 50548, 50575, 50947-50948, 52332, 52334, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 28

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 443.1,444.0-444.1,444.8

CPT: 33320-33335,33916,34001,34051,34101,34201-34203,35081,35331,35363-35390,35473,35536-35551,35560,35623-35641,35646-35647,35651,35681-35683,35691-35695,35741,35761,35800,35875-35876,35901,36825-36830,36834,37201-37202,37204-37205,37209,92960-92998,93797-93798

Line: 29

Diagnosis: LIVER ABSCESS

Treatment: MEDICAL THERAPY

ICD-9: 572.0-572.1

CPT: 47011-47015,49423-49424,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 30

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN (See Guideline Note 1)

Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY

ICD-9: 348.4-348.5,349.81,430-432,437.3,852-853

CPT: 61120,61150-61151,61154,61210,61304,61312-61316,61322-61323,61343,61522-61710,62100,62220-62223,92506-92508,92526,92607-92609,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 31

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS

Treatment: REMOVAL OF FOREIGN BODY

ICD-9: 933.0-933.1,934,935.0-935.1

CPT: 31500,31511-31512,31530-31531,31635,32150-32151,40804,42809,43020,43045,43215,43247,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 32

Diagnosis: NEOPLASMS OF ISLETS OF LANGERHANS

Treatment: EXCISION OF TUMOR

ICD-9: 157.4,211.7

CPT: 48140

Line: 33

Diagnosis: NON-DIABETIC HYPOGLYCEMIC COMA

Treatment: MEDICAL THERAPY

ICD-9: 251.0

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 34

Diagnosis: ACUTE OSTEOMYELITIS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 526.4,730.0,730.3

CPT: 11752,20150,20955-20957,20962,20969-20973,21025,21026,21510,23035,23105,23130,23170-23184,23405-23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210,25215,25230,25240,25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070-27071,27290-27295,27303,27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 35

Diagnosis: ACUTE MASTOIDITIS

Treatment: MASTOIDECTOMY, MEDICAL THERAPY

ICD-9: 383.0,383.2

CPT: 69420-69421,69433-69436,69501-69540,69601-69646,69670,69700,69801-69802,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 36

Diagnosis: PYOGENIC ARTHRITIS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 711.0,711.9

CPT: 23040-23044,24000,25040,25101,26070-26080,27030,27310,27610,28022-28024,29843,29848,29861-29863,29871,29894,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 37

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 391,392.0

CPT: 92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 38

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS

Treatment: THROMBECTOMY/LIGATION

ICD-9: 453.0-453.3,453.8-453.9

CPT: 34101,34401,34471,34490,34501-34502,34510-34530,35201-35286,35572,35681,35761,35800,35820,35840,35875-35876,35905,35907,37140,37160,37182,37202,37205-37209,37620,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 39

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE (See Guideline Note 1)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

ICD-9: 941.2,941.30-941.35,941.38-941.39,942.20-942.25,942.29,942.35,943.2,944.20-944.24-944.28,944.35,945.2,945.32,946.2-946.3,949.2-949.3

CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,15342-15401,15570-15574,15756-15758,15770,16010-16036,92506-92508,92607-92609,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 40

Diagnosis: CHOANAL ATRESIA

Treatment: REPAIR OF CHOANAL ATRESIA

ICD-9: 748.0

CPT: 30520,30540,30545,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 41

Diagnosis: THROMBOCYTOPENIA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 287.1,287.3-287.5

CPT: 38100,38102,38120,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 42

Diagnosis: INTRA-ABDOMINAL ABSCESS

Treatment: DRAIN ABSCESS, MEDICAL THERAPY

ICD-9: 569.5

CPT: 45308-45315,49020,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 43

Diagnosis: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 040.0,250.7,440.2-440.3,728.0,728.86,785.4

CPT: 11000-11057,23900-23921,23930,24350-24356,24495,24900-24940,25020-25028,25900-25931,26025-26030,26037-26045,26910-26952,26990-26991,27025,27290-27295,27301,27305,27496-27498,27590-27598,27600-27603,27880-27894,28001-28003,28008,28800-28825,29893,35500,35682-35683,35860,35875-35876,35903,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 44

Diagnosis: RUPTURE OF BLADDER, NONTRAUMATIC

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 596.6

CPT: 51860-51865,53080,53085,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 45

Diagnosis: ERYSIPELAS

Treatment: MEDICAL THERAPY

ICD-9: 035

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 46

Diagnosis: SEPTICEMIA

Treatment: MEDICAL THERAPY

ICD-9: 002,003.1,038,054.5,079.81,098.89,771.8,785.52

CPT: 49002,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 47

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 080-083,085.0,085.5,085.9

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 48

Diagnosis: ACUTE ORBITAL CELLULITIS

Treatment: MEDICAL THERAPY

ICD-9: 376.0

CPT: 67414,67445,68400,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 49

Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX

Treatment: MEDICAL THERAPY

ICD-9: 478.6,995.0,995.2,995.4,995.6

CPT: 95004-95180,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 50

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL (See Guideline Note 1)

Treatment: CRANIOTOMY/CRANIECTOMY

ICD-9: 733.3,738.0-738.1,756.0,800.02-800.99,801.02-801.99,803.02-803.99,804

CPT: 11010-11012,11971,14041,21076-21077,21100-21110,21137-21180,21182-21188,21256-21275,
21300,49906,61312-61330,61340,61345,61550-61559,61575-61576,62000-62010,62115-62121,
62141,62146-62148,92506-92508,92526,92607-92609,97001-97004,97012-97014,97032,97110-
97124,97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-
99440

HCPCS: D5915,D5919,D5924,D5925,D5928,D5929,D5931,D5933

Line: 51

Diagnosis: CONGENITAL, PRIMARY, AND SECONDARY SYPHILIS

Treatment: MEDICAL THERAPY

ICD-9: 090-092

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 52

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

ICD-9: V24.2,V25.0-V25.1,V25.4-V25.9,V26.3-V26.4

CPT: 11975-11977,57170,58300-58301,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S4981,S4989

Line: 53

Diagnosis: PREGNANCY (See Guideline Note 5)

Treatment: MATERNITY CARE

ICD-9: 640-677,V22.0-V22.1,V23.0-V23.1,V23.3-V23.9,V24,V28,V72.4

CPT: 12021,57022,57700,58520,59001,59012,59015,59020,59025,59030,59050-59051,59070-59076,
59100-59622,59830,59866,59871,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2401,S2402,S2403,S2405,S2411,S8055,

Line: 54

Diagnosis: BIRTH OF INFANT

Treatment: NEWBORN CARE

ICD-9: 763,765.29,779.81-779.82,779.89,V30-V37

CPT: 92586,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 55

Diagnosis: ECTOPIC PREGNANCY

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 633

CPT: 57020,58520,58661,58673,58700,58720,58770,59120-59151,99024,99070,99078,99201-99362,
99374-99375,99379-99440

Line: 56

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 777.5

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 57

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: NEONATAL THYROTOXICOSIS

Treatment: MEDICAL THERAPY

ICD-9: 775.3

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 58

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 748.2-748.3, 769, 770.0-770.6, 770.8-770.9

CPT: 39501, 39503, 39520, 39530-39531, 39545, 94640, 94656-94668, 94772, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 59

Diagnosis: DRUG REACTIONS AND INTOXICATIONS SPECIFIC TO NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.4

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 60

Diagnosis: TETANUS NEONATORUM

Treatment: MEDICAL THERAPY

ICD-9: 771.3

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 61

Diagnosis: HYDROPS FETALIS

Treatment: MEDICAL THERAPY

ICD-9: 773.3, 778.0

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 62

Diagnosis: GALACTOSEMIA

Treatment: MEDICAL THERAPY

ICD-9: 271.1

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 63

Diagnosis: CONGENITAL HYPOTHYROIDISM

Treatment: MEDICAL THERAPY

ICD-9: 243

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 64

Diagnosis: PHENYLKETONURIA (PKU)

Treatment: MEDICAL THERAPY

ICD-9: 270.1

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 65

Diagnosis: NEONATAL MYASTHENIA GRAVIS

Treatment: MEDICAL THERAPY

ICD-9: 775.2

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 66

Diagnosis: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.0-779.1

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 67

Diagnosis: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 775.1, 776.0-776.3

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 68

Diagnosis: CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.2

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 69

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: LOW BIRTH WEIGHT (UNDER 2500 GRAMS)
Treatment: MEDICAL THERAPY
ICD-9: 765,772.1-772.2,778.1
CPT: 94772,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 70

Diagnosis: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS
Treatment: MEDICAL THERAPY
ICD-9: 778.2-778.4
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 71

Diagnosis: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE
Treatment: MEDICAL THERAPY
ICD-9: 772.5-772.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 72

Diagnosis: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS
Treatment: MEDICAL THERAPY
ICD-9: 771.4-771.5
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 73

Diagnosis: BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY
ICD-9: 767-768
CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 74

Diagnosis: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC
Treatment: MEDICAL THERAPY
ICD-9: 776.4
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 75

Diagnosis: ANEMIA OF PREMATUREITY OR TRANSIENT NEONATAL NEUTROPENIA
Treatment: MEDICAL THERAPY
ICD-9: 776.6-776.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 76

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS;
CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 750.5,751.0-751.5,751.7-751.9,756.6-756.7,770.1,777.1-777.4,777.8-777.9,996.86
CPT: 31750,31760,32905-32906,43500-43510,43520,43620-43638,43640,43653,43760,43800-43832,43840,43850,43860,43870-43880,44005,44010,44015,44020-44021,44050-44055,44110-44130,44139-44201,44206-44212,44300-44900,44950,44955,45000-45123,45130-45150,45300,45307-45386,45800,46040-46045,46060,46070-46080,46270,46275,46600,46608-46614,46705-46754,46762,47010-47011,47300,47500-47556,47600-47620,47700-47701,47715-48000,48120-48146,48150,48180-48556,49200-49201,49215,49220,49250,49422-49424,49600-49611,49904-49905,51500,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 77

Diagnosis: CONGENITAL INFECTIOUS DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 771.0-771.2
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 78

Diagnosis: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT
Treatment: MEDICAL THERAPY
ICD-9: 766
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 79

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: FEEDING PROBLEMS IN NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 779.3
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 80

Diagnosis: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE,
AND FETAL AND NEONATAL JAUNDICE
Treatment: MEDICAL THERAPY
ICD-9: 277.4, 772.0, 772.3-772.4, 773.0-773.2, 773.4-773.5, 774.0-774.4, 774.6-774.7, 776.5
CPT: 96900, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 81

Diagnosis: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION
Treatment: MEDICAL THERAPY
ICD-9: 771.6-771.7
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 82

Diagnosis: DRUG WITHDRAWAL SYNDROME IN NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 779.5
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 83

Diagnosis: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC
TO THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 775.4-775.5, 775.7-775.9
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 84

Diagnosis: ADRENOGENITAL DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 255.2, 752.7
CPT: 50700, 54690, 56800, 56805, 56810, 57335, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-
99440
Line: 85

Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS
Treatment: SHUNT
ICD-9: 331.3-331.4, 348.2, 742.0, 742.3-742.4
CPT: 20664, 61020, 61070, 61107, 61210-61215, 61322-61323, 62100, 62120-62121, 62160-62163, 62180-
62258, 62272, 63740-63746
Line: 86

Diagnosis: SPINA BIFIDA
Treatment: SURGICAL TREATMENT
ICD-9: 741
CPT: 27036, 61343, 62180-62258, 63700-63710, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-
99440
Line: 87

Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 736.31-736.32, 754.3, 755.61-755.62
CPT: 27179, 27181, 27185, 27256-27259, 29861-29863, 97001-97004, 97012-97014, 97032, 97110-97124,
97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 88

Diagnosis: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA
Treatment: MEDICAL THERAPY
ICD-9: 775.0, 775.6
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 89

Diagnosis: CONGENITAL CYSTIC LUNG - MILD AND MODERATE
Treatment: LUNG RESECTION, MEDICAL THERAPY
ICD-9: 518.89, 748.4, 748.61
CPT: 32140-32141, 32480, 32482, 32484-32486, 32488, 32500-32501, 32662, 99024, 99070, 99078, 99201-
99362, 99374-99375, 99379-99440
Line: 90

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: RUMINATION DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.53

CPT: 90816-90819,90823-90827,90846-90849,90887,99217-99239,99251-99263

HCPCS: H0035,H0038,H2011,H2027,S9125,S9484

Line: 91

Diagnosis: STERILIZATION

Treatment: VASECTOMY

ICD-9: V25.2

CPT: 55250,55450

Line: 92

Diagnosis: STERILIZATION

Treatment: TUBAL LIGATION

ICD-9: V25.2

CPT: 58600-58615,58670,58671

Line: 93

Diagnosis: COARCTATION OF THE AORTA (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 747.10,747.2-747.3

CPT: 33720,33722,33802-33803,33840-33852,92960-92998,93797-93798

Line: 94

Diagnosis: ATRIAL SEPTAL DEFECT, PRIMUM (See Guideline Note 1)

Treatment: REPAIR SEPTAL DEFECT

ICD-9: 745.61,745.9

CPT: 33641,33660-33665,33735-33737,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 95

Diagnosis: VENTRICULAR SEPTAL DEFECT (See Guideline Note 1)

Treatment: CLOSURE

ICD-9: 745.4,745.7

CPT: 33545,33610,33647,33665,33681-33688,33690,33735-33737,92960-92998,93581,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 96

Diagnosis: SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART (See Guideline Note 1)

Treatment: RESECTION, REPAIR

ICD-9: 746.8

CPT: 32661,33404,33415-33417,33476,33478,33732,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 97

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 530.84,750.2-750.9

CPT: 31750,31760,43112-43118,43121-43124,43300-43352,43360-43361,43450,43453,43496,43520,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 98

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION

ICD-9: 752.8,753.0-753.1,753.3-753.9

CPT: 14020,15000-15738,36145,45820,50040-50045,50100,50125,50135,50220-50290,50390,50540,50544-50546,50548,50553,50572,50722,50725,50727-50728,50825-50840,50845,50947-50948,50970,51000-51597,51715,51800-51980,52214,52290,52300,53020-53025,53080,53085,53210-53215,53400-53460,53621,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 99

Diagnosis: CORONARY ARTERY ANOMALY (See Guideline Note 1)

Treatment: REIMPLANTATION OF CORONARY ARTERY

ICD-9: 746.85

CPT: 33500-33510,35572,92960-92998,93797-93798

Line: 100

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: COMPLETE, CORRECTED AND OTHER TRANSPOSITION OF GREAT VESSELS (See Guideline Note 1)
Treatment: REPAIR
ICD-9: 745.10,745.12,745.19
CPT: 33735,33737,33750,33764,33770-33781,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 101

Diagnosis: TETRALOGY OF FALLOT (TOF) (See Guideline Note 1)
Treatment: TOTAL REPAIR TETRALOGY
ICD-9: 745.2,746.09,746.87,746.9,747.3,747.42,747.49
CPT: 33606,33692-33697,33735-33737,33750,33764,33924,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 102

Diagnosis: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA (See Guideline Note 1)
Treatment: LIGATION
ICD-9: 417.0,746.85,747.0,747.83
CPT: 33500-33504,33702-33710,33813-33814,33820-33824,37204,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 103

Diagnosis: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Note 1)
Treatment: COMPLETE REPAIR
ICD-9: 747.41
CPT: 33730,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 104

Diagnosis: OTHER AND UNSPECIFIED TYPE ENDOCARDIAL CUSHION DEFECTS (See Guideline Note 1)
Treatment: REPAIR ATRIOVENTRICULAR
ICD-9: 745.60,745.69,745.8
CPT: 33670,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 105

Diagnosis: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
ICD-9: 751.61,996.82
CPT: 47133-47147
Line: 106

Diagnosis: CYSTIC FIBROSIS
Treatment: MEDICAL THERAPY
ICD-9: 277.0
CPT: 31500,31600,31603,31624,31646,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 107

Diagnosis: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
ICD-9: 250.4,272.7,274.1,282.6,283.11,287.0,403.01,403.11,403.91,446.0,446.21,446.4,580.4,580.8,581-585,587,590.0,592.0,593.7,593.81,593.89,710.0,710.1,753.0,753.12-753.15,753.16,753.2,753.6,756.71,759.89,996.81
CPT: 36825,36830,50300-50370,50547
Line: 108

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below) (See Guideline Note 6)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-9: 277.03,453.0,571.2,571.5-571.6,751.62,774.4,777.8,996.82
CPT: 47133-47147,50300,50323-50365
Line: 109

Liver-kidney transplant only covered for a documented diagnosis of Caroli's disease (751.62).

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-9: 519.1,519.4,519.8,748.3,749.0
CPT: 30140,30520,30620,31527,31641,33800,41510,42820-42836,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D8010,D8020,D8030,D8040,D8070,D8080,D8090,D8210,D8220,D8660,D8670,D8680,D8690,D8691,D8692,D8999
Line: 110

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 420.90,420.99,421.0,421.9,422.90,422.92-422.99,423,429.0-429.1
CPT: 31750,31760,32659-32661,33011,33015,33020,33025,33030-33031,33050,33400-33403,33405-33413,33425-33465,33475,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 111

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.0-805.1,805.3,805.5,805.7,805.9,806,839.0-839.1,839.3,839.5,839.7,839.9,952
CPT: 11010-11012,20690-20694,20900,20930-20938,22548,22100-22116,22305-22328,22505,22554,22556,22558,22585,22590-22632,22802,22810,22840-22855,27215-27216,27202,29015,29025,29040,29710-29720,63001-63091,63101-63103,63170-63173,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 112

Diagnosis: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.81,808
CPT: 11010-11012,20690-20694,20900,27280,27282,27033,27193-27194,27215-27228,29035-29046,29305,29325,29710,29720,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 113

Diagnosis: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Note 1)
Treatment: REPAIR
ICD-9: 901
CPT: 37616,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 114

Diagnosis: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ECZEMA HERPETICUM
Treatment: MEDICAL THERAPY
ICD-9: 054.0,695.1
CPT: 65780-65782,68371,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 115

Diagnosis: ACQUIRED HEMOLYTIC ANEMIAS
Treatment: MEDICAL THERAPY
ICD-9: 283
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 116

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 204.0,205.0,206.0,207.0,208.0,238.7
CPT: 36680,38204-38215,38230-38242,96400-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 117

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 2,3)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 204.0
CPT: 62350-62368,77261-77295,77300-77321,77331-77370,77401-77427,95990-95991,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 118

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 2,3,4,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 201,996.85
CPT: 36680,38204-38215,38230-38242,96400-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 119

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA
Treatment: MEDICAL THERAPY
ICD-9: 284.0
CPT: 38204-38215,38242,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0267,S9355
Line: 120

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.8-284.9,996.85
CPT: 36680,38204-38215,38240,38242,96400-96571
HCPCS: G0267,S2142,S2150
Line: 121

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 2,3,4)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 200,202.0-202.3,202.6,202.8-202.9,238.5-238.7
CPT: 38100,38120,38510-38525,38720,49080-49081,77261-77295,77300-77321,77331-77370,77401-77427,77470,78810,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243,S9355
Line: 122

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 2,3,4,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 200,202.0-202.2,202.8-202.9,996.85
CPT: 36680,38204-38215,38230-38242,96400-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 123

Diagnosis: OSTEOPETROSIS (See Guideline Notes 2,3,7)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 756.52,996.85
CPT: 36680,38204-38215,38230-38242,96400-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 124

Diagnosis: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
ICD-9: 630
CPT: 58120,58150,58180,58550,58552-58553,59100,59135,59870,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 125

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT
ICD-9: 557.0
CPT: 34151,34421,34451,44140,44120-44125,44139,44141-44160,44206-44212,44701,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 126

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER (See Guideline Note 6)
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-9: 557,579.3,777.5
CPT: 44132-44136,44715-44721,47133-47147
HCPCS: S2053
Line: 127

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS
Treatment: MEDICAL THERAPY
ICD-9: 079.82,506,508.0,518.4-518.5
CPT: 31500,31600-31603,31645,31646,31820,31825,94640,94656-94668,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 128

Diagnosis: RUPTURE OF LIVER
Treatment: SUTURE/REPAIR
ICD-9: 573.4,573.8,864.04
CPT: 47350-47362,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 129

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS)

Treatment: MEDICAL THERAPY

ICD-9: 013,117.5,117.9,130.8,322

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 130

Diagnosis: OPEN FRACTURE OF EXTREMITIES (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 809.1,810.1,811.1,812.1,812.3,812.5,813.1,813.3,813.5,813.9,814.1,815.1,816.1,817.1,
818.1,819.1,820.1,820.3,820.9,821.1,821.3,822.1,823.1,823.3,823.9,824.1,824.3,824.5,
824.7,824.9,825.1,825.3,826.1,827.1,828.1

CPT: 11010-11012,11760,12001-12057,20150,20650,20663,20670-20694,20900,22848-22855,23395,
23400,23515,23585,23615,23630,24130,24515,24516,24545-24546,24575,24579,24586-24587,
24640,24665-24666,24685,25119,25210-25240,25310,25320,25337,25390-25392,25441-25447,
25450,25455,25490-25492,25515,25525,25526,25545,25574-25575,25620,25628,25810-25825,
26615,26665,26727-26735,26746,26765,26785,27235-27236,27244,27248,27350,27430,27435,
27465-27468,27496-27498,27502,27506-27507,27511-27514,27519,27524,27535-27536,27540,
27610,27656,27712,27756-27759,27766,27784,27792,27814,27822-27829,27892-27894,28415-
28420,28445,28465,28485,28505,28525,28531,28730,29035-29131,29305-29445,29505,29515,
29700-29710,29720-29740,29855-29856,29874-29879,29888-29898,97001-97004,97012-97014,
97032,97110-97124,97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 131

Diagnosis: DISEASES OF PHARYNX INCLUDING RETROPHARYNGEAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 478.21-478.22,478.24-478.26,478.29

CPT: 31610,31612-31613,42700-42725,42808-42972,99024,99070,99078,99201-99362,99374-99375,
99379-99440

Line: 132

Diagnosis: ARTERIAL ANEURYSM OF NECK (See Guideline Note 1)

Treatment: REPAIR

ICD-9: 442.81-442.82,442.89

CPT: 35321,35516-35518,35572,35691-35695,35800,35820,35875-35876,35901,35905,37205-37208,
92960-92998,93797-93798

Line: 133

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 2,3)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLIDE THERAPY

ICD-9: 202.4,203.1,204.1-204.9,205.1-205.9,206.1-206.9,207.1-207.8,208.1-208.9,238.4

CPT: 36822,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,79100,96400-96571,
99024,99070,99078,99195,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 134

Diagnosis: HYPOTHERMIA

Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION

ICD-9: 991.6

CPT: 33960-33961,36822,49080,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 135

Diagnosis: BENIGN NEOPLASM OF THE BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES
RADIATION THERAPY

ICD-9: 225.0-225.4,228.02,228.04,377.04

CPT: 12034,14300,61312-61330,61333-61480,61500-61512,61516-61521,61524-61530,61534,61536-
61564,61571-61576,61600-61626,61793,61795,62100,62160,62163-62165,62223,62272,62350-
62368,63265,63276,63281,63615,77261-77295,77300-77321,77331-77370,77402-77470,77520-
77790,79000-79900,95990-95991,96400-96571,99024,99070,99078,99201-99362,99374-99375,
99379-99440

HCPCS: G0242,G0243

Line: 136

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,4)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 172
CPT: 11600-11646, 12001-13102, 13120-14001, 14020-14061, 14300, 14350, 15000-15770, 21015, 21555-21557, 21632, 21930-21935, 23075-23077, 24075-24077, 25075-25077, 26115-26117, 27047-27049, 27075-27079, 27327-27329, 27615-27619, 28043-28046, 38562-38564, 38700-38780, 77261-77295, 77300-77321, 77331-77370, 77401-77470, 78810, 96400-96571, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0242, G0243
Line: 137

Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA
Treatment: THYROIDECTOMY
ICD-9: 193, 194.8, 237.4, 246.0, 258, 758.5
CPT: 60210, 60212, 60220, 60225, 60240, 60270-60271, 60512
Line: 138

Diagnosis: DIABETES INSIPIDUS
Treatment: MEDICAL THERAPY
ICD-9: 253.5
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 139

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 1,8)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 344.6, 721.1, 721.4, 721.91, 722.0-722.2, 722.7, 723.4, 724.4, 742.59
CPT: 20931, 20938, 22548, 22554, 22556, 22558, 22585, 22612, 22630, 22632, 22808, 22840, 22845, 22851, 55870, 62284, 62287, 62290-62291, 62350-62351, 62355, 62362, 62365, 62367-62368, 63001-63091, 63170-63200, 63300-63308, 63600, 63610, 63650-63655, 63685, 64421, 95990-95991, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S2350, S2351
Line: 140

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Prevention Tables)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2, V01.4-V01.9, V02, V03.2, V03.5-V03.9, V04.0, V04.2-V04.3, V04.6, V04.81-V04.82, V05.0-V05.1, V05.3, V05.8, V06.1, V06.3-V06.6, V06.9, V07.0, V07.2, V07.31, V17-V20, V65.41-V65.45, V71.09, V73-V75, V77-V82
CPT: 90471-90472, 92002-92014, 92586, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: H0001, H0002, H0031
Line: 141

Diagnosis: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.1
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 142

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.89
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0045, H2011, H2012, H2013, H2014, H2021, H2022, H2027, H2032, S5151, S9125, S9484, T1005, T1013, T1016, T1023
Line: 143

Diagnosis: COARCTATION OF THE AORTA (See Guideline Note 1)
Treatment: BALLOON DILATION
ICD-9: 747.10
CPT: 35452, 35472, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 144

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 323.5, 414.12, 443.21-443.24, 443.29, 519.01, 519.09, 536.41, 569.61, 996.0-996.2, 996.39, 996.4, 996.51, 996.56, 996.6-996.9, 997.0-997.5, 997.62, 997.71, 997.72, 997.79, 998.0, 998.11, 998.2-998.3, 998.5-998.6, 999.0-999.1, 999.3, 999.4, 999.8

CPT: 10121, 10140, 10180, 11008, 11043-11044, 13160, 20670-20680, 20693-20694, 20975, 21120, 21627, 21750, 22849-22850, 22852-22855, 23331-23332, 23800-23802, 24160-24164, 24430-24435, 24800-24802, 24925-24935, 25250-25251, 25415-25420, 25431-25446, 25449, 25907-26045, 26060-26565, 26568-26910, 26991, 27090-27091, 27132-27138, 27236, 27265-27266, 27284-27286, 27301, 27303, 27310, 27331, 27486-27488, 27580, 27594-27596, 27786, 27870, 27884, 28715, 31613-31614, 31750-31781, 31800-31830, 33206-33210, 33213, 33233-33238, 33241-33244, 33249, 33284, 33400-33478, 33496, 33510-33536, 33863, 34830, 35188-35190, 35301-35390, 35556, 35566-35571, 35583-35587, 35656, 35666-35671, 35700, 35800-35881, 35901-35907, 36145, 36261, 36493, 36531-36532, 36534-36535, 36550, 36818-36821, 36831-36870, 37203, 43860, 43870, 44137, 47802, 49002, 49020-49021, 49422, 50065, 50135, 50225, 50370, 50398, 50405, 50525, 50727-50728, 50830, 50920, 50930-50940, 51705-51710, 51860-51880, 51900-51925, 52001, 54340-54352, 54390, 54406-54417, 61880, 61888, 62194, 62225-62230, 62256-62258, 62350-62365, 63660, 63688, 63744-63746, 64585, 64595, 65150-65175, 65710-65755, 65920, 75984, 92506-92508, 92526, 92607-92609, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 97601-97602, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 145

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB INCLUDING BLOOD VESSELS (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 728.0, 728.88, 862.8, 900, 902-904, 925-928, 929.0, 958.5-958.6, 958.8, 959.13

CPT: 11730, 11760, 15100-15241, 20101-20103, 20972-20973, 21627, 21630, 23395, 24495, 25020, 25023, 25274, 25295, 25300-25301, 25320, 25335-25337, 25390, 25392, 25391, 25393, 25441-25447, 25450, 25455, 25490-25492, 25810, 25820, 25825, 25830, 26357-26390, 26437, 27465-27466, 27468, 27496-27498, 27600-27602, 27656, 27658-27659, 27665, 27695-27698, 27892-27894, 29130, 35141, 35206-35207, 35236, 35266, 35521, 37615-37618, 92960-92998, 93797-93798, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 97601-97602

Line: 146

Diagnosis: CONGENITAL MITRAL VALVE STENOSIS (See Guideline Note 1)

Treatment: MITRAL VALVE REPLACEMENT

ICD-9: 746.5

CPT: 33420-33430, 33496, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 147

Diagnosis: COMMON TRUNCUS (See Guideline Note 1)

Treatment: TOTAL REPAIR/REPLANT ARTERY

ICD-9: 745.0

CPT: 33608, 33690, 33786, 33788, 33813-33814, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 148

Diagnosis: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Note 1)

Treatment: REPAIR

ICD-9: 746.1

CPT: 33460, 33463-33464, 33496, 33615, 33617, 33735, 33750, 33766, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 149

Diagnosis: BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE: DOUBLE OUTLET RIGHT VENTRICLE (See Guideline Note 1)

Treatment: SHUNT/REPAIR

ICD-9: 745.11

CPT: 33611-33612, 33684, 33750-33766, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 150

Diagnosis: COMMON VENTRICLE (See Guideline Note 1)

Treatment: TOTAL REPAIR

ICD-9: 745.3

CPT: 33600, 33602, 33610, 33615, 33617, 33690, 33692-33694, 33735, 33750, 33764, 33766-33767, 33924, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 151

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Note 1)
Treatment: SHUNT/REPAIR
ICD-9: 746.00-746.01
CPT: 33470-33474, 33530, 33608, 33750-33766, 33918-33920, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 152

Diagnosis: INTERRUPTED AORTIC ARCH (See Guideline Note 1)
Treatment: TRANSVERSE ARCH GRAFT
ICD-9: 747.11
CPT: 33608, 33852-33853, 33870, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 153

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes 1,6)
Treatment: CARDIAC TRANSPLANT
ICD-9: 135, 412, 414, 422, 425, 428, 429.1, 674.8, 745.1, 745.3, 746.7, 996.83
CPT: 33940-33945, 33975-33978, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 154

Diagnosis: DISORDERS OF BILE DUCT
Treatment: EXCISION, REPAIR
ICD-9: 576.4-576.9
CPT: 43262, 43267-43269, 43272, 47015, 47420-47460, 47510-47530, 47554-47556, 47600-47900, 49422, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 155

Diagnosis: ASTHMA
Treatment: MEDICAL THERAPY
ICD-9: 493
CPT: 31500, 31600-31603, 31820, 31825, 94640, 94656-94668, 95004-95180, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 156

Diagnosis: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
ICD-9: 480.1
CPT: 31500, 31600-31603, 31820, 31825, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 157

Diagnosis: RESPIRATORY FAILURE
Treatment: MEDICAL THERAPY
ICD-9: 518.81-518.84
CPT: 31500, 31502, 31600, 31603, 31645, 31820, 31825, 36822, 94640, 94656-94668, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 158

Diagnosis: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.1-295.9, 298.4, 299.1, 299.9
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 159

Diagnosis: MAJOR DEPRESSION, RECURRENT
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.30-296.36, 298.0
CPT: 90801-90829, 90846-90862, 90870, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 160

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.0-296.1,296.4-296.8,296.99,301.13

CPT: 90801-90829,90846-90862,90870,90882,90887,96100,99201-99275,99301-99316

HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9480,S9484,T1005,T1013,T1016,T1023

Line: 161

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Note 1)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

ICD-9: 906.5-906.9,940,941.30-941.35,941.4-941.5,942.35,942.4-942.5,943.4-943.5,944.35,
944.4-944.5,945.32,945.4-945.5,946.3-946.5,947,949.4-949.5

CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,
15342-15401,15570-15574,15770,16000-16036,65780-65782,68371,92506-92508,92607-92609,
97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,97601-97602,99024,99070,
99078,99201-99362,99374-99375,99379-99440

Line: 162

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Note 2)

Treatment: MEDICAL THERAPY, DIALYSIS

ICD-9: 276,785.50,785.59

CPT: 36818,36821,36832,36835,36838,90918-90997,93990,99024,99070,99078,99201-99362,99374-
99375,99379-99440

HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,
G0322,G0323,G0324,G0325,G0326,G0327

Line: 163

Diagnosis: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY

ICD-9: 242,245.1-245.9,246.8,376.2

CPT: 60210,60212,60220,60225,60240,60270-60271,60512,67414,67440-67445,77261-77295,77300-
77315,77331-77336,77401-77427,77470,79000-79900,99024,99070,99078,99201-99362,99374-
99375,99379-99440

HCPCS: G0242,G0243

Line: 164

Diagnosis: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 404,405.01,405.11,405.91

CPT: 92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 165

Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

ICD-9: 348.0,349.2

CPT: 61120,61150-61151,61314-61316,61516,61522-61524,61680-61710

Line: 166

Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS

Treatment: MEDICAL THERAPY

ICD-9: 042,V08

CPT: 94642,97810-97814,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 167

Diagnosis: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY

Treatment: MEDICAL THERAPY

ICD-9: 003.9,007.2,007.4,007.5,007.9,031.2,031.9,039,053-054,078.5,110,111.1,112.0,112.2,
112.84,115,117.5,118,130,136.3

CPT: 11720-11721,17110-17111,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 168

Diagnosis: EMPYEMA AND ABSCESS OF LUNG

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 510,511.1,513.0

CPT: 32000-32036,32200,32215-32225,32310,32320,32420,32500,32650-32652,32655-32656,32664-
32665,32810,32815,32906,32940,33015,33020,33025,33030-33031,33050,33253,39220,99024,
99070,99078,99201-99362,99374-99375,99379-99440

Line: 169

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS

Treatment: MEDICAL THERAPY

ICD-9: 284.8-284.9

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 170

Diagnosis: MALARIA AND RELAPSING FEVER

Treatment: MEDICAL THERAPY

ICD-9: 084, 086.1-086.5, 086.9, 087, 285.21-285.29

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 171

Diagnosis: HEART FAILURE (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 416, 428, 514

CPT: 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 172

Diagnosis: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN

Treatment: MEDICAL THERAPY

ICD-9: 282, 285.8, 289.0, 289.4-289.6, 289.8

CPT: 38100-38102, 38120, 47562, 47563, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

HCPCS: S9355

Line: 173

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 427.1, 427.4-427.5, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9, 429.4, 746.86

CPT: 31500, 31603, 31605, 32160, 33200-33261, 33820, 33973-33974, 92960-92998, 93600-93652, 93724-93736, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 174

Diagnosis: END STAGE RENAL DISEASE (See Guideline Note 2)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-9: 250.4, 583.8-583.9

CPT: 36818, 36821, 36831-36833, 36835, 36838, 36870, 90918-90997, 93990, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

HCPCS: G0308, G0309, G0310, G0311, G0312, G0313, G0314, G0315, G0316, G0317, G0318, G0319, G0320, G0321, G0322, G0323, G0324, G0325, G0326, G0327

Line: 175

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA) (See Guideline Note 6)

Treatment: LIVER TRANSPLANT

ICD-9: 270.0, 270.2-270.4, 270.6, 270.9, 271.0, 271.8, 272.0, 275.0, 275.1, 277.6, 570, 571.49, 996.82

CPT: 47133-47147

Line: 176

Diagnosis: FRACTURE OF HIP, CLOSED (See Guideline Notes 1,9)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 820.00, 820.02-820.09, 820.2, 820.8

CPT: 20680, 20900, 27125, 27132, 27230-27232, 27235-27240, 27244-27248, 27496-27498, 27506, 27656, 27892-27894, 29035-29046, 29305, 29325, 29700, 29710, 29720, 29730, 77263-77300, 77305-77315, 77331-77336, 77401-77417, 77427, 77470, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 177

Diagnosis: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA

Treatment: MEDICAL THERAPY

ICD-9: 277.6, 995.1

CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 178

Diagnosis: TESTICULAR CANCER (See Guideline Notes 2,3,7,10)

Treatment: BONE MARROW RESCUE AND TRANSPLANT

ICD-9: 186

CPT: 36680, 38204-38215, 38230-38242, 96400-96571

HCPCS: G0242, G0243, G0267, S2142, S2150

Line: 179

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 205.1,206.1,996.85
CPT: 36680,38204-38215,38230-38242,96400-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 180

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10 (See Prevention Tables)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2,V01.4-V01.9,V02,V03.2,V03.5-V03.9,V04.0,V04.2-V04.3,V04.6,V04.81,V05.0-V05.1,V05.3,V05.8,V06.1,V06.3-V06.6,V06.9,V07.0,V07.2,V07.4,V17-V19,V65.41-V65.45,V70.0,V71.09,V72.0-V72.1,V72.3,V73-V82
CPT: 90471-90472,92002-92014,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0117,G0118,H0001,H0002,H0031
Line: 181

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note 11)
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
ICD-9: 305.1
CPT: 97810-97814,99071,99078,99201-99215,99372
HCPCS: D1320,G9016,S9075,S9453
Line: 182

Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
ICD-9: 250.6-250.7,356,357.2,357.5,440.2,443.1
CPT: 11040,11719-11732,11750
HCPCS: G0245,G0246,G0247
Line: 183

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.1,303.9,304,305.0,305.2-305.9
CPT: 90801-90829,90846-90862,90882,90887,96100,97810-97814,99201-99275
HCPCS: H0001,H0002,H0004,H0005,H0006,H0012,H0016,H0020,H0031,H0033,H0034,H0035,H0048,H2013,H2035,T1006,T1013,T1016,T1502
Line: 184

Diagnosis: MAJOR DEPRESSION; SINGLE EPISODE OR MILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.2,298.0,311
CPT: 90801-90829,90846-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 185

Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.3,298.1-298.3,298.9,299.8
CPT: 90801-90815,90821,90822,90828,90829,90846-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 186

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 314
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99251-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 187

Diagnosis: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 401-402,405.09,405.19,405.99,437.2
CPT: 92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 188

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ULCERS, GASTRITIS AND DUODENITIS

Treatment: MEDICAL THERAPY

ICD-9: 531-535,537.81-537.82,569.84

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 189

Diagnosis: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 193

CPT: 38510,60200,60210,60212,60220-60225,60252-60260,60270-60271,60512,77261-77295,77300-77315,77331-77370,77401-77427,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D5984,G0242,G0243

Line: 190

Diagnosis: CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 186,236.4

CPT: 38564,38780,54512-54535,54690,77261-77295,77300,77305-77315,77331-77370,77401-77417,77427,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 191

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 179,182,233.2,236.0,621.3

CPT: 38770,38780,49201,57500,58120,58150-58285,58290-58294,58346,58953-58956,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 192

Diagnosis: CANCER OF EYE AND ORBIT, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

ICD-9: 190,234.0,238.8

CPT: 11420,11440,13132,15756-15758,20969,65091,65101-65105,65110-65114,65900,66600,66605,66770,67218,67414,67445,68135,68320,68325-68326,68328,68335,68340,77261-77295,77300-77370,77401-77470,77520-77525,77750,92002-92060,92070-92353,92358-92371,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 193

Diagnosis: ULCERS, GI HEMORRHAGE

Treatment: SURGICAL TREATMENT

ICD-9: 530.7,531-534,537.0,537.3-537.4,537.83-537.84,569.84,569.85,578

CPT: 43201,43204-43205,43236,43241,43243-43244,43255,43324,43501-43502,43520,43610-43641,43651,43652,43800,43820-43840,43850-43855,43865,43870,45308-45320,45333-45339,64680,91100,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 194

Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Note 1)

Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY

ICD-9: 746.3-746.4

CPT: 33400,33405-33417,33496,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 195

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE (See Guideline Note 1)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

ICD-9: 941.26-941.27,941.36-941.37,942.20-942.24,942.29-942.34,942.39,943.2-943.3,944.20-944.24,944.26-944.28,944.30-944.34,944.36-944.38,945.20-945.21,945.23-945.29,945.30-945.31,945.33-945.39,946.2-946.3,949.2-949.3

CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,15342-15401,15570-15574,16000-16036,92506-92508,92607-92609,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 196

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: AGRANULOCYTOSIS (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANTATION
ICD-9: 288.0,996.85
CPT: 36680,38204-38215,38240,38242,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0267,S2142,S2150
Line: 197

Diagnosis: CHRONIC GRANULOMATOUS DISEASE (See Guideline Notes 2,3)
Treatment: MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 288.1-288.2
CPT: 79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 198

Diagnosis: BOTULISM
Treatment: MEDICAL THERAPY
ICD-9: 005.1
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 199

Diagnosis: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU)
Treatment: MEDICAL THERAPY
ICD-9: 270.0,270.2-270.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 200

Diagnosis: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD
Treatment: MEDICAL THERAPY
ICD-9: 770.7
CPT: 31601-31603,31820,31825,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 201

Diagnosis: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 054.10-054.13,098.0-098.3,098.5-098.7,098.81-098.86,099.0-099.2,099.4-099.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 202

Diagnosis: HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS
Treatment: MEDICAL THERAPY
ICD-9: 050,053,054.3-054.4,054.72,136.2,331.81
CPT: 69676,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 203

Diagnosis: PNEUMOCYSTIS CARINII PNEUMONIA
Treatment: MEDICAL THERAPY
ICD-9: 136.3
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 204

Diagnosis: HYPOPLASIA AND DYSPLASIA OF LUNG
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 31601-31603,31820,31825,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 205

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 086.0,425
CPT: 21630,33010,33215-33216,33218-33220,33223-33226,33240-33246,33249,33414-33416,33508,33510-33514,33516-33519,33521-33523,33530,33973-33974,92960-92998,93724-93736,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 206

Diagnosis: GLYCOGENOSIS
Treatment: MEDICAL THERAPY
ICD-9: 271.0
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 207

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 730.1-730.2,730.30,730.34,730.9

CPT: 11000-11044,15734,20000,20005,20150,20692,20900,20930-20938,20955-20957,20962,20969-20973,21620,21627,22548,22554,22556,22558,22585,22851,23035,23105,23130,23170-23182,23184,23220-23222,23395,23935,24134-24147,24150-24153,24420,24498,25035,25085,25119,25145-25151,25210,25215,25230,25240,25320,25337,26034,26230-26236,26951,26992,27070-27071,27075-27079,27187,27303,27360,27465-27466,27468,27607,27620,27640-27641,27745,28005,28120-28124,28810,28820,63081-63091,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 208

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 2,3)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 203.0,203.8,204.0

CPT: 62350-62368,77261-77295,77300-77321,77331-77370,77401-77427,79000-79900,95990-95991,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 209

Diagnosis: MULTIPLE MYELOMA (See Guideline Notes 2,3,7)

Treatment: BONE MARROW TRANSPLANT

ICD-9: 203,996.85

CPT: 36680,38204-38215,38230-38242,96400-96571

HCPCS: G0267,S2142,S2150

Line: 210

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP

Treatment: MEDICAL THERAPY

ICD-9: 451.1,451.81,451.83,453.4

CPT: 11042,32661,37660,35700,35860,35875-35876,35903,37500,37650,37720,37735,37760,37785,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 211

Diagnosis: DISEASES OF ENDOCARDIUM (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 424

CPT: 32660,33496,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 212

Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 420.91,422.91

CPT: 31750,31760,32659-32661,33010-33011,33015,33020,33025,33030-33031,33050,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 213

Diagnosis: INTRASPINAL AND INTRACRANIAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 324-325,386.33

CPT: 20930-20938,22840-22855,61105-61323,61501,61514,61522,61570-61571,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 214

Diagnosis: FRACTURE OF RIBS AND STERNUM, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 807.1,807.3

CPT: 11010-11012,21805,21810,21825,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 215

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

ICD-9: 046,049,062-063,090.40,094.0-094.2,094.8-094.9,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,564.81,728.1,728.3,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,787.2,797,850.4,851-854,905.0,907.0-907.3,907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.6,995.8,997.0,998.0

CPT: 15845,31502,31600-31656,31730,31750,31755,31760,31820,31825,31830,43246,43653,43750,43810-43830,43832,44130,44139-44160,44206-44212,44300-44320,44372,44701,46750-46760,51040,51797,51880,51960,52277,53431-53442,53445,61215,62350-62355,77401-77470,92526,94640,94656-94668,95990-95991,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D5937

Line: 216

Diagnosis: ESOPHAGEAL STRICTURE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 530.3

CPT: 32110,32120,32124,32820,43219-43220,43226,43245-43246,43248-43249,43330,43410,43415,43420,43425,43450-43456,43653,43830,43832,44300,44372-44373,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 217

Diagnosis: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 632,634.0-634.1

CPT: 58520,59812,59820-59830,64435,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 218

Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS (See Guideline Note 2)

Treatment: MEDICAL THERAPY

ICD-9: 581.3

CPT: 90918-90997,93990,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327

Line: 219

Diagnosis: DISORDERS OF PANCREATIC ENDOCRINE SECRETION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 251.4-251.9

CPT: 48155,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 220

Diagnosis: ERYTHROPLAKIA, LEUKOEDEMA OF MOUTH OR TONGUE

Treatment: INCISION/EXCISION, MEDICAL THERAPY

ICD-9: 230.0,528.7

CPT: 41000-41018,41110-41520,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 221

Diagnosis: LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TONGUE

Treatment: INCISION/EXCISION, MEDICAL THERAPY

ICD-9: 528.6

CPT: 41000-41018,41110-41520,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 222

Diagnosis: DYSTROPHY OF VULVA

Treatment: MEDICAL THERAPY

ICD-9: 624.0-624.1

CPT: 56501,56515,56620,57452,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 223

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.1,171,238.1
CPT: 14040,15100-15101,15732-15756,15758,21121,21555-21557,21930-21935,22900,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,28043-28046,32522,33120,33130,64774-64783,77261-77295,77300-77370,77402-77470,77761-77790,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 224

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Coding Specification Below) (See Guideline Notes 2,3,12)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
ICD-9: 174-175,233.0,238.3,V45.71,V50.42
CPT: 11401-11402,11623,13102,13122,13132-13133,13153,19110,19120,19125-19126,19160-19200,19240,19290-19295,19324-19369,32000,38500-38520,38740-38745,58940,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77600-77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 225

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer, and must be completed within 5 years of initial mastectomy. When breast reconstruction is performed after the treatment for breast cancer is completed, a principle diagnosis code of V45.71 (Acquired Absence of Breast) is appropriate and is only included on this line in combination with a secondary diagnosis of V10.3 (Personal History of Malignant Neoplasm of the Breast).

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.0,198.6,236.2
CPT: 44110,44120,44140,49419,58180,58550,58740,58925-58960,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,77470,77750,77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 226

Diagnosis: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
ICD-9: 752.5
CPT: 54512,54520-54535,54550,54560,54620,54640,54650,54660,54690,54692,55200
Line: 227

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 187,233.5-233.6,236.6
CPT: 11623,11960-11971,15574,52240,54120-54135,54220,54065,55150-55180,58960,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77600-77784,77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 228

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.2-183.9,184,233.3,236.1,236.3
CPT: 56501,56515,56620,56625,56630-56640,57065,57106-57112,57520,57530,57550,58150,58180,58200,58210,58240,58260,58275,58285,58290,58943-58960,77261-77295,77300,77305-77370,77401-77417,77427,77470,77750-77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 229

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 181
CPT: 58120,58150,58180-58200,58953,58956,77261-77295,77300,77305-77321,77331-77370,77401-
77417,77427,77470,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 230

Diagnosis: CANCER OF BONES, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 1,2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 170,198.5,238.0
CPT: 14001,20931,20938,20955-20973,21025-21026,21034,21044-21045,21081,21610,21620,22548-
22585,22851,23140,23200-23222,23900,24150-24153,24363,24498,24900-24931,25110-25119,
25210-25240,25320,25335-25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,
26200,26910-26952,27025,27054,27065-27067,27187,27290,27334-27335,27365,27465-27468,
27496-27498,27590-27598,27656,27745,27880-27894,28800-28825,31200-31201,31225,32900,
36680,63081-63091,63101-63103,63276,69970,77261-77295,77300-77321,77331-77370,77401-
77427,77470,79000-79900,96400-96571,97001-97004,97012-97014,97032,97110-97124,97140-
97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5934,D5935,D5984,D7440,D7441,G0242,G0243
Line: 231

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5%
5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 188,189.2,198.1,233.7,236.7
CPT: 50125,50220-50290,50340,50544-50548,50553,50572,50650-50660,50825-50840,50976,51530,
51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52327,52332,52355,52500,
53210-53220,58960,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,
79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 232

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL
RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 158,197.6,197.8,235.4-235.5
CPT: 39010,44820-44850,49081,49201,49255,77261-77295,77300,77305-77370,77402-77417,77427,
77470,77761-77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,
99379-99440
HCPCS: G0242,G0243
Line: 233

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 140-149,160-161,231.0,231.8,235.0-235.1,235.6,235.9
CPT: 13132,13151,14040-14061,15570,15732-15734,15756-15758,15760,20955-20957,30117-30118,
30520,31075-31090,31200-31205,31225-31230,31300,31360-31368,31370,31380-31395,31540-
31541,31600-31603,31611,31820,31825,38724,40500-40530,40810-40816,40819,40845,41110-
41116,41120-41155,41820,41825-41827,41850,42104-42120,42280-42281,42842,42845,42410-
42450,42500,42826,43450,43496,69110,69150,69155,69502,77261-77295,77300-77315,77326-
77370,77401-77470,77750-77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,
99374-99375,99379-99440
HCPCS: D5983,D5984,D5985,D7440,D7441,D7920,D7981,G0242,G0243
Line: 234

Diagnosis: PORTAL VEIN THROMBOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 452
CPT: 37140,37180,37182,49425-49429,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 235

Diagnosis: PARALYTIC ILEUS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.1,560.31
CPT: 47562,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 236

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION
(See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 897.0-897.7, 905.9
CPT: 11010-11012, 20920, 20922, 20924, 27290-27295, 27590-27598, 27880-27886, 27889, 97001-97004,
97012-97014, 97032, 97110-97124, 97140-97535, 97542, 97601-97602, 99024, 99070, 99078, 99201-
99362, 99374-99375, 99379-99440
Line: 237

Diagnosis: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE) (PARTIAL)
WITH AND WITHOUT COMPLICATION (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 885-887
CPT: 11000-11001, 11010-11012, 11042-11044, 15050, 20802, 20805, 20808, 20816-20924, 20972-20973,
23900, 23920, 23921, 24900, 24920, 24925, 24930, 24931, 24935, 24940, 25900-25909, 26350-26356,
26410-26418, 26551-26556, 26910-26952, 64831-64832, 97001-97004, 97012-97014, 97032, 97110-
97124, 97140-97535, 97542, 97601-97602, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-
99440
Line: 238

Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES
Treatment: MEDICAL THERAPY
ICD-9: 260-268, 269.0-269.3, 280, 285.1
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 239

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE
Treatment: MEDICAL THERAPY
ICD-9: 959.9, 994.2-994.3, 995.5, 995.80-995.85, V61.11, V61.21, V71.5
CPT: 46700, 46706, 56800, 56810, 57023, 57200, 57210, 57410, 57415, 99024, 99070, 99078, 99170, 99201-
99362, 99374-99375, 99379-99440
Line: 240

Diagnosis: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 308
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846, 90847, 90849, 90853, 90857, 90862,
90882, 90887, 96100, 99201-99275
HCPCS: H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0045, H2011, H2012, H2013,
H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9484, T1005, T1013, T1016, T1023
Line: 241

Diagnosis: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.21
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90862, 90882, 90887, 96100, 99201-
99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H2011, H2012,
H2014, H2021, H2022, H2027, H2032, S9484, T1013, T1016, T1023
Line: 242

Diagnosis: PERITONSILLAR ABSCESS
Treatment: INCISION AND DRAINAGE OF ABSCESS, MEDICAL THERAPY
ICD-9: 475
CPT: 10160, 42700, 42820-42826, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 243

Diagnosis: CANCRUM ORIS
Treatment: MEDICAL THERAPY
ICD-9: 528.1
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 244

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES
Treatment: THROMBOENDARTERECTOMY
ICD-9: 433
CPT: 34001, 35301, 35390, 37215-37216, 61680, 61795, 99024, 99070, 99078, 99201-99362, 99374-99375,
99379-99440
Line: 245

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See Guideline Note 2)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.0,580.8-580.9,583.0-583.7,584
CPT: 36145,36800-36819,36821,36831-36833,36835,36838,36870,49422,90918-90997,93990,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327
Line: 246

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS (See Guideline Note 2)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 403,581.0-581.2,581.8-581.9,582,585,587-589,593.9
CPT: 36145,36800-36819,36821,36825-36833,36835,36838,36870,49420-49421,90918-90997,93990,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9355
Line: 247

Diagnosis: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS
Treatment: MEDICAL THERAPY
ICD-9: 123.1-123.9,124
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 248

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
ICD-9: 278.2,278.4,960-989,995.86
CPT: 43226,43241-43247,90918-90997,91105,93990,99024,99070,99078,99175,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9355
Line: 249

Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
Treatment: MEDICAL THERAPY
ICD-9: 202.5,272,277.1,277.5-277.6,277.8-277.9,330.1,374.51
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 250

Diagnosis: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES
Treatment: MEDICAL THERAPY
ICD-9: 271.2-271.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 251

Diagnosis: INTESTINAL MALABSORPTION
Treatment: MEDICAL THERAPY
ICD-9: 040.2,579
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 252

Diagnosis: DELIRIUM DUE TO MEDICAL CAUSES
Treatment: MEDICAL THERAPY
ICD-9: 293.0-293.1
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 253

Diagnosis: PERNICIOUS AND SIDEROBLASTIC ANEMIA
Treatment: MEDICAL THERAPY
ICD-9: 281,285.0
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S9355
Line: 254

Diagnosis: DISSEMINATED INTRAVASCULAR COAGULATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 286.6
CPT: 11040-11041,15200,15220,15240,15260,25900-25905,25915-25920,25927,26910-26952,27598,27880-27882,27888-27889,28800-28825,30150,54130-54135,69110-69120,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 255

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: DIVERTICULITIS OF COLON
Treatment: COLON RESECTION, MEDICAL THERAPY
ICD-9: 562.0-562.1
CPT: 33238,44005,44139-44141,44143-44147,44160,44200,44204-44208,44320,44620-44626,44701,45335,45381,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 256

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-9: 577.2
CPT: 43240,48001,48005,48020,48120-48148,48152-48154,48180,48500-48540,49423-49424,64680,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 257

Diagnosis: ACUTE POLIOMYELITIS (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 045
CPT: 92506-92508,92526,92607-92609,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 258

Diagnosis: SYSTEMIC SCLEROSIS
Treatment: MEDICAL THERAPY
ICD-9: 710.1
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 259

Diagnosis: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY
ICD-9: 291.0,291.3,291.8-291.9,292.0,292.8
CPT: 90816-90819,90823-90827,90862,97810-97814,99217-99223,99231-99239,99251-99263
HCPCS: H0001,H0002,H0033,H0035,H0048,H2013
Line: 260

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 1,13)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 277.7,410-414,429.2,429.4,429.71,429.79,747.89,785.51
CPT: 33200-33201,33206-33208,33210,33212-33226,33233-33238,33261,33400-33417,33420,33422,33425-33427,33430,33465,33475,33500,33508-33542,33572,33681,33922,33967,33970-33974,33979-33980,35001,35182,35189,35226,35286,35572,35600,92960-92998,93724-93736,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0290,G0291,S2205,S2206,S2207,S2208,S2209
Line: 261

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment: COMFORT CARE (See Guideline Notes 2,3,14)
ICD-9: V66.7
CPT: 27035,44370,44379,44383,44397,45327,45387,50947-50948,52341-52346,52355,62350-62368,64517,64620,64680,64681,67570,77261-77295,77300-77370,77401-77470,77520-77790,79000-79900,95990-95991,96400-96571,97810-97814,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 262

Diagnosis: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.0,309.1,309.23-309.29,309.3-309.4,309.82,309.83,309.9
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 263

Diagnosis: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.81
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 264

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.0,307.2
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H2011,H2012,H2013,
H2014,H2021,H2022,H2027,H2032,S9484,T1013,T1016,T1023
Line: 265

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS
Treatment: EXCISION OF POLYP
ICD-9: 211.3-211.4,569.0
CPT: 44145,44150,45170,45308-45309,45333-45334,45383-45385
Line: 266

Diagnosis: TRANSIENT CEREBRAL ISCHEMIA
Treatment: MEDICAL THERAPY
ICD-9: 362.34,388.02,435
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 267

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 233.1,622.0-622.2,623.0-623.1,623.7,795.0
CPT: 57061-57065,57150,57180,57400,57452,57460-57461,57505,57510-57522,57530,57540,57550,
57555-57556,58120,58150,58260,58262-58263,58290-58291,58550-58553,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 268

Diagnosis: ANOGENITAL VIRAL WARTS
Treatment: MEDICAL THERAPY
ICD-9: 078.1
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,99024,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 269

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,15)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 152-154,197.5,230.3-230.6,235.5
CPT: 44120-44121,44139-44160,44204,44206-44212,44300-44346,44620-44625,44701,45110-45113,
45123,45126,45136,45170,45190,45333,45384-45385,45505,45550,46917,77261-77295,77300,
77305-77315,77326-77370,77401-77417,77427-77470,77761-77790,79000-79900,96400-96571,
99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 270

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 180
CPT: 38770,44320,44700,53444,57155,57500,57505,57460,57520,57522,57531,57540,57545,57550,
57820,58150,58200,58210,58550-58554,58953-58956,77261-77295,77300,77305-77370,77402-
77417,77427,77470,77761-77790,96400-96571,99024,99070,99078,99201-99362,99374-99375,
99379-99440
HCPCS: G0242,G0243
Line: 271

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS,
WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline
Notes 2,3,4)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 162-163,164.2-164.9,165,195.1,197.0,197.2-197.3,231.1-231.2,231.9,235.7-235.8
CPT: 19260-19272,21610,22900,31600-31603,31636-31645,31770,31775,31785-31786,31820,31825,
32000,32020,32320,32480-32488,32440-32445,32500-32540,32662,32657,32900-32906,38542,
38794,39000-39010,39200,39220,39400,46917,49421,77261-77295,77300-77315,77326-77370,
77401-77470,77761-77790,78810,96400-96571,99024,99070,99078,99201-99362,99374-99375,
99379-99440
HCPCS: G0242,G0243
Line: 272

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 185,233.4,236.5
CPT: 38564,38780,51700,52010,52234,52240,52281,52400,52510,52601,52612-52648,53600-53601,54530,55810-55845,55859-55866,58960,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77776-77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243,S9355
Line: 273

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.0,194,198.7,234.8,237.0-237.4,259.2
CPT: 38510,60512,60540-60545,60600-60605,60650,62165,64788,77261-77295,77300-77321,77331-77370,77402-77432,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 274

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 189.0-189.1,189.3-189.9,198.0,233.9,236.9
CPT: 50125,50220-50290,50340,50391,50545-50546,50548,50553,50572,50650-50660,50825-50840,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52500,53210-53220,58200,58960,77261-77295,77300,77305-77321,77331-77370,77402-77417,77427-77432,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 275

Diagnosis: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 151,230.2,235.2
CPT: 43122,43248-43250,43620-43638,44110-44130,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77432,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 276

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 191-192,198.3-198.4,237.5-237.9
CPT: 37202,61312-61321,61500-61501,61510-61512,61516-61521,61530,61586,61615-61616,61750-61751,61770,61793-61795,62140-62148,62164-62165,62223,62350-62368,63265,63275-63290,63300-63308,63615,64784-64792,64802-64818,77261-77295,77300-77315,77326-77370,77401-77470,77520-77790,79000-79900,95990-95991,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 277

Diagnosis: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
ICD-9: 040.0,526.4,526.89,639.0,639.6,670.02,670.04,673.0,686.0,709.3,728.0,730.2,730.30,730.9,785.4,958.0,990,996.52,996.7,999.1
CPT: 99183
Line: 278

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 227.3,349.81
CPT: 61070,61305,61545-61548,62100,77261-77295,77300-77315,77331-77370,77402-77470,79000-79900,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 279

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY,
MEDULLOADRENAL HYPERFUNCTION
Treatment: MEDICAL THERAPY/ADRENALECTOMY
ICD-9: 255.0,255.1,255.3,255.6,255.8-255.9,259.1,259.3,349.81
CPT: 60540-60545,60650,61546,62100,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 280

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 491.1-491.2,492,496,508.1-508.9,518.2,518.3
CPT: 94640,94656-94668,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 281

Diagnosis: DISORDERS OF MINERAL METABOLISM
Treatment: MEDICAL THERAPY
ICD-9: 275
CPT: 99024,99070,99078,99195,99201-99362,99374-99375,99379-99440
HCPCS: S9355
Line: 282

Diagnosis: INTRACEREBRAL HEMORRHAGE (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 431
CPT: 92506-92508,92526,92607-92609,97001-97004,97012-97014,97032,97110-97124,97140-97535,
97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 283

Diagnosis: STROKE (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 434,436,437.0,437.1,437.6,747.81
CPT: 37195,61680,61793-61795,77261-77295,77300-77301,77336,77370,77417-77432,92506-92508,
92526,92607-92609,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 284

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 415,958.1
CPT: 33916,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 285

Diagnosis: DISLOCATION KNEE AND HIP, OPEN (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 835.1,836.2,836.4,836.6
CPT: 27253-27258,27275,27350,27430,27435,27496-27498,27556-27558,27560,27562,27566,27830-
27832,27892-27894,29861-29863,29882,97001-97004,97012-97014,97032,97110-97124,97140-
97535,97542,97601-97602
Line: 286

Diagnosis: DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND SHOULDER, OPEN (See Guideline
Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 830.1,831.1,832.1,833.1,834.1,837.1,838.1
CPT: 21485-21490,23395,23530-23532,23550-23552,23660,23670,23680,24300,24332,24343,24345-
24346,24586,24615,24635,25275,25394,25430-25431,25670,25676,25685,25695,26340,26645,
26665,26685-26686,26715,26775-26776,27695-27696,27698,27830-27832,27846-27848,28540,
28545-28546,28555,28570,28575-28576,28585,28600,28605-28606,28615,28630,28635-28636,
28645,28660,28665-28666,28675,29891-29892,97001-97004,97012-97014,97032,97110-97124,
97140-97535,97542,97601-97602
Line: 287

Diagnosis: ACUTE BRONCHITIS AND BRONCHIOLITIS
Treatment: MEDICAL THERAPY
ICD-9: 466
CPT: 31600-31603,31820,31825,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 288

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 614.0,614.2-614.5,614.7-614.9,615
CPT: 44960,46020,57010,58150,58660,58700,58720,58740,58820-58823,58925,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 289

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: URINARY FISTULA
Treatment: SURGICAL TREATMENT
ICD-9: 593.81-593.82
CPT: 45820,50040-50045,50395-50398,50520,50525-50526,50686-50688,50900,50920,50930,50961,
50970,50980,52234,53080,53085,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 290

Diagnosis: ANEURYSM OF PULMONARY ARTERY (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 417.0,417.1,417.8-417.9,901.41
CPT: 32480-32486,32488,32500-32501,32520,32522,32525,32540,33910-33915,33917-33920,33922,
33973-33974,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 291

Diagnosis: EPILEPSY AND FEBRILE CONVULSIONS
Treatment: MEDICAL THERAPY
ICD-9: 345,780.3
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 292

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 555,556,557.1,557.9,569.41,569.81-569.82,569.86
CPT: 44110,44120-44121,44139-44160,44202-44212,44300-44316,44345,44625-44626,44640,44650,
44701,45112-45113,45119,45123,45136,45307-45309,45315,45320-45321,45332-45340,45379,
45381-45386,45805,45825,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 293

Diagnosis: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING
Treatment: MEDICAL THERAPY
ICD-9: 001,003.0,003.8-003.9,004,005.0,005.2-005.9,008.0-008.8,009
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 294

Diagnosis: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS
Treatment: MEDICAL THERAPY
ICD-9: 443.1,446.1-446.2,446.5
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 295

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 349.0,519.00,519.02,530.86-30.87,536.40,536.42,536.49,569.60,569.62,569.69,990,
996.30-996.32,996.52-996.54,996.57,996.59,997.60-997.61,997.69,997.91,997.99,998.12-
998.13,998.4,998.7,998.82-998.89,999.2,999.5-999.7
CPT: 10140,10160,11976-11977,11982-11983,15000,15350-15351,15400-15401,19328-19330,19371-
19380,20680,20694,21120,21501,22849-22850,22852-22855,24160-24164,25250-25251,25449,
26320,27090-27091,27132-27138,27265-27266,27486-27488,27570,27704,31613-31614,31630,
31750-31781,31800-31830,33922,35875-35876,35901-35905,36536-36537,36860-36861,43246,
43760-43761,43830-43832,44312-44314,44340-44346,47525-47530,49422,53442,53446-53449,
58301,62273,63660,63688,64595,64788,65150-65175,66985-66986,67560,69710-69711,75984,
92506-92508,92526,92607-92609,95970-95975,97001-97004,97012-97014,97032,97110-97124,
97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 296

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not priced as part of the list.)
Treatment: INDUCED ABORTION
ICD-9: 635-639,655,779.6,V25.3
CPT: 58520,59100,59160,59200,59812,59840-59841,59850-59852,59855-59857,99024,99070,99078,
99201-99362,99374-99375,99379-99440
HCPCS: S0199,S2260
Line: 297

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note 16)
Treatment: CLEANING AND FLUORIDE
ICD-9: 520.4,521.8,V72.2
CPT: 90788,99201-99215,99245-99275
HCPCS: D0120,D0140,D0150,D0160,D0170,D0180,D1110,D1120,D1201,D1203,D1204,D1205,D1330,D1351,
D4355,D5982,D5986,D9610,D9920
Line: 298

ICD-9-CM codes will only be required on dental claims for FQHCs, RHCs, and tribal health clinics.

Diagnosis: HEARING LOSS - AGE 5 OR UNDER
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00,388.02,388.1-388.2,388.4-388.5,388.8,389
CPT: 69424,69433,69436,92562-92597,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 299

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Note 17)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.1
CPT: 69710-69718,69930,92510,92601-92602
Line: 300

Diagnosis: POSTTRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81,309.89
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-99275,99301-99316
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 301

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S9480,S9484,T1013,T1016,T1023
Line: 302

Diagnosis: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING
Treatment: RECONSTRUCT OF EAR CANAL
ICD-9: 380.5,744.00-744.05,744.09
CPT: 15120,69310-69320,69631-69637,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 303

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
Treatment: SINGLE FOCAL SURGERY
ICD-9: 345.1,345.4-345.5
CPT: 61531,61533-61537,61540,61543,61566,61567,61720,61735,61760,61850-61888,64573,78608-78609,95970-95975
Line: 304

Diagnosis: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS
Treatment: MEDICAL THERAPY
ICD-9: 112.4-112.5,112.81,112.83-112.85,112.89
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 305

Diagnosis: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES
Treatment: MEDICAL THERAPY
ICD-9: 114-116,117.0-117.4,117.6-117.8,118,518.6
CPT: 32662,33405-33417,33420-33430,33973-33974,35180,35182,35184,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 306

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: TETANUS
Treatment: MEDICAL THERAPY
ICD-9: 037
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 307

Diagnosis: EBSTEIN'S ANOMALY
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-9: 746.2
CPT: 33460, 33465, 33468, 33641-33647, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 308

Diagnosis: DISSEMINATED INFECTIONS WITH LOCALIZED SITES
Treatment: MEDICAL THERAPY
ICD-9: 003.2, 006.3-006.8, 014-018, 040.81-040.82, 093-097, 137.0, 137.2-137.4
CPT: 47015, 97601-97602, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 309

Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Note 1)
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
ICD-9: 395, 424.1, 710.0, 720.0, 745.0, 747.21, 759.82
CPT: 33400-33405, 33410-33413, 33496, 33973-33974, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 310

Diagnosis: TYPE II DIABETES MELLITUS (See Guideline Note 2)
Treatment: MEDICAL THERAPY
ICD-9: 250.00, 250.02, 250.10, 250.12, 250.20, 250.22, 250.30, 250.32, 250.40, 250.42, 250.50, 250.52, 250.60, 250.62, 250.70, 250.72, 250.80, 250.82, 250.90, 250.92
CPT: 90918-90997, 93990, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0245, G0246, G0308, G0309, G0310, G0311, G0312, G0313, G0314, G0315, G0316, G0317, G0318, G0319, G0320, G0321, G0322, G0323, G0324, G0325, G0326, G0327, S9145
Line: 311

Diagnosis: POLYARTERITIS NODOSA AND ALLIED CONDITIONS
Treatment: MEDICAL THERAPY
ICD-9: 136.1, 437.4-437.5, 446.0, 446.6-446.7
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 312

Diagnosis: SARCOIDOSIS
Treatment: MEDICAL THERAPY
ICD-9: 135
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 313

Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS
Treatment: MEDICAL THERAPY
ICD-9: 710.3-710.5
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 314

Diagnosis: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Note 1)
Treatment: REPAIR SEPTAL DEFECT
ICD-9: 745.5
CPT: 33641, 33647, 92960-92998, 93580, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 315

Diagnosis: DISEASES OF MITRAL VALVE (See Guideline Note 1)
Treatment: VALVULOPLASTY, MITRAL VALVE REPLACEMENT, MEDICAL THERAPY
ICD-9: 391.1, 394, 396, 424.0, 746.5-746.6, 746.89
CPT: 33420, 33422, 33425-33427, 33430, 33496, 33973-33974, 92960-92998, 93797-93798, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 316

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG)
Treatment: MEDICAL THERAPY
ICD-9: 518.0-518.1
CPT: 31645, 31646, 94640, 94656-94668, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 317

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN

Treatment: HYPERBARIC OXYGEN

ICD-9: 986-987,993.3

CPT: 99183

Line: 318

Diagnosis: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER

Treatment: MEDICAL THERAPY

ICD-9: 244,246.1

CPT: 60210,60212,60220,60225,60240,60270-60271,60512,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 319

Diagnosis: CARDIAC ARRHYTHMIAS (See Guideline Note 1)

Treatment: MEDICAL THERAPY, PACEMAKER

ICD-9: 426,427.0,427.2-427.3,427.6,427.8-427.9,429.4

CPT: 33200-33201,33206-33208,33210,33211-33226,33233-33238,33250-33253,33261,33973-33974,92960-92998,93600-93652,93724-93736,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 320

Diagnosis: MULTIPLE VALVULAR DISEASE (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 396-397

CPT: 33400-33478,33496,33973-33974,92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 321

Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION
(See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 896,897.6-897.7

CPT: 11010-11012,20838,20920,20922,20924,27888,28800-28805,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 322

Diagnosis: BRACHIAL PLEXUS LESIONS

Treatment: MEDICAL THERAPY

ICD-9: 353.0

CPT: 21615-21616,21700,21705,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 323

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Note 18)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 721.5-721.6,723.0,724.0,732.0,737.0-737.3,737.8-737.9,754.1-754.2,756.13-756.17,756.19,756.3

CPT: 20930-20938,21720,21725,22210-22226,22548,22554-22585,22590-22632,22800-22855,29000,29010,29015,29020,29025,29035,29040,29044,29046,29710,29715,29720,62284,62287,62290-62291,63001-63091,63170-63200,63295,63300-63308,63600,63610,63650-63655,63685,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 324

Diagnosis: DISORDERS OF PLASMA PROTEIN METABOLISM

Treatment: MEDICAL THERAPY

ICD-9: 273

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 325

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 2,3)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 205.0,206.0,207.0,208.0

CPT: 38100,38120,38760,62350-62368,77261-77295,77300,77305-77321,77331-77370,77401-77427,95990-95991,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 326

Diagnosis: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 393,398

CPT: 92960-92998,93797-93798,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 327

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ACUTE NECROSIS OF LIVER

Treatment: MEDICAL THERAPY

ICD-9: 570,573.3

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 328

Diagnosis: CHRONIC HEPATITIS, INCLUDING VIRAL HEPATITIS B AND C

Treatment: MEDICAL THERAPY

ICD-9: 070.0,070.2,070.32-070.33,070.4,070.51-070.52,070.54,070.6,070.71,571.4,571.8-571.9,573.0

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 329

Diagnosis: ACUTE PANCREATITIS

Treatment: MEDICAL THERAPY

ICD-9: 577.0

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 330

Diagnosis: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU

Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY

ICD-9: 232,607.0,692.75,702.0

CPT: 11300-11313,11400-11446,11600-11646,13100-13160,14000-14350,17000-17108,17304,69110,69120,69300,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 331

Diagnosis: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS

Treatment: SURGICAL TREATMENT

ICD-9: 530.10,530.11,530.19,530.6,530.81-530.83,530.89,551.3,552.3,553.3

CPT: 32800,39502-39541,39560,39561,43030,43130,43135,43280,43324,43330-43331

Line: 332

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
(See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)

ICD-9: 046,049,062-063,090.40,094.0-094.2,094.8-094.9,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,315.4,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,718.4,727.81,728.1,728.3-728.4,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.3,907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.6,995.8,997.0,998.0

CPT: 14040,20550,20664,21610,23020,23800-23802,24301-24331,24800-24802,25280-25290,25310-25316,25320,25332,25337,25800-25805,25830,26442,26474,26490,27000-27006,27036,27097-27122,27140,27306-27307,27315-27320,27390-27400,27435,27605-27606,27612,27676-27692,27705,27870-27871,28010-28011,28030,28130,28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29895,32501,61215,61343,62161-62162,62360-62362,63600,63610,63650-63655,63685,64614,64763,92531-92542,92544-92548,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 333

Diagnosis: ACUTE THYROIDITIS

Treatment: MEDICAL THERAPY

ICD-9: 245.0

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 334

Diagnosis: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE

Treatment: MEDICAL THERAPY

ICD-9: 710.0,710.8,710.9,729.30

CPT: 20610,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 335

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: WEGENER'S GRANULOMATOSIS
Treatment: MEDICAL THERAPY AND RADIATION THERAPY
ICD-9: 446.3-446.4
CPT: 77261-77295, 77300-77315, 77331-77336, 77401-77427, 77470, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 336

Diagnosis: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.01, 300.21-300.22
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 337

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 445.81, 445.89, 447.0, 447.2-447.9, 593.81, 747.82
CPT: 34151, 35471, 35480, 35501-35515, 35526-35531, 35536-35551, 35560-35563, 35601-35616, 35626-35646, 35663, 37607, 62294, 63250-63252, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 338

Diagnosis: LEPTOSPIROSIS
Treatment: MEDICAL THERAPY
ICD-9: 100
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 339

Diagnosis: AMEBIASIS
Treatment: MEDICAL THERAPY
ICD-9: 006.0-006.2, 006.9, 007.0, 007.3, 007.8, 136.4-136.5, 136.8
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 340

Diagnosis: ZONOTIC BACTERIAL DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 020-027, 073.7-073.9, 078.3, V71.82-V71.83
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 341

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES
Treatment: SURGICAL TREATMENT
ICD-9: 802, 950-951
CPT: 10121, 11010-11012, 20670, 20680, 20694, 21085, 21210, 21215, 21310-21339, 21340-21348, 21355-21360, 21365-21366, 21385-21395, 21400-21401, 21406-21408, 21421-21423, 21431-21454, 21461-21462, 21465, 21470, 30420, 30450, 31292-31294, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: D5988
Line: 342

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 212
CPT: 19260-19272, 21627, 21630, 31512, 31541-31546, 31636-31638, 31770, 31775, 32320, 32480-32488, 32540, 32657, 32661-32662, 33120, 33130, 39000-39010, 39220, 77261-77295, 77315, 77326-77370, 77402-77470, 77520-77790, 79000-79900, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0242, G0243
Line: 343

Diagnosis: DYSTONIA (UNCONTROLLABLE)
Treatment: MEDICAL THERAPY
ICD-9: 333.0-333.7, 333.81, 333.83, 333.89, 333.90, 333.92
CPT: 64612-64613, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 344

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 440.0-440.1
CPT: 35450,35471,35490,35501-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,
35626-35647,35654,35663,35697,35820,35840,35875-35876,35905,35907,37205-37208,99024,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 345

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 173,176,198.2,238.2
CPT: 11000-11044,11300-11313,11400-11446,11600-11646,12001-12057,13100-13153,13160,14000-
14061,14300,14350,15000,15100,15221,15240-15261,15350,15400,15570-15770,17000-17108,
17260-17310,17340,21555-21557,21930-21935,23075-23077,24075-24077,25075-25077,26115-
26117,27047-27048,27327-27329,27615-27619,28043-28046,38562-38564,38700-38745,38760-
38765,67950,67961,67966,67971,67973-67975,69120,69145,69910,77261-77295,77300-77321,
77331-77370,77401-77470,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-
99375,99379-99440
HCPCS: G0242,G0243
Line: 346

Diagnosis: SLEEP APNEA (See Guideline Note 19)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 347.0,780.51,780.53,780.57
CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140,42145,42160,42820-42836,
99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 347

Diagnosis: LIFE-THREATENING EPISTAXIS
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
ICD-9: 784.7
CPT: 30520,30540,30545,30560,30620-30802,30901-30906,30915-30930,31238,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 348

Diagnosis: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS
Treatment: SURGICAL TREATMENT
ICD-9: 527.2-527.4
CPT: 40810-40816,42300-42320,42325-42330,42335,42340,42408,42410,42415-42420,42440-42509,
42600,42650-42665,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7980,D7981,D7982,D7983
Line: 349

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 454.0,454.2,459.11,459.13,459.31,459.33,707
CPT: 10060-10061,11000-11044,14000-15770,15920-15958,27598,28122,28810,29580,37700-37785,
97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7920
Line: 350

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.3,040.89,373.13,380.14,454.1,459.12,459.32,527.3,528.3,528.5,529.0,566,597.0,
603.1,607.2,608.4,616.3-616.4,680-682,684,686.8,703.0,744.41,744.46,744.49
CPT: 10060-10061,10160,11000-11044,11730-11752,11765,20000,20005,20102,21501,21502,23030,
23930,26010-26011,26990,27301,27603,28003,40801,41800,42000,46020,46040,46050,46060,
46270,53040,54700,55100,56405,56420,56740,60280,67700,97601-97602,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 351

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 610,611.0,611.2,611.5,611.8
CPT: 19000-19126,19295,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 352

Diagnosis: PILONIDAL CYST WITH ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 685.0
CPT: 10080-10081,11770-11772,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 353

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS) (See Guideline Note 20)
Treatment: URGENT AND EMERGENCY DENTAL SERVICES
ICD-9: 520.1, 520.6, 521.6, 521.8, 522, 525.11, 525.3, 526.4-526.5, V72.2
CPT: 41000, 41800, 41806, 90788, 99201-99215, 99241-99275
HCPCS: D1550, D2910, D2920, D2940, D3110, D3120, D3220, D3221, D3230, D3240, D5410, D5411, D5421, D5422, D5510, D5951, D6930, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7270, D7510, D7520, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7780, D7910, D7911, D7997, D9110, D9410, D9420, D9440
Line: 354

Diagnosis: ABSCESS OF BURSA OR TENDON
Treatment: INCISION AND DRAINAGE
ICD-9: 727.89
CPT: 20600-20610, 23030, 23031, 23405, 23406, 23930, 25000, 25031, 25085, 25118, 26020, 26025, 26030, 26034, 26990, 27301, 27603, 28001, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 355

Diagnosis: ABSCESS OF PROSTATE
Treatment: TURP, DRAIN ABSCESS
ICD-9: 601.2, 601.8
CPT: 52450, 52601, 52606, 52647-52648, 52700, 53080, 53085, 55720-55725, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 356

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
ICD-9: 442.0, 442.3, 442.9
CPT: 24900-24931, 25900-25931, 26910-26952, 27590-27598, 27880-27889, 28800-28825, 35001-35002, 35011, 35013-35021, 35141-35152, 35572, 35875-35876, 35903, 35682-35683, 37609, 64802-64818
Line: 357

Diagnosis: PYODERMA; PSORIASIS, STAGE III AND IV (See Guideline Note 21)
Treatment: MEDICAL THERAPY
ICD-9: 686.0-686.1, 696.1
CPT: 96900-96922, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 358

Diagnosis: URINARY TRACT CALCULUS
Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY
ICD-9: 592.1, 592.9, 594.9, 692.77
CPT: 50392, 50553, 50561, 50572, 50590, 50600-50630, 50900, 50945, 50961, 50970, 50976, 50980, 52310-52318, 52320, 52325, 52330, 52332, 52334, 52352-52353, 53020, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 359

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)
Treatment: MEDICAL THERAPY, BURN TREATMENT
ICD-9: 991.0-991.5, 991.8-991.9, 992, 993.2, 994.0-994.1, 994.4-994.9, 995.89
CPT: 11000, 11040-11041, 11960-11971, 14020, 14040-14041, 15000-15121, 15200, 15220, 15240, 15260, 15350, 15400, 15570-15574, 15770, 16000-16036, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 360

Diagnosis: VESICOURETERAL REFLUX
Treatment: MEDICAL THERAPY, REIMPLANTATION
ICD-9: 593.7
CPT: 50220, 50225, 50234-50240, 50760-50820, 50845, 50860, 50947-50948, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 361

Diagnosis: CALCULUS OF BLADDER OR KIDNEY
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY
ICD-9: 592.0, 594.0-594.1, 594.8
CPT: 50060-50081, 50130, 50392-50393, 50395, 50580-50590, 50700-50715, 52310-52318, 52330, 52332, 52334, 52352-52353, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 362

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 574.0-574.1, 574.3-574.9, 575.0-575.6, 575.8-575.9, 576.0-576.3
CPT: 43262, 43264-43268, 47420-47460, 47480-47490, 47510-47530, 47554-47556, 47562-47570, 47600-47630, 47900, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 363

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 591,593.3-593.5,593.89,594.2
CPT: 50060-50081,50100,50400,50553,50557,50559,50572,50575,50576,50590,50700-50715,50722,50725,50727-50728,50740,50845,50900,50940,50970,50972,51535,52276,52290,52301,52310,52320-52334,52341-52346,52352-52354,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 364

Diagnosis: CONGENITAL HYDRONEPHROSIS
Treatment: NEPHRECTOMY/REPAIR
ICD-9: 753.2
CPT: 50100,50230,50400-50500,50540,50553,50572,50575,50722,50725,50727-50728,50845,50900,50970,51535,52301,52290,52310,52334,52341-52346,52352-52354,52400,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 365

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 440.2-440.9,444.2,445.01-445.02,447.1
CPT: 20605,27590,34101,34111,34201,35081,35361,35371,35381,35450-35495,35500,35510,35512,35516-35525,35533,35556-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35701,35721,35741,35761,35860,35875-35881,35903,36002,37205-37209,37609,64802-64818,64821-64823,93668,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 366

Diagnosis: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR
ICD-9: 746.7
CPT: 33615,33617,33619,33750,33766,33767
Line: 367

Diagnosis: CONGENITAL PULMONARY VALVE STENOSIS
Treatment: PULMONARY VALVE REPAIR
ICD-9: 746.02
CPT: 33470,33478,33496,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 368

Diagnosis: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHRITIS (See Guideline Note 1)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 099.3,696.0,714,716.2,716.4,716.8,719.3,720.0-720.2,720.89,720.9
CPT: 20550,20600,20605,20610,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 369

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Guideline Notes 1,9)
Treatment: ARTHROPLASTY/RECONSTRUCTION
ICD-9: 714.0,714.3,715.1-715.3,715.9,716.1,732.7,733.4
CPT: 20610,20692,23120,23470-23472,23800-23802,24102,24130,24160,24164,24360-24366,24800-24802,25000,25115-25119,25240,25270,25320,25337,25390-25393,25441-25450,25455,25490-25492,25800,25810,25820,25825,25830,26320,26516-26536,26850,26990-26992,27036,27090-27091,27122-27132,27187,27284-27286,27358,27437-27454,27457,27580,27620-27626,27641,27700-27704,27870-27871,28090,28104,28114-28116,28122,28725,28740,28750,29819-29826,29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29894-29899,77261-77295,77300,77305-77315,77331-77336,77401-77427,77470,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 370

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Note 22)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.0-312.2,312.4,312.8
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 371

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.00,300.02-300.09,307.46,313.0
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 372

Diagnosis: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.51,307.54
CPT: 90801-90829,90846-90862,90882,90887,96100,99201-99275,99301-99316
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 373

Diagnosis: ESOPHAGITIS
Treatment: MEDICAL THERAPY
ICD-9: 530.1-530.2,530.6,530.81-530.83,530.85,530.89,530.9
CPT: 43248-43249,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 374

Diagnosis: DEEP OPEN WOUND
Treatment: REPAIR, SURGICAL TREATMENT
ICD-9: 870.0-870.1,872.0-872.1,872.62-872.69,872.7-872.9,873.0-873.5,873.7-873.9,875-884,890-895,906.0-906.1,958.2-958.3
CPT: 10120-10121,11000-11044,11730-11732,11750,11760,12001-13160,14040-14041,15000-15401,15570-15576,15600-15620,15630,15650,15732-15770,15845,20102-20103,20150,20525,23040-23044,24341,25101,25260-25272,25922,26080,26350-26510,26951,26990,27310,27372,27603,27830-27831,28022-28024,28810-28825,42180,42182,49002,54670,56800,57200,57210,64856-64857,64890,64893,67930-67935,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7912,D7920
Line: 375

Diagnosis: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY
ICD-9: 757.39
CPT: 11000-11001,96900-96922,97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 376

Diagnosis: CLEFT PALATE AND/OR CLEFT LIP
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-9: 749.0-749.2,750.25
CPT: 14060,20900,21079-21080,21082-21083,30462,30600,40500-40520,40650-40720,40761,40810-40845,42145,42200-42227,42235-42281,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5932,D5933,D5954,D5955,D5958,D5959,D5960,D5987,D7110,D7120,D7210,D7250,D7260,D7340,D7350,D7912,D8010,D8020,D8030,D8040,D8050,D8060,D8070,D8080,D8090,D8210,D8220,D8660,D8670,D8680,D8690,D8691,D8692,D8999
Line: 377

Diagnosis: TRACHOMA
Treatment: MEDICAL THERAPY
ICD-9: 076,085.1-085.4,139.1
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 378

Diagnosis: LEPROSY, YAWS, PINTA
Treatment: MEDICAL THERAPY
ICD-9: 030,031.1,040.1,040.3,102-104
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 379

Diagnosis: RHEUMATIC FEVER (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 390,392.9
CPT: 97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 380

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS
Treatment: MEDICAL THERAPY
ICD-9: 031.8-031.9,039,130
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 381

Diagnosis: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS
Treatment: MEDICAL THERAPY
ICD-9: 360.12,364.0-364.3
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 382

Diagnosis: BODY INFESTATIONS (EG. LICE, SCABIES)
Treatment: MEDICAL THERAPY
ICD-9: 132-134
CPT: 96900-96922,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 383

Diagnosis: DELUSIONAL DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.0-297.2,297.8-297.9
CPT: 90801-90829,90846-90862,90882,90887,96100,99201-99275,99301-99316
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 384

Diagnosis: RECURRENT EROSION OF THE CORNEA
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-9: 371.42
CPT: 65435-65436,65600,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 385

Diagnosis: GIARDIASIS, INTESTINAL HELMINTHIASIS
Treatment: MEDICAL THERAPY
ICD-9: 007.1,120-122,123.0,125-129
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 386

Diagnosis: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
ICD-9: 364.41
CPT: 65805-65815,65930,92002-92060,92070-92353,92358-92371
Line: 387

Diagnosis: WOUND OF EYE GLOBE
Treatment: SURGICAL REPAIR
ICD-9: 871
CPT: 65270,65272-65273,65280-65285,65290,66680,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 388

Diagnosis: DIABETIC AND OTHER RETINOPATHY
Treatment: LASER SURGERY
ICD-9: 228.03,250.5,362.1-362.2,362.81,363.0-363.1,363.20,363.22,363.3-363.9
CPT: 67036,67039-67040,67208-67210,67220-67228,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 389

Diagnosis: GLAUCOMA
Treatment: MEDICAL THERAPY
ICD-9: 365.0-365.1,365.3-365.9
CPT: 67500,76514,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0830
Line: 390

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: PRIMARY AND OTHER ANGLE-CLOSURE GLAUCOMA
Treatment: IRIDECTOMY, LASER SURGERY
ICD-9: 365.20-365.24,365.83
CPT: 65860,65865,65870,65875,65880,66150,66160,66165,66180,66250,66500-66505,66625-66635,
66761-66762,66990,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 391

Diagnosis: RETINAL TEAR
Treatment: LASER PROPHYLAXIS
ICD-9: 361.30,361.32-361.33
CPT: 67141-67145,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 392

Diagnosis: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
ICD-9: 362.21
CPT: 67101-67121,92002-92060,92070-92353,92358-92371
Line: 393

Diagnosis: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION
Treatment: LASER SURGERY
ICD-9: 362.35-362.36
CPT: 67228,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 394

Diagnosis: SICCA SYNDROME; POLYMYALGIA RHEUMATICA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 710.2,725
CPT: 68760-68761,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 395

Diagnosis: PURULENT ENDOPHTHALMITIS
Treatment: VITRECTOMY
ICD-9: 360.0,360.13
CPT: 65800,66020,66030,67005-67036,67515,68200,92002-92060,92070-92353,92358-92371,99024,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 396

Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.2-370.9,371.43-371.44,371.48
CPT: 65780-65782,67515,68200,68371,92002-92060,92070-92353,92358-92371,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 397

Diagnosis: SCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.00,379.03-379.09,379.11-379.16
CPT: 66130,66220,66225,66250,67250,67255,92002-92060,92070-92353,92358-92371,99024,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 398

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: INTRAOCULAR LENS
ICD-9: 379.3
CPT: 65750,65765,65767,66825,66985-66990,92002-92060,92070-92353,92358-92371,99024,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 399

Diagnosis: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-9: 370.0,370.35,918
CPT: 65275,65430,65600,65780-65782,67505,67515,68200,68360,68371,92002-92060,92070-92353,
92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 400

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS
Treatment: EXTRACTION OF CATARACT
ICD-9: 360.19,365.5
CPT: 66920-66984,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 401

Diagnosis: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT
Treatment: SURGICAL TREATMENT
ICD-9: 364.61-364.64,364.8,376.30-376.36,376.40,376.42-376.47,376.81
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 402

Diagnosis: PRIMARY AND OPEN ANGLE GLAUCOMA
Treatment: TRABECULECTOMY, CYCLOCRYOTHERAPY, LASER TRABECULOPLASTY
ICD-9: 365.10-365.11,365.13-365.14
CPT: 65820,65850,65855,66150,66155,66165,66170,66172,66185,66220,66225,66250,66700-66711,66740,66762,92002-92060,92070-92353,92358-92371
Line: 403

Diagnosis: RUBEOSIS IRIDIS
Treatment: LASER SURGERY
ICD-9: 364.42,364.7
CPT: 65875,66170,66720,67228,67500,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 404

Diagnosis: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
Treatment: ENUCLEATION
ICD-9: 360.11,360.14,360.20,360.23-360.29,360.32,360.4,360.8
CPT: 65091,65093,65105,65125,65150,65130,65135,65140,65155,65175,67218,67560,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 405

Diagnosis: CATARACT, EXCLUDING CONGENITAL (See Guideline Note 23)
Treatment: EXTRACTION OF CATARACT
ICD-9: 366.0-366.3,366.45-366.46,366.8-366.9,V43.1
CPT: 65770,66250,66682,66825,66830,66840,66850-66852,66920-66984,66986-66990,67010,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 406

Diagnosis: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
ICD-9: 366.5
CPT: 66820-66825,66830,66985-66990,92002-92060,92070-92353,92358-92371
Line: 407

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
ICD-9: 370.0,371.0-371.1,371.21,371.23,371.4-371.7
CPT: 65286,65400,65450,65710-65730,65750-65755,65772,65775-65782,65920,66250,66825,66985-66990,68371,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0820
Line: 408

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE
Treatment: VITRECTOMY, LASER SURGERY
ICD-9: 362.5
CPT: 66990,67038,67210,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 409

Diagnosis: GONOCOCCAL INFECTION OF EYE
Treatment: MEDICAL THERAPY
ICD-9: 098.4
CPT: 92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 410

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHRONIC INFLAMMATORY DISORDER OF ORBIT
Treatment: MEDICAL THERAPY
ICD-9: 376.1
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 411

Diagnosis: PENETRATING WOUND OF ORBIT
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 376.6,870.3-870.4,870.8,870.9,950
CPT: 12011-12013,12051-12052,13132,13150-13152,67405,67412-67414,67420-67445,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 412

Diagnosis: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC
Treatment: FOREIGN BODY REMOVAL
ICD-9: 360.5-360.6
CPT: 65235,65260-65265,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 413

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-9: 361.0-361.2,361.31,361.8-361.9,379.25-379.26
CPT: 66990,67005-67112,67208,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 414

Diagnosis: VITREOUS DISORDERS
Treatment: VITRECTOMY
ICD-9: 379.21-379.23
CPT: 67036-67038,67040,67210,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 415

Diagnosis: ENTROPION
Treatment: REPAIR
ICD-9: 374.0
CPT: 67820-67850,67880-67882,67921-67924,67950,67961,67966,67971,67973-67975,92002-92060,92070-92353,92358-92371
Line: 416

Diagnosis: CHRONIC DEPRESSION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.4-300.5
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S9480,S9484,T1013,T1016,T1023
Line: 417

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5,291.9,292.1-292.2,292.89,292.9,303.0
CPT: 90801-90829,90846-90862,90882,90887,96100,97810-97814,99201-99275
HCPCS: H0001,H0002,H0004,H0005,H0016,H0020,H0031,H0033,H0034,H0035,H0048,H2013,T1006,T1013,T1016
Line: 418

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.83
CPT: 90801-90807,90810-90813,90846,90847,90853-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0018,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 419

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.0,301.22
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0018,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 420

Diagnosis: ACUTE OTITIS MEDIA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 381.0,381.51,381.8-381.9,382.0,382.4,382.9,384.0,993.0
CPT: 69210,69420-69421,69424,69433,69436,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 421

Diagnosis: SUPERFICIAL INJURIES WITH INFECTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 910.1,910.3,910.5,910.7,910.9,911.1,911.3,911.5,911.7,911.9,912.1,912.3,912.5,912.7,912.9,913.1,913.3,913.5,913.7,913.9,914.1,914.3,914.5,914.7,914.9,915.1,915.3,915.5,915.7,915.9,916.1,916.3,916.5,916.7,916.9,917.1,917.3,917.5,917.7,917.9,919.1,919.3,919.5,919.7,919.9,958.3
CPT: 10120,10121,10140,10160,11000-11001,12001-12014,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 422

Diagnosis: ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 226,227.0,227.4-227.9,253.0,253.1,253.6,253.9
CPT: 60200-60240,60270-60271,60512,60600-60605,60650,61548,62100,79000-79900,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 423

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S9484,T1013,T1016,T1023
Line: 424

Diagnosis: FUNCTIONAL ENCOPRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 425

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.2
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2011,H2012,H2014,H2021,H2022,H2027,H2032,S9484,T1013,T1016,T1023
Line: 426

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S9484,T1013,T1016,T1023
Line: 427

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 220,221.0,256.0,620.0-620.2,620.4,620.7-620.9

CPT: 49322,58120,58140-58152,58260-58263,58290-58292,58545-58550,58559-58563,58660-58662,58700-58720,58800,58805,58900,58920,58925,58940,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 428

Diagnosis: STREAK OVARIES

Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY

ICD-9: 752.0

CPT: 51702-51703,58660-58662,58720,58925,58940-58943,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 429

Diagnosis: UROLOGIC INFECTIONS

Treatment: MEDICAL THERAPY

ICD-9: 590.0,590.80,590.9,595.0,595.2-595.3,595.8-595.9,598.00,599.0,601.0,604.0,604.90,604.99,608.0

CPT: 50391,51700,51702-51703,52260,53450,54700,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 430

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 595.1,596.0,596.3-596.5,596.7-596.9,598.1-598.9,599.82-599.89,600.01,600.11,600.21,600.91,607.3,608.1,608.83,608.87,939.0,939.1,939.3,939.9

CPT: 44200,50845,51040,51700,51702-51703,51715,51800-51845,51880-51980,52001,52010,52214-52240,52260-52285,52305-52315,52355-52400,52500,52510,52601,52606,52612-52648,53020,53040,53400-53500,53600-53621,53660-53665,54115,54152,54161,54220,54230-54231,54235,54240,54250,54430,54520,54640,54670,54680,54700,54820,54830-54861,54900-54901,55400,55450,55520,55600,55605,55650,55680,55801,55821,55862-55865,57220,57287,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 431

ICD-9-CM code 600, benign prostatic hypertrophy, is only included on this line when identified with a secondary diagnosis code of 596.0, bladder neck obstruction, or 788.20, urinary retention, and when post-void residuals are at least 150 cc's.

Diagnosis: GUILLAIN-BARRE SYNDROME (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 357.0

CPT: 31600,31610,92506-92508,92526,92607-92609,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 432

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA (See Guideline Note 6)

Treatment: HEART-LUNG AND LUNG TRANSPLANT

ICD-9: 135,277.0,277.6,491.8,492.8,494-495,500-505,515,947.9,996.84

CPT: 32850-32856,33930-33935

HCPCS: S2060,S2061

Line: 433

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE (See Guideline Note 6)

Treatment: HEART-LUNG AND LUNG TRANSPLANTS

ICD-9: 238.1,416.0,516.3,745.0,745.4,745.5,747.0,996.84

CPT: 32850-32856,33930-33935,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2060,S2061

Line: 434

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)
(See Guideline Note 6)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK)
TRANSPLANT
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.41,250.43,250.51,250.53,
250.61,250.63,250.81,250.83,250.91,250.93,996.81,996.86
CPT: 48160,48550-48556,50300-50365
HCPCS: S2065
Line: 435

SPK included for type I diabetes mellitus with end stage renal disease (250.41,
250.43), PAK only included for other type I diabetes mellitus with secondary
diagnosis of V42.0.

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 279.1-279.2,996.85
CPT: 36680,38204-38215,38240,38242,96400-96571
HCPCS: G0267,S2142,S2150
Line: 436

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.0,996.85
CPT: 36680,38240,96400-96571
HCPCS: G0267,S2142,S2150
Line: 437

Diagnosis: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER
Treatment: MEDICAL THERAPY
ICD-9: 571.0-571.3,571.5-571.6,572.2-572.3,572.8
CPT: 49080-49081,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 438

Diagnosis: VESICULAR FISTULA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.1-596.2
CPT: 51800-51845,51880-51980,53080,53085,53660-53661,57330,99024,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 439

Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 227.1,252
CPT: 60500-60505,60512,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 440

Diagnosis: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS
Treatment: MEDICAL THERAPY
ICD-9: 253.2,253.4,253.7,253.8
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 441

Diagnosis: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
Treatment: MEDICAL THERAPY
ICD-9: 334,340-341
CPT: 31600,31610,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 442

Diagnosis: HEREDITARY HEMORRHAGIC TELANGIECTASIA
Treatment: EXCISION
ICD-9: 448.0
CPT: 11400-11426,45382
Line: 443

Diagnosis: ARTHROPOD-BORNE VIRAL DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 060-066
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 444

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 088
CPT: 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 445

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION (See Guideline Note 1)
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
ICD-9: 046, 049, 062-063, 090.40, 094, 137.1, 138, 139.0, 139.8, 191-192, 225, 237.5-237.7, 243, 250.6, 250.8, 263.2, 270, 271.0-271.1, 271.9, 272.7-272.9, 275.1, 277.1-277.2, 277.5, 277.8-277.9, 290, 294.1, 294.8, 299.0-299.1, 299.8, 310, 317-319, 323.8-323.9, 326, 330.0-330.1, 330.8-330.9, 331-332, 333.0, 333.4-333.7, 333.90-333.93, 334-335, 336.0-336.1, 336.8-336.9, 337.0, 337.3, 340-344, 345.01, 345.11, 345.41, 345.51, 345.61, 345.71, 345.81, 345.91, 348.0-348.1, 348.3-348.9, 349.82, 349.89, 349.9, 356, 357.0, 357.5-357.9, 359.0-359.4, 359.8-359.9, 369, 431-432, 434, 436, 438, 728.1, 728.3, 736, 740-742, 747.82, 754.89, 756.5, 758, 759.4-759.5, 759.7-759.9, 760-762, 764-765, 767.0, 767.4, 768.2-768.9, 770.1, 771-773, 779.7, 781.8, 797, 850.4, 851.03-851.06, 851.1-851.3, 851.43-851.46, 851.5-851.7, 851.83-851.86, 851.9, 852-854, 905.0, 907.0-907.5, 907.9, 909, 952-953, 958.0-958.1, 958.4, 958.6, 961.1-961.2, 964.0, 965.0, 966-971, 974, 980, 982, 984-985, 989, 994.0-994.1, 994.7-994.8, 995.0-995.6, 995.8, 997.0, 998.0
CPT: 61215, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 446

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 046, 049, 062-063, 090.40, 094, 137.1, 138, 139.0, 139.8, 161.8, 191-192, 225, 237.5-237.7, 243, 250.6, 250.8, 263.2, 270, 271.0-271.1, 271.9, 272.7-272.9, 275.1, 277.1-277.2, 277.5, 277.8-277.9, 290, 294.1, 294.8, 299.0-299.1, 299.8, 310, 315.3, 317-319, 323.8-323.9, 326, 330.0-330.1, 330.8-330.9, 331-332, 333.0, 333.4-333.7, 333.90-333.93, 334-335, 336.0-336.1, 336.8-336.9, 337.0, 337.3, 340-344, 345.01, 345.11, 345.41, 345.51, 345.61, 345.71, 345.81, 345.91, 348.0-348.1, 348.3-348.9, 349.82, 349.89, 349.9, 356, 357.0, 357.5-357.9, 359.0-359.4, 359.8-359.9, 431-432, 434, 436, 438, 728.1, 728.3, 740-742, 747.82, 754.89, 756.5, 758, 759.4-759.5, 759.7-759.9, 760-762, 764-765, 767.0, 767.4, 768.2-768.9, 770.1, 771-773, 779.7, 781.8, 797, 850.4, 851.03-851.06, 851.1-851.3, 851.43-851.46, 851.5-851.7, 851.83-851.86, 851.9, 852-854, 905.0, 907.0-907.5, 907.9, 909, 952-953, 958.0-958.1, 958.4, 958.6, 961.1-961.2, 964.0, 965.0, 966-971, 974, 980, 982, 984-985, 989, 994.0-994.1, 994.7-994.8, 995.0-995.6, 995.8, 997.0, 998.0
CPT: 21084, 31611, 61215, 70370-70371, 92506-92508, 92607-92609, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 447

Diagnosis: PARALYSIS OF VOCAL CORDS OR LARYNX, OTHER DISEASES OF LARYNX; ABSCESS, CELLULITIS, AND LEUKOPLAKIA OF VOCAL CORDS (See Coding Specification Below)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-9: 478.3, 478.5, 478.7, 748.3
CPT: 31300, 31360-31502, 31511-31513, 31530-31531, 31540-31571, 31577-31579, 31580-31582, 31587-31605, 31820, 31825, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 448

Spastic dysphonia (478.79) is not included on this line, but on Line 709.

Diagnosis: OTOSCLEROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 387
CPT: 69650-69662, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 449

Diagnosis: MIGRAINE HEADACHES
Treatment: MEDICAL THERAPY
ICD-9: 346
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 450

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: FISTULA INVOLVING FEMALE GENITAL TRACT
Treatment: CLOSURE OF FISTULA
ICD-9: 619
CPT: 44660,46715,50650-50660,50930,51900-51920,57300-57311,57320,57330,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 451

Diagnosis: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; HYPERTROPHY OF
TONSILS AND ADENOIDS; ULCER OF TONSIL (See Guideline Note 24)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-9: 034,101,474.1,474.8
CPT: 42820-42821,42825-42826,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 452

Diagnosis: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50,307.54,307.59
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-
99275,99301-99316
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9480,S9484,T1005,T1013,T1016,T1023
Line: 453

Diagnosis: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10,300.12-300.15,300.6
CPT: 90801-90829,90846-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9480,S9484,T1005,T1013,T1016,T1023
Line: 454

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 290,291.2,292.82-292.84,293.8,294.0-294.1,294.9,299.00,299.10,299.8,310.1
CPT: 90801,90804-90807,90816-90819,90823-90827,90846-90853,90862,90882,90887,96100,99201-
99275,99301-99316
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9484,T1005,T1013,T1016,T1023
Line: 455

Diagnosis: LYMPHADENITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 289.1,289.3,683
CPT: 10060-10061,38300-38308,38505-38542,99024,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 456

Diagnosis: SPONTANEOUS ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 631,634.2-634.9
CPT: 59812,59820,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 457

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Note 25)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 621.7,626.2-626.6,627.0
CPT: 58120,58150,58180,58260,58262,58290-58291,58353,58356,58550-58553,58561-58563,99024,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 458

Diagnosis: DISORDERS INVOLVING THE IMMUNE SYSTEM
Treatment: MEDICAL THERAPY
ICD-9: 279,287.0,759.0
CPT: 95004-95180,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 459

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline Note 1)

Treatment: OPEN OR CLOSED REDUCTION

ICD-9: 732.1-732.2,733.1,733.93-733.95,810.0,811.0,812.0,812.2, 812.4, 813.0,813.2,813.4, 813.8, 814.0,815.0,816.0,817.0,818.0, 819.0,820.0,821.0, 821.2, 822.0,823.0,823.2, 823.8, 824.0,824.2,824.4,824.6,824.8,825.0,825.2,827.0,828.0,905.2-905.5
CPT: 20680,20690-20694,20692-20694,20900,22610-22614,23500-23515,23570-23630,24130,24500-24516,24530-24587,24650-24685,25119,25210-25240,25259,25320,25337,25350-25375,25390-25393,25440-25447,25450,25455,25490-25492,25500-25575,25600-25652,25671,25800-25830,26520,26600-26615,26645-26650,26676,26720-26770,27175-27178,27181,27236,27244,27330,27350,27409,27424,27430-27435,27465-27468,27496-27540,27610,27656,27664,27712,27750-27762,27766,27780-27792,27808-27829,27846-27848,27892-27894,28400-28531,28730,29049-29131,29305-29445,29505,29515,29700-29710,29720-29740,29850-29856,29874-29879,29897-29898,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 460

Diagnosis: CHRONIC PANCREATITIS

Treatment: MEDICAL THERAPY

ICD-9: 577.1,577.8-577.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 461

Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 368.0,378,743
CPT: 65780-65782,66820-66986,67311-67340,67343,67345,67901-67909,68135,68320,68325-68326,68328,68335,68340,68371,92002-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 462

Diagnosis: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM

Treatment: SURGICAL TREATMENT

ICD-9: 621.4,623.2-623.3,626.8,752.40,752.42
CPT: 56700-56720,57130,57400,57500,58120

Line: 463

Diagnosis: CONGENITAL ABSENCE OF VAGINA

Treatment: ARTIFICIAL VAGINA

ICD-9: 752.49
CPT: 56800,57291-57292,57800

Line: 464

Diagnosis: PARKINSON'S DISEASE

Treatment: MEDICAL THERAPY

ICD-9: 332
CPT: 61795,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 465

Diagnosis: MENIERE'S DISEASE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 386.0
CPT: 69666-69667,69805-69806,69915,69950,92531-92542,92544-92548,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 466

Diagnosis: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION

Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION

ICD-9: 307.3
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H0035,H0036,H0037,H0038,H0039,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S9125,S9480,S9484,T1013,T1016,T1023

Line: 467

Diagnosis: BULLOUS DERMATOSES OF THE SKIN

Treatment: MEDICAL THERAPY

ICD-9: 694
CPT: 65780-65782,68371,96900-96922,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 468

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 380.0,380.11,380.21,383.3,383.81,383.89,384.1,384.8,385
CPT: 21235,69220,69420-69450,69501-69505,69511,69530-69535,69601-69605,69610,69620-69646,
69662,69670,69700,69905,69910,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 469

Diagnosis: ACUTE SINUSITIS (See Guideline Note 26)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 461
CPT: 31000-31090,31256,31276,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2342
Line: 470

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note 27)
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY
ICD-9: 218-219,621.0-621.2
CPT: 58120-58180,58260-58263,58290-58292,58545-58553,58559,58561,58670-58671,99024,99070,
99078,99201-99362,99374-99375,99379-99440
HCPCS: S2250
Line: 471

Diagnosis: DISLOCATION/DEFORMITY KNEE AND HIP (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 718.25-718.26,718.35-718.36,732.4,736.5,754.40-754.41,835.0,836.2-836.3,836.5
CPT: 27095,27097,27100-27122,27140-27170,27179,27185,27250-27258,27265-27275,27306-27307,
27350,27420-27498,27550-27570,27656,27676,27715,27727-27742,27892-27894,29305-29445,
29505,29515,29590-29740,29861-29863,29873,29881-29882,97001-97004,97012-97014,97032,
97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2115
Line: 472

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE AND SHOULDER
(See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 718.12,718.17,718.22-718.24,718.27,718.30-718.34,718.36-718.39,718.71-718.79,728.6,
736.21-736.22,736.73-736.75,736.81,754.51-754.53,754.62,754.71,755.01,755.11-755.12,
755.2-755.4,755.54-755.55,755.58,830.0,831.0,832.0,833.0,834.0,837.0,838.0,839.6,
839.8
CPT: 20690-20694,20900,20920-20924,21480,23470,23520-23552,23650-23680,23700,24101,24300,
24332,24343,24345-24346,24600-24640,25001,25024-25025,25259,25275,25320,25335-25337,
25390-25394,25430-25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035-
26045,26060,26121-26180,26320,26340,26440-26596,26641-26715,26770-26776,26820,26841-
26863,27580-27598,27600-27654,27658-27675,27680-27692,27698,27705,27830-27832,27840-
27848,27860,28008-28010,28035-28072,28086-28092,28110-28118,28126-28160,28220-28280,
28288-28289,28300-28305,28307-28341,28360,28540,28545-28546,28555,28570,28575-28576,
28585,28600,28605-28606,28615,28630,28635-28636,28645,28660,28665-28666,28675,28705-
28760,29049-29131,29345-29515,29700-29710,29720-29750,29891-29892,29894,64702-64704,
97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-
99362,99374-99375,99379-99440
HCPCS: D7810,D7820,D7830
Line: 473

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD
INJURY (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.2,805.4,805.8,809.0,839.40,839.42,839.49,905.1
CPT: 20930-20938,22325-22328,22520-22534,22841-22844,29035-29046,29700,29710,29720,97001-
97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,
99374-99375,99379-99440
HCPCS: S2360,S2361
Line: 474

Diagnosis: ACHALASIA, NON-NEONATAL
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 513.1,519.2,530.0,530.5
CPT: 39000-39010,43219-43220,43324-43325,43330-43331,43450,43456-43458,43460,99024,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 475

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: BRONCHIECTASIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 494
CPT: 32320,32480-32488,32501,94640,94656-94668,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 476

Diagnosis: OCCUPATIONAL LUNG DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 495,500-505
CPT: 31600,94640,94656-94668,95004-95180,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 477

Diagnosis: PULMONARY FIBROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 515-517
CPT: 31600-31603,31624,31820,31825,32997,94640,94656-94668,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 478

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 751.6
CPT: 43262,43268,47400-47490,47510-47530,47554-47556,47564,47570,47600-47900,49422,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 479

Diagnosis: CHRONIC SINUSITIS (See Guideline Note 26)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 473
CPT: 30000-30020,30110-30140,30200-31230,31237-31240,31254-31256,31267,31276,31287-31294,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 480

Diagnosis: PITUITARY DWARFISM
Treatment: MEDICAL THERAPY
ICD-9: 253.3
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 481

Diagnosis: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
ICD-9: 930.0-930.2,930.8-930.9
CPT: 65205-65222,67938,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 482

Diagnosis: GOUT AND CRYSTAL ARTHROPATHIES
Treatment: MEDICAL THERAPY
ICD-9: 274,712
CPT: 20605,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 483

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Note 28)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 617
CPT: 49200-49201,49322,58145-58150,58260-58263,58290-58292,58550,58552-58553,58660-58662,58740,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 484

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
ICD-9: 256.1,256.31,256.39,256.4,257,259.0,608.3,620.3,627.1-627.9,716.3,752.0,758.6-758.7
CPT: 54520,54690,58660-58661,58940,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 485

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: PERIPHERAL NERVE INJURY WITH OPEN WOUND (See Guideline Note 1)
Treatment: NEUROPLASTY
ICD-9: 736.05-736.06,953.4-953.9,954-956,957.0-957.1,957.8-957.9
CPT: 23397,25295,25300-25301,25320,25335-25337,25390-25393,25441-25447,25450,25455,25490-25492,25810,25820,25825,25830,64702-64714,64718,64727,64732-64792,64820,64831-64862,64872-64876,64885-64907,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,97601-97602,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 486

Diagnosis: MYASTHENIA GRAVIS
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-9: 358
CPT: 60520-60522,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 487

Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,29)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 150,195.2,230.1
CPT: 15734,31540,38542,38720-38724,38794,43100-43124,43216,43219-43227,43248-43250,43340-43341,43360-43361,43496,44139-44147,44206-44208,44300,77261-77295,77300-77315,77331-77370,77402-77427,77470,77761-77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 488

Diagnosis: CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,29)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.0,155.2,197.7,235.3
CPT: 36260-36262,37204,37617,47120-47130,47370-47371,47380-47382,47562,47600-47620,47711-47712,48150,49080,77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 489

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,29)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 157.0-157.3,157.8-157.9,230.9
CPT: 43219,43262,43267-43268,43271-43272,47721,47741,47760,47785,48140,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77470,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 490

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,29)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.1,156,197.8,230.8
CPT: 43271,47564,47570,47600-47620,47711-47712,47741,47785,48145-48155,60540,77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 491

Diagnosis: NON-MALIGNANT OTITIS EXTERNA
Treatment: MEDICAL THERAPY
ICD-9: 112.82,380.10,380.12-380.13,380.15-380.16,380.22-380.23
CPT: 69020,69210,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 492

Diagnosis: ESOPHAGEAL VARICES
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
ICD-9: 456.0-456.2,530.7
CPT: 37145,37160,37181,38100,43107-43108,43112-43113,43116-43124,43201,43204-43205,43227,43243-43244,43255,43400-43401,43410,43415,43460,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 493

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: EPISCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.01-379.02
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 494

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) (See Guideline Note 30)
Treatment: BASIC RESTORATIVE
ICD-9: 521.0, 521.3, 526.0-526.3, 526.8-526.9, V72.2
CPT: 90788
HCPCS: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2930, D2931, D2932, D2933, D2951, D2955, D2970, D2980, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3410, D7450, D7451, D7465, D7530, D7540, D7550, D9310, D9930, D9999
Line: 495

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline Note 31)
Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS
ICD-9: 521.5, 523, 525.0, 525.8, V72.2
CPT: 41870, 41872, 90788
HCPCS: D2710, D2721, D2722, D2751, D2752, D2950, D2954, D2957, D3351, D3352, D3353, D3910, D3950, D4210, D4211, D4341, D4342, D5110, D5120, D5130, D5140, D5213, D5214, D5520, D5610, D5620, D5630, D5640, D5650, D5660, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5820, D5821, D5850, D5851, D6972, D6980, D7310, D7320, D7471, D7970
Line: 496

Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION
Treatment: MEDICAL THERAPY
ICD-9: 360.21, 360.34, 367, 368.10-368.11, 368.13-368.16, 368.2-368.3, 368.5-368.9
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 497

Diagnosis: CENTRAL PTERYGIUM
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-9: 372.43
CPT: 65420, 65426, 77326, 77336, 77370, 77427, 77789, 79000-79900, 92002-92060, 92070-92353, 92358-92371, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0242, G0243
Line: 498

Diagnosis: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00-388.01, 388.1-388.5, 389
CPT: 92562-92597, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 499

Diagnosis: OPEN WOUND OF EAR DRUM
Treatment: TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 389.03, 872.61
CPT: 69450, 69610-69643, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 500

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Note 32)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.1
CPT: 69710-69718, 69930, 92510, 92601-92604
Line: 501

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.81-300.82, 307.80, 307.89, 625.4
CPT: 90801, 90804-90807, 90816-90819, 90823-90827, 90846, 90847, 90853, 90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H2011, H2013, H2021, H2022, H2023, H2027, S9484, T1013, T1016, T1023
Line: 502

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 350, 352
CPT: 61450, 61458, 61790-61791, 64573, 64600-64610, 64716, 77261-77295, 77300-77301, 77336, 77370, 77417-77432, 95970-95975, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 503

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III (See Guideline Note 1)
Treatment: REPAIR
ICD-9: 726.5,727.59,727.62-727.65,727.67-727.69,728.83,728.89,840.0-840.3,840.5-840.9,841-843,845.0
CPT: 23430,24340-24342,25310,26357-26392,26418-26437,26474,26497,26775-26776,27380-27386,27650-27654,27658-27659,27665,27675,27695-27698,28200-28210,29065-29280,29345,29355-29365,29405,29425,29440,29445,29505,29515-29540,29700,29705,29730,29740,29861-29863,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 504

Diagnosis: DISORDERS OF SHOULDER
Treatment: REPAIR/RECONSTRUCTION
ICD-9: 718.01,718.11,718.21,718.31,718.51,718.81,726.0,726.10-726.11,726.19,726.2,727.61,840.4,840.7
CPT: 20550,20600-20615,23000,23020,23105-23130,23190-23195,23395,23410-23420,23440-23466,23490-23491,23700,29807,29819-29827,29873,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 505

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II AND III (See Guideline Note 1)
Treatment: REPAIR, MEDICAL THERAPY
ICD-9: 717.0-717.4,717.6-717.8,718.26,718.36,718.56,727.66,836.0-836.2,844
CPT: 20610,27332-27340,27350,27380-27381,27403-27430,29345-29445,29505,29530,29705,29730,29740,29871-29889,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 506

Diagnosis: MALUNION AND NONUNION OF FRACTURE (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 733.8
CPT: 20690-20694,20900,20902,20955-20975,21462,23472,23480-23485,24400,24410,24430-24435,25259,25400-25440,25628,26185,26546,26565,27125,27165-27170,27217,27465-27466,27468,27470-27472,27656,27720-27725,27824-27829,28315,28320-28322,28485,28725,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 507

Diagnosis: FOREIGN BODY IN UTERUS, VULVA AND VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 939.2
CPT: 57410-57415,58120,58562,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 508

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note 33)
Treatment: SURGICAL REPAIR
ICD-9: 618
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220,57230,57240-57289,57545,57555-57556,58150,58152,58260-58280,58290-58294,58550-58553,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 509

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Note 1)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 713.5,715,716.0-716.1,716.5-716.6
CPT: 11042,25000,20600,20605,20610,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 510

Diagnosis: METABOLIC BONE DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 731.0,733.0
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 511

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 616.2,616.5-616.9
CPT: 10060-10061,11004,53060,53270,56440,56501,56515,56740,57135,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 512

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 616.0, 623.6, 623.8-623.9, 624.5
CPT: 56405, 56501, 56515, 57135, 57200, 57210, 57511, 57513, 57520, 57530, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 513

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline Note 34)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
ICD-9: 520.0, V72.2
CPT: 90788
HCPCS: D1510, D1515, D1520, D1525, D4240, D4241, D4245, D4260, D4261, D4268, D4910, D4920
Line: 514

Diagnosis: URINARY INCONTINENCE (See Guideline Note 35)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 599.81, 625.6, 788.31-788.33, 788.38
CPT: 20922, 51840-51845, 51990-51992, 53446, 53448, 57160, 57220, 57260, 57267, 57280-57284, 57287-57289, 90911, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 515

Diagnosis: HYPOSPADIAS AND EPISPADIAS
Treatment: REPAIR
ICD-9: 752.6
CPT: 51715, 53431, 54230-54231, 54235, 54240, 54250, 54300-54390, 54420-54440, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 516

Diagnosis: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
ICD-9: 374.86, 729.6, 883.1-883.2
CPT: 10120-10121, 20520-20525, 23330, 24200-24201, 25248, 27086-27087, 27372, 28190-28193, 40804, 41805, 55120
Line: 517

Diagnosis: BRANCHIAL CLEFT CYST
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 744.41-744.46, 744.49, 759.2
CPT: 38550, 38555, 42810, 42815, 60000, 60280-60281, 69145, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 518

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR
ICD-9: 374.2-374.3, 374.41, 374.43, 374.46
CPT: 15822-15823, 67875, 67880, 67900-67912, 67961, 67971, 92002-92060, 92070-92353, 92358-92371, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 519

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.23, 300.29
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H2011, H2012, H2014, H2021, H2022, H2023, H2027, H2032, S9484, T1013, T1016, T1023
Line: 520

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 354.0, 354.2, 355.5, 723.3, 728.6
CPT: 20526, 25111, 25118, 25447, 26035-26045, 26060, 26121-26180, 26320, 26440-26498, 28035, 29125, 29848, 64702-64704, 64718-64727, 64774-64783, 64788-64792, 64856-64857, 64872-64907, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 521

Diagnosis: INCONTINENCE OF FECES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 787.6
CPT: 46750-46762, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 522

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: RECTAL PROLAPSE
Treatment: PARTIAL COLECTOMY
ICD-9: 569.1-569.2
CPT: 44139-44144, 44206-44208, 44701, 45130, 45135, 45505-45541, 45900, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 523

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 223
CPT: 52224, 52282, 53260-53265, 50542-50543, 50562, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 524

Diagnosis: URETHRAL FISTULA
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 599.1-599.2, 599.4
CPT: 45820, 53230, 53235, 53240, 53250, 53520, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 525

Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, INCISION
ICD-9: 455.1-455.2, 455.4-455.5, 455.7-455.8
CPT: 45320, 45334, 45339, 46083, 46220-46221, 46250-46262, 46320, 46500, 46608-46615, 46934-46936, 46945-46947, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 526

Diagnosis: VAGINITIS, TRICHOMONIASIS
Treatment: MEDICAL THERAPY
ICD-9: 112.1, 131, 616.1, 623.5
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 527

Diagnosis: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 607.1, 607.81-607.83, 607.85, 607.89
CPT: 53431, 54000-54001, 54015, 54110-54112, 54200-54205, 54230-54231, 54235, 54240, 54250, 54450, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 528

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Note 36); ANAL FISTULA
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-9: 565.0-565.1
CPT: 45905, 45910, 46030, 46080, 46200-46211, 46270-46285, 46288, 46700, 46706, 46940-46942, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 529

Diagnosis: CHRONIC OTITIS MEDIA (See Guideline Note 37)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 380.5, 381.1-381.8, 382.1-382.3, 382.9, 383.1-383.2, 383.30-383.31, 383.9, 384.2, 384.8-384.9
CPT: 42830-42831, 42835-42836, 69210, 69220-69222, 69310, 69400-69410, 69420-69421, 69424, 69433, 69436, 69440, 69450, 69501-69511, 69601-69605, 69610-69633, 69635-69650, 69700, 69801-69802, 69905, 69910, 69979, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 530

Equivalent to Funding Level as of 8/1/04

Diagnosis: ACUTE CONJUNCTIVITIS
Treatment: MEDICAL THERAPY
ICD-9: 077, 372.00
CPT: 92002-92060, 92070-92353, 92358-92371, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 531

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR AND NOSE
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 380.4, 931-932
CPT: 30300-30320, 69200-69210, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0238
Line: 532

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 379.54, 386.1-386.2, 386.4-386.9
CPT: 69666-69667, 69805-69806, 69915, 69950, 92531-92542, 92544-92548, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 533

Diagnosis: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION
Treatment: MEDICAL THERAPY
ICD-9: 599.6, 600
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 534

Diagnosis: PHIMOSIS
Treatment: SURGICAL TREATMENT
ICD-9: 605
CPT: 54150-54161
Line: 535

Diagnosis: CONTACT DERMATITIS, ATOPIC DERMATITIS AND OTHER ECZEMA
Treatment: MEDICAL THERAPY
ICD-9: 691.8, 692.0-692.6, 692.70-692.74, 692.79, 692.8-692.9
CPT: 95004-95180, 96900-96922, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 536

Diagnosis: PSORIASIS, STAGE I AND II (See Guideline Note 38); DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED
Treatment: MEDICAL THERAPY
ICD-9: 110.0, 110.2, 110.5-110.6, 696.1-696.2, 696.8
CPT: 11900-11901, 96900-96922, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 537

Diagnosis: CYSTIC ACNE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 705.83, 706.0-706.1
CPT: 10040-10061, 11450-11471, 11900-11901, 17000, 17340, 17360, 96900-96922, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 538

Diagnosis: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0
CPT: 11740, 28470, 28490-28496, 29550, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 539

Diagnosis: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
ICD-9: 708.0-708.1, 708.5, 708.8, 995.7
CPT: 96900-96922, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 540

Diagnosis: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.33, 375, 870.2
CPT: 67880-67882, 68440, 68530, 68700, 68760-68761, 68801-68840, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 541

Diagnosis: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Note 26)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 471, 478.1, 993.1
CPT: 30000-30020, 30110-30140, 30200-31230, 31237-31240, 31254-31256, 31267, 31276, 31287-31294, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 542

Diagnosis: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.5-527.9
CPT: 40810-40816, 42300, 42305, 42325-42326, 42330, 42335, 42340, 42408-42409, 42410, 42415-42425, 42440-42510, 42600, 42650-42665, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: D7980, D7981, D7982
Line: 543

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS
ICD-9: V72.2
CPT: 90788,99201-99215,99241-99275
HCPCS: D3347,D3348,D3430,D4320,D4321,D5850,D5851,D5860,D5861,D6211,D6241,D6242,D6251,D6252,
D6545,D6751,D6752,D6791,D6792,D6970,D6971,D6973,D6975,D7281,D7960,D7970
Line: 544

Diagnosis: IMPULSE DISORDERS (See Guideline Note 39)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.31-312.39
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,
H0039,H0045,H2011,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9484,T1005,
T1013,T1016,T1023
Line: 545

Diagnosis: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN
NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 213,215,526.0-526.1,526.81,719.2,733.2
CPT: 11400-11446,12051-12052,13131,17106-17111,20150,20550-20551,20610,20615,20900,20930-
20938,20955-20973,21025-21032,21040-21041,21046-21049,21181,21555-21556,21600,21930-
21935,22548-22585,22851,23075-23076,23101,23140-23156,23200-23222,24075-24077,24105-
24126,24420,24498,25000,25110-25136,25170,25210-25240,25295-25301,25320,25335-25337,
25390-25393,25441-25447,25450,25455,25490-25492,25810-25830,26100-26116,26200-26215,
26250-26262,26449,27025,27047-27049,27054,27065-27071,27075-27079,27187,27327-27328,
27355-27358,27365,27465-27468,27495-27498,27630-27638,27645-27647,27656,27745,27892-
27894,28043-28045,28100-28108,28122-28124,28171-28175,28820-28825,36680,63081-63103,
64774,64792,77261-77295,77300-77315,77331-77336,77401-77427,77470,79000-79900,96400-
96571,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,
99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 546

Diagnosis: SEXUAL DYSFUNCTION
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-9: 302.7,607.84
CPT: 54400-54417,93980-93981,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0038,H2011,H2014,H2027,H2032,
S9484,T1013,T1016,T1023
Line: 547

Diagnosis: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 528.0,528.9
CPT: 40650,40805,40810,40812,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 548

Diagnosis: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment: TARSORRHAPHY
ICD-9: 351.0-351.1,351.8-351.9,370.34,374.44,374.45,374.89
CPT: 15840-15842,64864-64870,67875,67880-67882,67911,99024,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 549

Diagnosis: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 373.11-373.12,373.2,374.50,374.54,374.56,374.84
CPT: 67700,67800-67808,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 550

Diagnosis: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID
Treatment: ECTROPION REPAIR
ICD-9: 216.1,224,372.63,374.1,374.85
CPT: 17340,21280,21282,67343,67700-67808,67820-67850,67880-67882,67914-67924,67950,67961,
67966,67971,67973-67975,68110,68115-68130,68135,68320,68325-68326,68328,68330,68335,
68340,68362,68440,68705,92002-92060,92070-92353,92358-92371
Line: 551

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHONDROMALACIA (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 733.92
CPT: 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 552

Diagnosis: DYSMENORRHEA (See Guideline Note 40)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 625.3
CPT: 58150, 58260, 58290, 58550-58553, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 553

Diagnosis: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
ICD-9: 343.0
CPT: 21720, 21725, 62350-62368, 63185-63190, 95990-95991
Line: 554

Diagnosis: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-9: 525.2
CPT: 15350, 15574, 20902, 21210, 21215, 21244-21249, 40840, 40842, 40845
HCPCS: D7340, D7350
Line: 555

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-9: 718.02-718.05, 718.13-718.15, 718.52-718.56, 718.65, 718.82-718.86, 728.79, 732.3, 732.6, 732.8-732.9, 733.90-733.91, 736.00-736.04, 736.07, 736.09, 736.1, 736.20, 736.29, 736.30, 736.39, 736.4, 736.6, 736.76, 736.79, 736.89, 736.9, 738.6, 738.8, 754.42-754.44, 754.61, 754.8, 755.50-755.53, 755.56-755.57, 755.59, 755.60, 755.63-755.64, 755.69, 755.8, 756.82-756.83, 756.89
CPT: 11041-11042, 14040-14041, 15120, 15240, 20150, 20690-20694, 20900, 20920, 20922, 20924, 21740-21743, 24101, 25320, 25335-25337, 25390-25393, 25441-25450, 25455, 25490-25492, 25810-25830, 26035-26060, 26121-26180, 26320, 26440-26596, 26820-26863, 27095-27097, 27100-27122, 27140, 27185, 27306-27307, 27435, 27448-27455, 27465-27468, 27475-27485, 27496-27498, 27590, 27656, 27676, 27685-27690, 27705, 27715, 27727, 27730-27742, 27892-27894, 29861-29863, 64702-64704, 64718-64727, 64774-64783, 64788-64792, 64856-64857, 64872-64907, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 556

Diagnosis: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-9: 718.07, 718.57, 718.87, 727.1, 732.5, 735, 736.70-736.72, 754.50, 754.59, 754.60, 754.69, 754.70, 754.79, 755.65-755.67
CPT: 20920, 20922, 20924, 27612, 27690-27692, 28008, 28010, 28035, 28050-28072, 28086-28092, 28110-28119, 28126-28160, 28220-28238, 28240-28341, 28360, 28705-28760, 29450, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 557

Diagnosis: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-9: 568.0, 568.82-568.89, 568.9
CPT: 44005, 44200, 44603-44604, 49423-49424, 58660
Line: 558

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Note 41)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 300.81, 614.1, 614.6, 620.6, 625.0-625.2, 625.5, 625.8-625.9
CPT: 49322, 58150, 58260-58262, 58290-58291, 58400, 58410, 58550, 58552-58553, 58562, 58660-58662, 58700, 58720, 58740, 58805, 58925, 64517, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 559

Diagnosis: TENSION HEADACHES
Treatment: MEDICAL THERAPY
ICD-9: 307.81, 784.0
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 560

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHRONIC BRONCHITIS

Treatment: MEDICAL THERAPY

ICD-9: 490,491.0,491.8-491.9

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 561

Diagnosis: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS

Treatment: MEDICAL THERAPY

ICD-9: 536.0-536.3,536.8-536.9,537.1-537.2,537.5-537.6,537.89,537.9,564.0-564.7,564.9

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 562

Diagnosis: TMJ DISORDER

Treatment: TMJ SPLINTS

ICD-9: 524.6,848.1

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7880

Line: 563

Diagnosis: URETHRITIS, NON-SEXUALLY TRANSMITTED

Treatment: MEDICAL THERAPY

ICD-9: 597.8,599.3-599.5,599.9

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 564

Diagnosis: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS

Treatment: MEDICAL THERAPY, EXCISION

ICD-9: 355.6,728.71

CPT: 20550,20605,28008,28060,28080,29893,64726,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 565

Diagnosis: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE

Treatment: REMOVAL OF GRANULOMA

ICD-9: 709.4,728.82

CPT: 21555-21556,21930,23075-23076,24075-24076,25075-25076,26115-26116,27047-27048,27327-27328,27618-27619,28043,28045,28192,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 566

Diagnosis: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 110,111

CPT: 11720-11732,11750,96900-96922,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 567

Diagnosis: INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE (See Guideline Note 1)

Treatment: REPAIR, MEDICAL THERAPY

ICD-9: 718.09,718.19,718.29,718.59,718.88-718.89,719.81-719.85,719.87-719.89

CPT: 24006,24102,24149,24155,24470,25085,25105,25107,25119,25240,25210,25215,25230,25320,25337,25390-25393,25441-25447,25450,25455,25490-25492,25810,25820,25825,25830,27625-27626,29834-29838,29844-29847,29897-29898,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 568

Diagnosis: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)

Treatment: DACRYOCYSTORHINOSTOMY

ICD-9: 375.02,375.30,375.32,375.4,375.56-375.57,375.61,771.6

CPT: 31238-31239,68420,68520,68720-68750,68770,68801,92002-92060,92070-92353,92358-92371

Line: 569

Diagnosis: PERIPHERAL NERVE DISORDERS

Treatment: SURGICAL TREATMENT

ICD-9: 337.2,353,354.1,354.3-354.9,355.0,355.3,355.4,355.7-355.8,723.2

CPT: 23397,64702-64719,64722,64726-64727,64774-64792,64820,64856-64857,64872-64907

Line: 570

Diagnosis: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES

Treatment: MEDICAL THERAPY, ORTHOTIC

ICD-9: 734,736.73,755.00,755.02,755.10,755.13-755.14

CPT: 28344-28345,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 571

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
ICD-9: 726.12,726.3-726.9,728.81
CPT: 20550-20553,20600-20610,21032,24105,24350-24352,24354,24356,25447,26035-26045,26060,26121-26180,26320,26440-26596,26820-26863,27060-27062,27095-27097,27100-27122,27140-27185,27306-27307,27448-27455,27466-27468,27475-27485,27715,27730-27742,28119,64550,64702-64704,64718-64727,64774-64795,64856-64857,64872-64907
Line: 572

Diagnosis: PERIPHERAL ENTHESOPATHIES (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 726.12,726.3-726.4,726.6-726.9,728.81
CPT: 95970-95975,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 573

Diagnosis: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY
ICD-9: 729.0-729.2,729.31-729.39,729.4-729.9
CPT: 11041-11042,14040-14041,20550,20600-20610,62350-62351,62360-62362,64550,95970-95975,95990-95991,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 574

Diagnosis: ENOPHTHALMOS
Treatment: ORBITAL IMPLANT
ICD-9: 372.64,376.5
CPT: 20902,21076-21077,67550,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5915,D5928
Line: 575

Diagnosis: MACROMASTIA
Treatment: SUBCUTANEOUS TOTAL MASTECTOMY, BREAST REDUCTION
ICD-9: 611.1
CPT: 19140,19318
Line: 576

Diagnosis: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 217,611.3,611.4,611.6,611.71,611.9,757.6
CPT: 19110,19125-19126,19290-19295,19324-19355,19357,19361,19364,19366-19396,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 577

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 1,42)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 721.0,721.2-721.3,721.7-721.8,721.90,722.0-722.6,722.8-722.9,723.1,723.5-723.9,724.1-724.2,724.5-724.9,739,839.2,847
CPT: 20550,29220,62350-62351,62360-62362,64416,64445,64449-64450,64550,95990-95991,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 578

Diagnosis: CYSTS OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE
ICD-9: 527.1,528.4,528.8
CPT: 40800,41005-41009,41015-41018,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7460,D7461
Line: 579

Diagnosis: POSTCONCUSSION SYNDROME
Treatment: MEDICAL THERAPY
ICD-9: 310.2
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 580

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: SIMPLE AND UNSPECIFIED GOITER, NONTOXIC NODULAR GOITER
Treatment: MEDICAL THERAPY, THYROIDECTOMY
ICD-9: 240-241
CPT: 60210,60212,60220,60225,60240,60252,60254,60260,60270-60271,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 581

Diagnosis: CONDUCTIVE HEARING LOSS
Treatment: AUDIANT BONE CONDUCTORS
ICD-9: 389.0,389.2
CPT: 69710-69711
Line: 582

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS (See Guideline Note 6)
Treatment: LIVER TRANSPLANT
ICD-9: 155.0-155.1,996.82
CPT: 47133,47135-47147
HCPCS: G0242,G0243
Line: 583

Diagnosis: HYPOTENSION
Treatment: MEDICAL THERAPY
ICD-9: 458
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 584

Diagnosis: VIRAL HEPATITIS, EXCLUDING CHRONIC VIRAL HEPATITIS B AND C (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 070.1,070.30-070.31,070.53,070.59,070.70,070.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 585

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES
Treatment: MEDICAL THERAPY
ICD-9: 210,214,216,221,222.1,222.4,228.00-228.01,228.1,229,686.1,686.9
CPT: 11300-11313,11400-11471,12031-12032,13100-13151,17000-17108,19120,40814,41116,41826,42104-42107,42160,42808,69145,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7450,D7451,D7460,D7981
Line: 586

Diagnosis: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION
ICD-9: 605,V50.2
CPT: 54000-54001,54150-54164,54450,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 587

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT
ICD-9: 211.0-211.2,211.5-211.6,211.8-211.9
CPT: 43202,43216-43217,43248-43251,43258,43450,44110-44120,44139-44145,44152,44204,44206-44208,44369,44392,45160,45308-45309,45333,45383-45385,46610,46937,44701,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 588

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 558
CPT: 95004-95180,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 589

Diagnosis: FACTITIOUS DISORDERS
Treatment: CONSULTATION
ICD-9: 300.10,300.16,300.19,301.51
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H2011,H2013,H2021,H2022,S9484,T1013,T1016,T1023
Line: 590

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: HYPOCHONDRIASIS; SOMATOFORM DISORDER, NOS AND UNDIFFERENTIATED
Treatment: CONSULTATION
ICD-9: 300.7,300.9,306
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96100,
99201-99215,99241-99245,99271-99275
HCPCS: H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H2011,H2013,
H2021,H2022,S9484,T1013,T1016,T1023
Line: 591

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99241-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H2011,
H2013,H2014,H2021,H2022,H2023,H2027,H2032,S9484,T1013,T1016,T1023
Line: 592

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Note 43)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-9: 721.5-721.6,723.0,724.0,731.0,737.0-737.3,737.8-737.9,738.4-738.5,754.1-754.2,756.1
756.3
CPT: 20930-20938,21720,21725,22210-22226,22590-22632,22554-22585,22800-22855,63050-63051,
63295,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 593

Diagnosis: ASYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
ICD-9: 708.2-708.4,708.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 594

Diagnosis: CIRCUMSCRIBED SCLERODERMA; SENILE PURPURA
Treatment: MEDICAL THERAPY
ICD-9: 287.2,287.8-287.9,701.0
CPT: 11900-11901,17000-17004,17340,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 595

Diagnosis: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY
Treatment: MEDICAL THERAPY
ICD-9: 693
CPT: 95004-95180,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 596

Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS
Treatment: MEDICAL THERAPY
ICD-9: 372.01-372.05,372.14,372.54,372.56,472,477,995.3,V07.1
CPT: 30420,92002-92060,92070-92353,92358-92371,95004-95180,99024,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 597

Diagnosis: PLEURISY
Treatment: MEDICAL THERAPY
ICD-9: 511.0,511.9
CPT: 32000,32200,32215,32220-32225,32310,32420,32650-32652,32655,32664-32665,32940,99024,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 598

Diagnosis: CONJUNCTIVAL CYST
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75
CPT: 68020,68040,68110,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 599

Diagnosis: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR
Treatment: DRAINAGE
ICD-9: 380.3,380.8,738.7
CPT: 10140,69000-69005,69020,69140,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 600

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ACUTE NON-SUPPURATIVE LABYRINTHITIS

Treatment: MEDICAL THERAPY

ICD-9: 386.30-386.32,386.34-386.35

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 601

Diagnosis: INFECTIOUS MONONUCLEOSIS

Treatment: MEDICAL THERAPY

ICD-9: 075

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 602

Diagnosis: ASEPTIC MENINGITIS (See Statement of Intent)

Treatment: MEDICAL THERAPY

ICD-9: 047-049

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 603

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA

Treatment: SURGICAL TREATMENT

ICD-9: 752.0-752.3,752.41

CPT: 57135,57500,57720,58400,58540,58559-58562,58660,58700,58720,58740,58940,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 604

Diagnosis: CONGENITAL DEFORMITIES OF KNEE

Treatment: ARTHROSCOPIC REPAIR

ICD-9: 727.83,755.64

CPT: 27403-27429,29871-29889

Line: 605

Diagnosis: UNCOMPLICATED HERNIA IN ADULTS AGE 18 OR OVER

Treatment: REPAIR

ICD-9: 550.9,553.0-553.2,553.8-553.9

CPT: 44050,49250,49505-49572,49585-49590,49650-49651,55540,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 606

Diagnosis: ACUTE ANAL FISSURE

Treatment: FISSURECTOMY, MEDICAL THERAPY

ICD-9: 565.0

CPT: 46200,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 607

Diagnosis: CYST OF KIDNEY, ACQUIRED

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 593.2

CPT: 50390,50541,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 608

Diagnosis: PICA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.52

CPT: 90801-90807,90810-90813,90846-90857,90882,90887,96100,99201-99215,99241-99275

HCPSCS: G0177,H0002,H0004,H0031,H0032,H0034,H0035,T1013,T1016,T1023

Line: 609

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA

Treatment: MEDICAL THERAPY

ICD-9: 307.41-307.45,307.47-307.49,333.99,780.50,780.52,780.54-780.56,780.58,780.59

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 610

Diagnosis: CYST, HEMORRHAGE, AND INFARCTION OF THYROID

Treatment: SURGICAL TREATMENT

ICD-9: 246.2,246.3,246.9

CPT: 60001,60200,60210,60212,60220,60225,60270-60271,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 611

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER
RESPIRATORY TRACT
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-9: 470,478.0,738.0,754.0
CPT: 14060,20912,21325-21335,30115-30117,30124-30320,30400-30430,30465,30520,30580,30620,
30630,31020-31090,31200,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7260
Line: 612

Diagnosis: ERYTHEMA MULTIFORME
Treatment: MEDICAL THERAPY
ICD-9: 695.1
CPT: 65780-65782,68371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 613

Diagnosis: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES
Treatment: MEDICAL THERAPY
ICD-9: 054.2,054.6,054.73,054.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 614

Diagnosis: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES
OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
ICD-9: 744.00-744.04,744.09,744.1-744.3
CPT: 21086,21089,69110,69300
HCPCS: D5914,D5927
Line: 615

Diagnosis: BLEPHARITIS
Treatment: MEDICAL THERAPY
ICD-9: 373.0,373.8-373.9,374.87
CPT: 92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 616

Diagnosis: HYPERTELORISM OF ORBIT
Treatment: ORBITOTOMY
ICD-9: 376.41
CPT: 67405,92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 617

Diagnosis: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR
ATROPHIC CONDITIONS OF SKIN
Treatment: MEDICAL THERAPY
ICD-9: 373.3,690,698,701.1-701.3,701.8,701.9
CPT: 11000-11057,11200-11201,11401-11406,11900,11950-11954,17000-17004,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 618

Diagnosis: LICHEN PLANUS
Treatment: MEDICAL THERAPY
ICD-9: 697
CPT: 11900-11901,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 619

Diagnosis: OBESITY
Treatment: NUTRITIONAL AND LIFE STYLE COUNSELING
ICD-9: 278.0
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 620

Diagnosis: MORBID OBESITY
Treatment: GASTROPLASTY
ICD-9: 278.01
CPT: 43644-43645,43842-43845,43846-43848,44238-44239
Line: 621

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHRONIC DISEASE OF TONSILS AND ADENOIDS
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-9: 474.0,474.1-474.2,474.9
CPT: 42820-42836,42860,42870,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 622

Diagnosis: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 603.0,603.8-603.9,608.84,629.1,778.6
CPT: 54840,55000,55040-55041,55060,55500,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 623

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-9: 701.4-701.5
CPT: 11200-11201,11300-11446,11900-11901,12032,17000-17004,77261-77295,77300-77315,77331-77336,77401-77427,77470,79000-79900
HCPCS: G0242,G0243
Line: 624

Diagnosis: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA
Treatment: MEDICAL THERAPY
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9
CPT: 56805,57061,57065,57200,57800,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 625

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 355.1-355.3,355.9,717,718.26,718.36,718.56,836.0-836.2,840-843,844.0-844.3,844.8-844.9,845.00-845.03,845.1,846,848.3,848.40-848.42,848.49,848.5,848.8-848.9,905.7
CPT: 24341,27347,27590,29240,29260,29280,29520,29530,29540,29550,29580,29590,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 626

Diagnosis: SYNOVITIS AND TENOSYNOVITIS (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 726.12,727.00,727.03-727.09
CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 627

Diagnosis: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY
Treatment: MEDICAL THERAPY
ICD-9: 719.5-719.6,719.80,719.86,727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4
CPT: 20550-20553,20600,20610,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 628

Diagnosis: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES
Treatment: MEDICAL THERAPY
ICD-9: 703.8-703.9,704.0,704.1-704.9,706.3,706.9,757.4-757.5,V50.0
CPT: 11000-11001,11720-11765,11900-11901,17380,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 629

Diagnosis: CANDIDIASIS OF MOUTH, SKIN AND NAILS
Treatment: MEDICAL THERAPY
ICD-9: 112.0,112.3,112.9
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 630

Diagnosis: BENIGN LESIONS OF TONGUE
Treatment: EXCISION
ICD-9: 529.1-529.6,529.8-529.9
CPT: 41110,41112-41114,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 631

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: MINOR BURNS
Treatment: MEDICAL THERAPY
ICD-9: 692.76, 941.0-941.2, 942.0-942.2, 943.0-943.2, 944.0-944.2, 945.0-945.2, 946.0-946.2, 949.0-949.1
CPT: 11000-11001, 11040-11044, 11960-11971, 16000-16030, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 632

Diagnosis: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS
Treatment: MEDICAL THERAPY
ICD-9: 800.00-800.01, 801.00-801.01, 803.00-803.01, 850.0, 850.9, 851.00-851.01, 851.09, 851.20-851.21, 851.29, 851.40-851.41, 851.49, 851.60-851.61, 851.69, 851.80-851.81, 851.89
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 633

Diagnosis: CONGENITAL DEFORMITY OF KNEE
Treatment: MEDICAL THERAPY
ICD-9: 755.64
CPT: 27435, 27465-27466, 27468, 27496-27498, 27656, 27892-27894, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 634

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
Treatment: MEDICAL THERAPY
ICD-9: 451.0, 451.2, 451.82, 451.84, 451.89, 451.9
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 635

Diagnosis: PROLAPSED URETHRAL MUCOSA
Treatment: SURGICAL TREATMENT
ICD-9: 599.3, 599.5
CPT: 51840-51841, 52270, 52285, 53000, 53010, 53275, 57220, 57230, 57267-57270, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 636

Diagnosis: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-9: 727.51
CPT: 27345
Line: 637

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.0, 301.10-301.12, 301.20-301.21, 301.3-301.4, 301.50, 301.59, 301.6, 301.81-301.82, 301.84, 301.89, 301.9
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90862, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0036, H0037, H0038, H0039, H0045, H2011, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9484, T1005, T1013, T1016, T1023
Line: 638

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0034, H0035, H2011, H2014, H2027, H2032, S9484, T1013, T1016, T1023
Line: 639

Diagnosis: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-9: 883.0
CPT: 12001-12002, 14040-14041, 14350
Line: 640

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE,
OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
ICD-9: 524.0-524.2, 524.5, 524.7-524.8, 524.9
CPT: 21120-21127, 21145-21147, 21150-21151, 21154-21160, 21193-21196, 21198, 21206-21209, 21255,
21295-21296, 30520, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949
Line: 641

Diagnosis: CERVICAL RIB
Treatment: SURGICAL TREATMENT
ICD-9: 756.2
CPT: 21615-21616, 21705, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 642

Diagnosis: GYNECOMASTIA
Treatment: MASTECTOMY
ICD-9: 611.1
CPT: 19140
Line: 643

Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY
ICD-9: 056.0, 056.71, 323.8-323.9
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 644

Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
ICD-9: 574.2, 575.8
CPT: 43262, 43264, 43267-43268, 47490, 47564, 47570, 47600-47620, 99024, 99070, 99078, 99201-99362,
99374-99375, 99379-99440
Line: 645

Diagnosis: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
ICD-9: 212.0
CPT: 30117-30150, 30520, 31020, 31032, 31201, 31276, 69145, 69501-69540, 69550-69554, 69960
Line: 646

Diagnosis: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL
Treatment: MEDICAL THERAPY
ICD-9: 463
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 647

Diagnosis: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 778.5, 778.7-778.9
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 648

Diagnosis: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY
ICD-9: 460, 465
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 649

Diagnosis: DIAPER RASH
Treatment: MEDICAL THERAPY
ICD-9: 691.0
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 650

Diagnosis: DISORDERS OF SWEAT GLANDS
Treatment: MEDICAL THERAPY
ICD-9: 705.0-705.1, 705.2, 705.81-705.83, 705.89, 705.9, 780.8
CPT: 11450-11471, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 651

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS
IN PERSONS UNDER AGE 3 (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 052,055,056.79,056.8-056.9,057,072,074,078.0,078.2,078.4-078.8,079.0-079.6,079.88-
079.89,079.9,480,487
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 652

Diagnosis: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS
Treatment: MEDICAL THERAPY
ICD-9: 462,464.00,464.50,476,478.5
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 653

Diagnosis: CORNS AND CALLUSES
Treatment: MEDICAL THERAPY
ICD-9: 700
CPT: 11055-11057,17000-17004,17110,17340,99024,99070,99078,99201-99362,99374-99375,99379-
99440
HCPCS: S0390
Line: 654

Diagnosis: VIRAL WARTS EXCLUDING VENEREAL WARTS
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
ICD-9: 078.0,078.10,078.19
CPT: 11055-11057,11420-11424,11900-11901,17000-17004,17110-17111,17340,28043,99024,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 655

Diagnosis: OLD LACERATION OF CERVIX AND VAGINA
Treatment: MEDICAL THERAPY
ICD-9: 621.5,622.3,624.4
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 656

Diagnosis: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE
ICD-9: 529.5,750.0-750.1
CPT: 40806,40819,41010,41115
Line: 657

Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION
Treatment: REPAIR SOFT TISSUES
ICD-9: 525.10,525.12,525.13,525.19,873.6
CPT: 12001-12057,13131-13133,13151-13153,40831,41250-41251,42180,42182,99024,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 658

Diagnosis: CENTRAL SEROUS RETINOPATHY
Treatment: LASER SURGERY
ICD-9: 362.40-362.41,362.6-362.7
CPT: 67210
Line: 659

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND
FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.1,702.1-702.8,709.1-709.3,709.8-709.9
CPT: 11000,11040-11042,11055-11057,11300-11313,11400-11406,11420-11446,13100-13160,14000-
14300,15120,15240,15780-15793,15810-15811,15831-15839,15876-15879,17000-17004,17106-
17108,17340,17360,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 660

Diagnosis: UNCOMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-9: 455.0,455.3,455.6,455.9
CPT: 45320,45334,45339,46083,46220-46262,46320,46500,46610-46615,46934-46936,46945-46947,
99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 661

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: GANGLION
Treatment: EXCISION
ICD-9: 727.02,727.4
CPT: 10140,10160,20551-20553,20600-20612,25111-25112,26160,28090,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 662

Diagnosis: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS
Treatment: MEDICAL THERAPY
ICD-9: 372.10-372.13,372.2-372.3,372.53,372.73,374.55
CPT: 92002-92060,92070-92353,92358-92371,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 663

Diagnosis: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS
Treatment: MEDICAL THERAPY
ICD-9: 695.0,695.2-695.9
CPT: 17340,17360,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 664

Diagnosis: PERIPHERAL NERVE DISORDERS
Treatment: MEDICAL THERAPY
ICD-9: 337.2,353,354.1,354.3-354.9,355.0,355.3,355.7-355.8,357.5-357.9,723.2
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 665

Diagnosis: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 371.82,457.0,998.81,998.9
CPT: 38300-38308,38380-38382,38542-38555,38571-38572,38700-38760,49062,49323,49423-49424,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 666

Diagnosis: RAYNAUD'S SYNDROME
Treatment: MEDICAL THERAPY
ICD-9: 443.0,443.89,443.9
CPT: 64821-64823,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 667

Diagnosis: TMJ DISORDERS
Treatment: TMJ SURGERY
ICD-9: 524.5,524.6,718.08,718.18,718.28,718.38,718.58
CPT: 20910,20926,21010,21050-21070,21210,21215,21230-21235,21240-21243,21480,21485,21490,29800-29804,30520,99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7852,D7854,D7856,D7858,D7860,D7865,D7870,D7871,D7872,D7873,D7874,D7875,D7876,D7877,D7899,D7955,D7991
Line: 668

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY
ICD-9: 454.8-454.9,459.0,459.10,459.19,459.2,459.30,459.39,459.8-459.9,607.82
CPT: 36468-36479,37700,37720-37735,37760,37766,37780-37790,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 669

Diagnosis: VULVAL VARICES
Treatment: VASCULAR SURGERY
ICD-9: 456.6
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 670

Diagnosis: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
ICD-9: 577.1
CPT: 48000,48180
Line: 671

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE

Treatment: MEDICAL THERAPY

ICD-9: 601.1,601.3,601.9,602

CPT: 55801,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 672

Diagnosis: MUSCULAR CALCIFICATION AND OSSIFICATION

Treatment: MEDICAL THERAPY

ICD-9: 728.1

CPT: 27036,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 673

Diagnosis: MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 140-208

CPT: 11600-11646,36260-36262,36522,38720-38724,41110-41114,41130,42120,42842-42845,43228,43248-43250,47610,47420-47425,47741,47785,57460,58951,60600-60605,60650,61500,61510,61517-61521,61546-61548,61586,61793,77261-77295,77300-77370,77401-77470,77761-77790,79000-79900,96400-96571,99024,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 674

Diagnosis: AGENESIS OF LUNG

Treatment: MEDICAL THERAPY

ICD-9: 748.5

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 675

Diagnosis: DISEASE OF CAPILLARIES

Treatment: EXCISION

ICD-9: 448.1-448.9

CPT: 11400-11426

Line: 676

Diagnosis: BENIGN POLYPS OF VOCAL CORDS

Treatment: MEDICAL THERAPY, STRIPPING

ICD-9: 478.4

CPT: 31540-31541,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 677

Diagnosis: FRACTURES OF RIBS AND STERNUM, CLOSED

Treatment: MEDICAL THERAPY

ICD-9: 805.6,807.0,807.2,839.41

CPT: 27200,27202,29200,99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 678

Diagnosis: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 826.0

CPT: 28510,28515

Line: 679

Diagnosis: DISEASES OF THYMUS GLAND

Treatment: MEDICAL THERAPY

ICD-9: 254

CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440

Line: 680

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note 44)

Treatment: ELECTIVE DENTAL SERVICES

ICD-9: 520.7,V72.2

CPT: 99201-99215,99241-99275

HCPCS: D1204,D1205,D2542,D2543,D2544,D2720,D2740,D2750,D2780,D2781,D2782,D2783,D2790,D2791,D2792,D2799,D2952,D2953,D3421,D3425,D3426,D3450,D3470,D3920,D4249,D4263,D4264,D4270,D4271,D4273,D4274,D4381,D5211,D5212,D6212,D6780,D6781,D6782,D6783,D6940,D6976,D6977,D7220,D7230,D7240,D7241,D7250,D7272,D7971,D9910,D9911,D9940,D9951,D9952

Line: 681

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90801,90804-90807,90846-90853,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H2011,H2014,H2027,H2032,S9484,T1013,T1016,
T1023
Line: 682

Diagnosis: SEBACEOUS CYST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 685.1,706.2,744.47
CPT: 10060-10061,11400-11446,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 683

Diagnosis: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-9: 362.31-362.33
CPT: 67015,67500-67505
Line: 684

Diagnosis: ORAL APHTHAE
Treatment: MEDICAL THERAPY
ICD-9: 528.2
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 685

Diagnosis: SUBLINGUAL, SCROTAL, AND PELVIC VARICES
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-9: 456.3-456.5
CPT: 36470,55530-55535,55550,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 686

Diagnosis: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
Treatment: MEDICAL THERAPY
ICD-9: 910.0,910.2,910.4,910.6,910.8,911.0,911.2,911.4,911.6,911.8,912.0,912.2,912.4,912.6,
912.8,913.0,913.2,913.4,913.6,913.8,914.0,914.2,914.4,914.6,914.8,915.0,915.2,915.4,
915.6,915.8,916.0,916.2,916.4,916.6,916.8,917.0,917.2,917.4,917.6,917.8,919.0,919.2,
919.4,919.6,919.8,920-924,959.0,959.11-959.12,959.14-959.19,959.2-959.8
CPT: 10120,10140,11740,11760,11762,12001-12014,28190,99024,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 687

Diagnosis: UNSPECIFIED RETINAL VASCULAR OCCLUSION
Treatment: LASER SURGERY
ICD-9: 362.30
CPT: 67228
Line: 688

Diagnosis: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-9: 221.1-221.9
CPT: 56440-56441,56501,57130-57135
Line: 689

Diagnosis: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 222.0,222.2,222.3,222.8,222.9
CPT: 52606,54231,54512,54522,54900-54901,55200,55600,55605,55650,55680,55801,99024,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 690

Diagnosis: XEROSIS
Treatment: MEDICAL THERAPY
ICD-9: 706.8
CPT: 11010-11044,99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 691

Diagnosis: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION
ICD-9: 748.4
CPT: 32140-32141,32500,32663
Line: 692

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: ICHTHYOSIS
Treatment: MEDICAL THERAPY
ICD-9: 757.1
CPT: 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 693

Diagnosis: LYMPHEDEMA
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-9: 457.1-457.9, 757.0
CPT: 38300-38308, 38380-38382, 38542-38555, 38571-38572, 38700-38760, 49062, 49323, 49423-49424, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 694

Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 696.3-696.5, 709.0, 757.2-757.3, 757.8-757.9
CPT: 11055-11057, 11301, 11920-11922, 17000, 17003, 99024, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 695

Diagnosis: INFECTIOUS DISEASES WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 071, 136.0, 136.9
CPT: 99201-99275
Line: 696

Diagnosis: RESPIRATORY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 519.3, 519.9, 748.60, 748.69, 748.9
CPT: 99201-99275
Line: 697

Diagnosis: GENITOURINARY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 593.0-593.1, 593.6, 607.9, 608.3, 608.9, 621.6, 621.8-621.9, 626.9, 629.2, 629.8, 752.9
CPT: 99201-99275
Line: 698

Diagnosis: CARDIOVASCULAR CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 429.3, 429.81-429.82, 429.89, 429.9, 747.9
CPT: 99201-99275
Line: 699

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 716.9, 718.00, 718.10, 718.20, 718.50, 718.60, 718.80, 718.9, 719.7, 719.9, 728.5, 728.84, 728.87, 728.9, 731.2, 738.2-738.3, 738.9, 744.5-744.9, 748.1, 755.9, 756.9
CPT: 99201-99275
Line: 700

Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 348.2, 377.01, 377.02, 377.2, 377.3, 377.5, 377.7, 437.7-437.8
CPT: 99201-99275
Line: 701

Diagnosis: SENSORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 360.30-360.31, 360.33, 362.37, 362.42-362.43, 362.8-362.9, 363.21, 364.5, 364.60, 364.9, 371.20, 371.22, 371.24, 371.3, 371.81, 371.89, 371.9, 372.40-372.42, 372.44-372.45, 372.50-372.52, 372.55, 372.8-372.9, 374.52-374.53, 374.81-374.83, 374.9, 376.82, 376.89, 376.9, 377.03, 377.1, 377.4, 377.6, 379.24, 379.29, 379.4-379.8, 380.9
CPT: 99201-99275
Line: 702

Diagnosis: ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 251.1-251.2, 259.4, 259.8-259.9, 277.3, 759.1
CPT: 99201-99275
Line: 703

PRIORITIZED LIST OF HEALTH SERVICES
2005-07 BIENNIUM

Diagnosis: GASTROINTESTINAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 527.0,569.9,573.9
CPT: 99201-99275
Line: 704

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 313.1,313.3,313.82-313.83
CPT: 99201-99215
HCPCS: T1023
Line: 705

Diagnosis: NEUROLOGIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 333.82,333.84,333.91,333.93
CPT: 99201-99275
Line: 706

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)
Treatment: COSMETIC DENTAL SERVICES
ICD-9: 520.0-520.3,520.5,520.8-520.9,521.1-521.2,521.7,521.9,524.3-524.4,V72.2
CPT: 99201-99215,99241-99275
HCPCS: D2410,D2420,D2430,D2510,D2520,D2530,D2610,D2620,D2630,D2642,D2643,D2644,D2650,D2651,
D2652,D2662,D2663,D2664,D2720,D2750,D2790,D2791,D2792,D2952,D2960,D2961,D2962,D2999,
D3120,D3460,D3999,D4271,D4999,D5281,D5810,D5820,D5862,D5867,D5875,D5899,D5999,D6010,
D6020,D6040,D6050,D6055,D6056,D6057,D6058,D6059,D6060,D6061,D6062,D6063,D6064,D6065,
D6066,D6067,D6068,D6069,D6070,D6071,D6072,D6073,D6074,D6075,D6076,D6077,D6078,D6079,
D6080,D6090,D6095,D6100,D6199,D6210,D6240,D6245,D6250,D6548,D6600,D6601,D6602,D6603,
D6604,D6605,D6606,D6607,D6608,D6609,D6610,D6611,D6612,D6613,D6614,D6615,D6720,D6721,
D6722,D6740,D6750,D6790,D6920,D6950,D6999,D7280,D7290,D7291,D7410,D7420,D7840,D7850,
D7995,D7996,D7999,D8010,D8020,D8030,D8040,D8050,D8060,D8070,D8080,D8090,D8210,D8220,
D8660,D8670,D8680,D8690,D8691,D8692,D8999,D9941,D9950,D9970,D9971,D9972,D9973,D9974,
D9999
Line: 707

Diagnosis: HEPATORENAL SYNDROME
Treatment: MEDICAL THERAPY
ICD-9: 572.4
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
Line: 708

Diagnosis: SPASTIC DYSPHONIA
Treatment: MEDICAL THERAPY
ICD-9: 478.79
CPT: 99024,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2340,S2341
Line: 709

Diagnosis: DISORDERS OF REFRACTION AND ACCOMODATION
Treatment: RADIAL KERATOTOMY
ICD-9: 367,368.1-368.9
CPT: 65760,65771
Line: 710

STATEMENTS OF INTENT

STATEMENTS OF INTENT FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as viral pneumonia, aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the ICD-9-CM code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on line 296 and any necessary outpatient or inpatient services would be covered.

The Commission has added the following statements to indicate their intent that reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the disease.

Diagnosis: VIRAL HEPATITIS, EXCLUDING CHRONIC VIRAL HEPATITIS B AND C
Treatment: MEDICAL THERAPY
Line: 585

Treatment of viral hepatitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY
Line: 589

Treatment of non-infectious gastroenteritis of significant severity that is associated with dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY
Line: 603

Treatment of aseptic meningitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
Line: 652

Treatment of viral pneumonia of significant severity that is associated with either respiratory failure or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

PRACTICE GUIDELINES

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 1, REHABILITATIVE THERAPIES

On Lines 1, 19, 21, 24, 26, 29, 31, 35, 37, 38, 40, 51, 88, 94, 94, 95, 96, 97, 100, 101, 102, 103, 104, 105, 111, 112, 113, 114, 131, 133, 140, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 162, 165, 172, 174, 177, 188, 195, 196, 206, 212, 213, 216, 237, 238, 258, 261, 283, 284, 285, 286, 287, 291, 296, 310, 315, 316, 320, 321, 322, 327, 333, 366, 369, 370, 380, 432, 445, 446, 447, 460, 472, 473, 474, 486, 491, 504, 506, 507, 510, 552, 568, 572, 578, 626, 627, 666

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months after the initiation of the therapies. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

Following 3 months of acute therapy, the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):

- Age < 3: 4
- Age 3-7: 24
- Age 8-12: 12
- Age > 12: 2

An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever there is a change in status, such as surgery, botox injection, an acute exacerbation or for evaluation/training for an assistive communication device.

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit.

GUIDELINE NOTE 2, ERYTHROPOIETIN GUIDELINES

On Lines 2, 4, 27, 117, 118, 119, 121, 122, 123, 124, 134, 137, 163, 175, 179, 180, 190, 191, 192, 193, 197, 198, 209, 210, 219, 224, 225, 226, 228, 229, 230, 231, 232, 233, 234, 246, 247, 262, 270, 271, 272, 273, 274, 275, 276, 277, 311, 326, 346, 436, 437, 488, 489, 490, 491, 674

1. Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy, in the setting of myelodysplasia or in chronic renal failure, with or without dialysis.
 - A. Endogenous erythropoietin levels of < 200 IU/L are required for treatment, except in chronic renal failure.
 - B. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.
2. Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.
 - A. An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.
 - B. Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

GUIDELINE NOTE 3, COLONY STIMULATING FACTOR (CSF) GUIDELINES

On Lines 27, 117, 118, 119, 121, 122, 123, 124, 134, 137, 179, 180, 190, 191, 192, 193, 197, 198, 209, 210, 224, 225, 226, 228, 229, 230, 231, 232, 233, 234, 262, 270, 271, 272, 273, 274, 275, 276, 277, 326, 346, 436, 437, 488, 489, 490, 491, 674

1. CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is potentially curative, and is known to produce febrile neutropenia at least 40% of the time. Even for these regimens, dose reduction should be considered instead of using CSF, as no improvement in survival has been documented by use of CSF.
2. For secondary prophylaxis, dose reduction should be considered the primary therapeutic option after an episode of severe or febrile neutropenia except in the setting of curable tumors (e.g., germ cell), as no disease free or overall survival benefits have been documented using dose maintenance and CSF.
3. CSF are not indicated in patients who are acutely neutropenic but afebrile.

GUIDELINE NOTE 3, COLONY STIMULATING FACTOR (CSF) GUIDELINES (Cont'd)

4. CSF are not indicated in the treatment of febrile neutropenia except in high-risk patients, as no overall clinical benefit has been documented. High-risk patients include those with ANC < 100, uncontrolled primary disease, pneumonia, hypotension, multi-organ dysfunction and invasive fungal infection.
5. CSF are not indicated to increase chemotherapy dose-intensity or schedule, except in cases where improved outcome from such increased intensity has been documented in a clinical trial.
6. CSF are indicated in the setting of progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
7. CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.
8. There is no evidence of clinical benefit in the routine, continuous use of CSF in myelodysplastic syndromes. CSF may be indicated for some patients with severe neutropenia and recurrent infections, but should be used only if significant response is documented.

GUIDELINE NOTE 4, PET SCAN GUIDELINES

On Lines 27, 119, 122, 123, 137, 272

PET Scans are indicated for diagnosis and staging of the following cancers:

- Solitary pulmonary nodules and non-small cell lung cancer
- Lymphoma
- Melanoma

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

For staging, PET is covered in the following situations:

- The stage of the cancer remains in doubt after standard diagnostic work up
- OR
- PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient
- AND
- Clinical management of the patient will differ depending on the stage of the cancer identified

PET Scans are NOT indicated for routine follow up of cancer treatment.

GUIDELINE NOTE 5, FETOSCOPIC LASER SURGERY

On Line 54

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt.

GUIDELINE NOTE 6, SECOND SOLID ORGAN TRANSPLANTS

On Lines 109, 127, 154, 176, 433, 434, 435, 583

Second solid organ transplants are not covered except for acute graft failure that occurs during the original hospitalization for transplantation.

GUIDELINE NOTE 7, SECOND BONE MARROW TRANSPLANTS, NON-MYELOABLATIVE STEM CELL TRANSPLANTS

On Lines 117, 119, 121, 123, 124, 179, 180, 197, 210, 436, 437

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma. Non-myeloablative transplants (mini-transplants) are not covered.

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 8, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

On Line 140

Neurologic impairment is defined as objective evidence of one or more of the following:

- a) Reflex loss
- b) Dermatomal muscle weakness
- c) Dermatomal sensory loss
- d) EMG or NCV evidence of nerve root impingement
- e) Cauda equina syndrome
- f) Neurogenic bowel or bladder

GUIDELINE NOTE 9, HETEROTOPIC BONE FORMATION

On Lines 177, 370

Radiation treatment is indicated only in those at high risk of heterotopic bone formation: those with a history of prior heterotopic bone formation, ankylosing spondylitis or hypertrophic osteoarthritis

GUIDELINE NOTE 10, TESTICULAR CANCER

On Line 179

The treatment of testicular cancer with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after multiple (at least 2) recurrences after standard chemotherapy.

GUIDELINE NOTE 11, TOBACCO DEPENDENCE

On Line 182

Persons are eligible for tobacco dependence counseling if a documented quit date has been established.

GUIDELINE NOTE 12, BREAST CANCER SURVEILLANCE

On Line 225

1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.
2. Mammography is indicated annually, and patients treated with breast conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.
3. No other surveillance testing is indicated.

GUIDELINE NOTE 13, MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY

On Line 261

Minimally invasive coronary artery bypass surgery indicated only for single vessel disease.

GUIDELINE NOTE 14 COMFORT CARE

On Line 262

Comfort care includes the provision of services or items that gives comfort and/or relieve symptoms to patients with a terminal illness.

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 14 COMFORT CARE (Cont'd)

This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. Examples of comfort care include:

- 1) Pain medication and/or pain management devices
- 2) In-home and day care services and hospice services as defined by OMAP
- 3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)
- 4) Palliative services for specific symptom relief
- 5) Physician aid-in-dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications.

(NOTE: Services related to physician aid-in-dying are not priced as part of the list and only state funds will be used for their provision)

GUIDELINE NOTE 15, COLON CANCER SURVEILLANCE

On Line 270

1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.
2. CEA testing should be performed every 2-3 months after colon resection for at least 2 years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated
3. Colonoscopy is indicated every 3 to 5 years.
4. No other surveillance testing is indicated.

GUIDELINE NOTE 16 PREVENTIVE DENTAL CARE

On Line 298

Dental cleaning and fluoride limited to once per calendar year. Additional provision of prophylaxis for persons with disabilities who cannot perform adequate daily oral health care, severe periodontal disease and/or rampant caries, by report. (CDT codes D0120, D0150, D1110, D1120, D1201, D1204, D1205). Used up to 4 times per year (maximum once per week) for patients over 18 who are mentally disabled or are truly dental phobic in order to determine the need to use IV or GA sedation to render necessary treatment (CDT code D9920).

GUIDELINE NOTE 17, COCHLEAR IMPLANTATION, AGE LESS THAN 5

On Line 300

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Child has reached the age of 1
- c) Receive little or no useful benefit from hearing aids
- d) No medical contraindications
- e) High motivation and appropriate expectations (both child, when appropriate, and family)

GUIDELINE NOTE 18, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

On Line 324

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication, or objective evidence of neurologic impairment consistent with MRI findings (see Guideline Note 8).

GUIDELINE NOTE 19, SLEEP APNEA

On Line 348

Surgery for sleep apnea is only covered after documented failure of both CPAP and an oral appliance.

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 20, URGENT DENTAL CARE

On Line 354

Treatment only for symptomatic dental pain, infection, bleeding or swelling (CDT codes D7220, D7230, D7240, D7241, D7250).

GUIDELINE NOTE 21, SEVERE PSORIASIS

On Line 358

Stage III psoriasis defined as 20% to 90% body surface area involved and/or hand, foot or mucous membrane involvement with moderate functional limitation defined as limitations not requiring external mechanical or human assistance. This line includes treatments for stage III psoriasis with topical agents, ultraviolet light therapy and methotrexate.

Stage IV psoriasis defined as >90% body surface area involved and/or hand, foot or mucous membrane involvement with severe functional limitation defined as limitations requiring external mechanical or human assistance. This line includes all non-experimental treatments for stage IV psoriasis.

GUIDELINE NOTE 22, CONDUCT DISORDER

On Lines 371

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 23, CATARACT

On Line 406

Cataract extraction is covered for binocular visual acuity of 20/50 or worse OR monocular visual acuity of 20/50 or worse with the recent development of symptoms related to poor vision (headache, etc).

GUIDELINE NOTE 24, TONSILLECTOMY

On Line 452

Tonsillectomy is an appropriate treatment in a case with:

- 1) Three documented attacks of strep tonsillitis in a year where an attack is considered a positive culture/screen and where 10 days of continuous antibiotic therapy has been completed;
- 2) Second occurrence of peritonsillar abscess, or if first abscess, has to be drained under general anesthesia;
- 3) Airway obstruction with presence of right ventricular hypertrophy or cor-pulmonale; and/or,
- 4) 4+ tonsils, which result in obstruction of breathing, swallowing and/or speech.

GUIDELINE NOTE 25, MENSTRUAL BLEEDING DISORDERS

On Line 458

Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (1-3):

1. Patient history of (a, b, c, d, and e):
 - a. Excessive uterine bleeding evidence by (1 and 2):
 - 1) Profuse bleeding lasting more than 7 days and repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - b. Failure of hormonal treatment for a six-month trial period or contraindication to hormone use
 - c. No current medication use that may cause bleeding, or contraindication to stopping those medications
 - d. Endometrial sampling performed
 - e. No evidence of remedial pathology by (1 or 2 or 3):
 - 1) Sonohysterography
 - 2) Hysteroscopy
 - 3) Hysterosalpingography

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 25, MENSTRUAL BLEEDING DISORDERS (Cont'd)

2. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
3. Nonmalignant cervical cytology, if cervix is present

GUIDELINE NOTE 26, SINUS SURGERY

On Lines 470, 480, 542

Sinus surgery indicated in the following circumstances:

1. 4 or more episodes of acute rhinosinusitis in one year
- OR
2. Failure of medical therapy of chronic sinusitis including all of the following:
 - Several courses of antibiotics AND
 - Trial of inhaled and/or oral steroids AND
 - Allergy assessment and treatment when indicated

AND

One or more of the following:

- Findings of obstruction of active infection on CT scan
 - Obstructive symptoms due to polyposis that persist or recur after steroid treatment
 - Symptomatic mucocele
 - Negative CT scan but significant disease found on nasal endoscopy
- OR
3. Bilateral extensive and massive obstructive nasal polyposis with complications
- OR
4. Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis
- OR
5. Invasive or allergic fungal sinusitis
- OR
6. Tumor of nasal cavity or sinuses
- OR
7. CSF rhinorrhea

GUIDELINE NOTE 27, UTERINE LEIOMYOMA

On Line 471

Hysterectomy for leiomyomata may be indicated when all of the following are documented (1-4):

1. One of the following (a or b):
 - a. Patient history of 2 out of 3 of the following (1, 2 and 3):
 - 1) Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
 - 2) Pelvic discomfort cause by myomata (i or ii or iii):
 - i. Chronic lower abdominal, pelvic or low backpressure
 - ii. Bladder dysfunction not due to urinary tract disorder or disease
 - iii. Rectal pressure and bowel dysfunction not related to bowel disorder or disease
 - 3) Rapid enlargement causing concern for sarcomatous changes of malignancy
 - b. Leiomyomata as probable cause of excessive uterine bleeding evidenced by (1, 2, and 3):
 - 1) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - 3) Documentation of mass by sonography
2. Nonmalignant cervical cytology, if cervix is present
3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
4. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 28, ENDOMETRIOSIS AND ADENOMYOSIS

On Line 484

- A. Hysterectomy, with or without adnexectomy, for endometriosis may be appropriate when all of the following are documented (1-4):
1. Patient history of (a and b):
 - a. Prior detailed operative description or histologic diagnosis of endometriosis
 - b. Presence of pain for more than 6 months with negative effect on patient's quality of life

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 28, ENDOMETRIOSIS AND ADENOMYOSIS (Cont'd)

2. Failure of a 3-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Nonmalignant cervical cytology, if cervix is present
 4. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
- B. Hysterectomy, with or without adnexectomy, for adenomyosis may be appropriate when all of the following are documented (1-6):
1. Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Age > 30 years
 4. One of the following (a or b):
 - a. Endovaginal ultrasound suspicious for adenomyosis (presence of abnormal hypoechoic myometrial echogenicity or presence of small myometrial cysts)
 - b. MRI showing thickening of the junctional zone > 12mm
 5. Nonmalignant cervical cytology, if cervix is present
 6. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 29, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY

On Lines 488, 489, 490, 491

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 674, Medical Conditions Where Treatment Will Not Result in a 5% 5-Year Survival.

GUIDELINE NOTE 30, BASIC RESTORATIVE DENTAL CARE

On Line 495

Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (CDT codes D2391, D2392, D2393, D2394).

GUIDELINE NOTE 31, STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS

On Line 496

Only for the treatment of severe drug-induced hyperplasia (CDT code D4210, D4211). To be used in conjunction with making a prosthesis (CDT codes D7470, D7970). Limited to two reimbursements (CDT codes D5850, D5851). Must have four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate (CDT codes D5110, D5120, D5130, D5140, D5213, D5214). By Report (CDT codes D4210). Payable once every two years (CDT codes D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761). Payable only when there are pockets of 5 mm or greater (CDT code 04341).

GUIDELINE NOTE 32, COCHLEAR IMPLANTS, OVER AGE 5

On Line 501

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Child has reached the age of 1
- c) Receive little or no useful benefit from hearing aids
- d) No medical contraindications
- e) High motivation and appropriate expectations (both child, when appropriate, and family)

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 32, COCHLEAR IMPLANTS, OVER AGE 5 (Cont'd)

Postlinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Severe to profound sensorineural hearing loss in both ears
- b) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
- c) Receive limited benefit from appropriately fit hearing aids; i.e., scores of 40% or less on sentence recognition test in the best-aided listening condition
- d) No medical contraindications

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Hearing loss acquired before learning oral speech and language development (prelinguistic hearing loss)
- c) Receive no benefit from hearing aids
- d) No medical contraindications
- e) A desire to be a part of the hearing world

GUIDELINE NOTE 33, UTERINE PROLAPSE

On Line 509

Hysterectomy for pelvic organ prolapse may be indicated when all of the following are documented (1-5):

1. Patient history of symptoms of pelvic prolapse such as:
 - a. Complaints of the pelvic organs prolapsing at least to the introitus
 - b. Low back discomfort or pelvic pressure
 - c. Difficulty in defecating
 - d. Difficulty in voiding
2. Nonmalignant cervical cytology, if cervix is present
3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
4. Physical examination is consistent with patient's symptoms of pelvic support defects indicating either symptomatic prolapse of the cervix, enterocele, cystocele, rectocele or prolapse of the vaginal vault
5. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 34, DENTAL SERVICES FOR SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE

On Line 514

By Report (CDT codes D4240, D4260)

GUIDELINE NOTE 35, URINARY INCONTINENCE

On Line 515

Surgery for genuine stress urinary incontinence (ICD-9_CM code 625.6 may be indicated when all of the following are documented (1-7):

1. Patient history of (a, b, and c):
 - a. Involuntary loss of urine with exertion
 - b. Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychological causes, excessive urine production, restricted mobility, and stool impaction)
 - c. Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
2. Patient's voiding habits
3. Physical or laboratory examination evidence of either (a or b):
 - a. Urethral hypermobility
 - b. Intrinsic sphincter deficiency
4. Diagnostic workup to rule out urgency incontinence
5. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
6. Nonmalignant cervical cytology, if cervix is present
7. Patient required to have 3 months alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises, biofeedback, and/or electrical stimulation, as available)

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 36, CHRONIC ANAL FISSURE

On Line 529

Chronic anal fissure (ICD-9 code 565.0) is included in this line with one or more of the following:

- 1) Condition unresponsive to six to eight weeks of continuous treatment;
- 2) Condition progresses in spite of six to eight weeks of treatment;
- 3) Presence of pectenosis; and/or,
- 4) Fissures that have previously healed but have recurred three or more times.

GUIDELINE NOTE 37, CHRONIC OTITIS MEDIA

On Line 530

Observation OR antibiotic therapy are treatment options for children with effusion that has been present less than 4 to 6 months and at any time in children without a 20-decibel hearing threshold level or worse in the better-hearing ear.

For the child who has had bilateral effusion for a total of 3 months and who has a bilateral hearing deficiency (defined as a 20-decibel hearing threshold level or worse in the better-hearing ear), bilateral myringotomy with tube insertion recommended after a total of 4 to 6 months of bilateral effusion with a bilateral hearing deficit.

Adenoidectomy is an appropriate surgical treatment for serous otitis media with persistent effusion in children over 4 years with their second set of tubes. First time tubes are not an indication for an adenoidectomy.

GUIDELINE NOTE 38, MILD TO MODERATE PSORIASIS

On Line 537

Stage I psoriasis defined as uncomplicated, with <5% body surface area involved and no functional limitation.

Stage II psoriasis defined as uncomplicated, with 6% to 19% body surface area involved and no functional limitation.

GUIDELINE NOTE 39, IMPULSE DISORDERS

On Line 545

Impulse disorders rarely occur in isolation from other psychiatric diagnosis, thus the Patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 40, DYSMENORRHEA

On Line 553

Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (1-7):

1. Patient history of:
 - a. No remediable pathology found on laporoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
3. Evaluation of the following systems as possible sources of pelvic pain:
 - a. Urinary
 - b. Gastrointestinal
 - c. Musculoskeletal
4. Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
5. Nonmalignant cervical cytology, if cervix is present
6. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
7. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTES FOR THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 41, PELVIC PAIN SYNDROME

On Line 559

- A. Diagnostic MRI may be indicated for evaluation of pelvic pain to assess for Adenomyosis and to assist in the management of these challenging patients when all of the following are documented:
1. Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives of Depro-Provera
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Age > 30 years
 4. An endovaginal ultrasound within the past 12 months that shows no other suspected gynecological pathology if diagnostic MRI shows > 12mm thickening of the junctional zone, the Presumptive diagnosis of adenomyosis is fulfilled. See guideline note 28.
- B. Hysterectomy for chronic pelvic pain in the absence of significant pathology may be Indicated when all of the following are documented (1-7):
1. Patient history of:
 - a. No remediable pathology found on laporoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Evaluation of the following systems as possible sources of pelvic pain:
 - a. Urinary
 - b. Gastrointestinal
 - c. Musculoskeletal
 4. Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
 5. Nonmalignant cervical cytology, if cervix is present
 6. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
 7. Negative preoperative pregnancy test unless patient is postmenopausal or as been previously sterilized

GUIDELINE NOTE 42, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

On Line 578

Disorders of spine without neurologic impairment include any conditions represented on this line for which objective evidence of one or more of the criteria stated in the guideline note 8 is not available.

GUIDELINE NOTE 43, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

On Line 593

Scoliosis not defined as clinically significant included curvature less than 25 degrees that does not have a documented progression of at least 10 degrees.

GUIDELINE NOTE 44, ELECTIVE DENTAL SERVICES

On Line 681

Treatment not related to symptomatic pain, infection, bleeding or swelling (CDT codes D7220, D7230, D7240, D7241, D7250)

PREVENTION TABLES

Birth to 10 Years

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death Conditions originating in perinatal period Congenital anomalies Sudden infant death syndrome (SIDS) Unintentional injuries (non-motor vehicle) Motor vehicle injuries

Interventions for the General Population

SCREENING

Height and weight
Blood pressure
Vision screen (3-4 yr)
Hemoglobinopathy screen (birth)¹
Phenylalanine level (birth)²
T₄ and/or TSH (birth)³
Effects of STDs
FAS, FAE, drug affected infants⁴
Infant motor, hearing, developmental screens

Learning and attention disorders⁵
Signs of child abuse, neglect, family violence

COUNSELING

Injury Prevention

Child safety car seats (age <5 yr)
Lap-shoulder belts (age >5 yr)
Bicycle helmet; avoid bicycling near traffic
Smoke detector, flame retardant sleepwear
Hot water heater temperature <120-130°F
Window/stair guards, pool fence, walkers
Safe storage of drugs, toxic substances,
firearms and matches
Syrup of ipecac, poison control phone number
CPR training for parents/caretakers
Infant sleeping position

Diet and Exercise

Breast-feeding, iron-enriched formula and
foods (infants and toddlers)

Limit fat and cholesterol; maintain caloric balance;
emphasize
grains, fruits, vegetables (age >2 yr) Regular physical
activity*

Substance User

Effects of passive smoking*
Anti-tobacco message*

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Advice about baby bottle tooth decay*

Mental Health/Chemical Dependency

Parent education regarding:

- Child development
- Attachment/bonding
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
 - Familial stress or disruption
 - Health problems
 - Temperamental incongruence with parent
 - Environmental stressors such as
community violence or disaster,
immigration, minority status,
homelessness
- Referral for MHCD and other family support services as
indicated

¹Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. ⁵Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

*The ability of clinical counseling to influence this behavior is unproven.

Birth to 10 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS

Diphtheria-tetanus-pertussis (DTP)¹
 Oral poliovirus (OPV)²
 Measles-mumps-rubella (MMR)³
H. influenzae type b (Hib) conjugate⁴

Hepatitis B⁵
 Varicella⁶

CHEMOPROPHYLAXIS

Ocular prophylaxis (birth)

¹2, 4, 6, and 12-18 mo; once between ages 4-6 yr (DTaP may be used at 15 mo and older). ²2, 4, 6-18 mo; once between ages 4-6 yr. ³12-15 mo and 4-6 yr. ⁴2, 4, 6 and 12-15 mo; no dose needed at 6 mo if PRP-OMP vaccine is used for first 2 doses. ⁵Birth, 1 mo, 6 mo; or, 0-2 mo, 1-2 mo later, and 6-18 mo. If not done in infancy: current visit, and 1 and 6 mo later ⁶12-18 mo; or any child without history of chickenpox or previous immunization. Include information on risk in adulthood, duration of immunity, and potential need for booster doses.

Interventions for the High-Risk Population

POPULATION

Preterm or low birth
 Infants of mothers at risk for HIV
 Low income; immigrants
 TB contacts
 Native American/Alaska Native

Residents of long-term care facilities
 Certain chronic medical conditions
 Increased individual or community lead exposure
 Inadequate water fluoridation
 Family h/o skin cancer; nevi; fair skin, eyes, hair

History of multiple injuries

High risk for mental health disorders

POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)

Hemoglobin/hematocrit (HR1)
 HIV testing
 Hemoglobin/hematocrit (HR1); PPD (HR3)
 PPD (HR3)
 Hemoglobin/hematocrit (HR1); PPD (HR3);
 hepatitis A vaccine (HR4); pneumococcal
 vaccine (HR5)
 PPD (HR3); hepatitis A vaccine (HR4); influenza
 vaccine (HR6)
 Blood lead level (HR7)
 Daily fluoride supplement (HR8)
 Avoid excess/midday sun, use protective
 clothing* (HR9)
 Screen for child abuse, neurological, mental
 health conditions
 Increased well-child visits (HR10)

High Risk Groups

HR1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low birth weight infants, infants whose principal dietary intake is unfortified cow's milk.

HR2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partners currently or in past; persons seeking treatment for STDs; blood transfusion during 1978-1985.

HR3 = Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), residents of long-term care facilities.

Birth to 10 Years (Cont'd)

HR4 = Persons >2 yr living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities). Consider for institutionalized children aged >2 yr. Clinicians should also consider local epidemiology.

HR5 = Immunocompetent persons >2 yr with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons >2 yr living in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations).

HR6 = Annual vaccination of children >6 mo who are residents of chronic care facilities or who have chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

HR7 = Children about age 12 mo who: 1) live in communities in which the prevalence of lead levels requiring individual intervention, including residential lead hazard control or chelation, is high or undefined; 2) live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling; 3) have close contact with a person who has an elevated lead level; 4) live near lead industry or heavy traffic; 5) live with someone whose job or hobby involves lead exposure; 6) use lead-based pottery; or 7) take traditional ethnic remedies that contain lead.

HR8 = Children living in areas with inadequate water fluoridation (<0.6 ppm).

HR9 = Persons with a family history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR10 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

Ages 11-24 Years

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death Motor vehicle/other unintentional injuries Homicide Suicide Malignant neoplasms Heart diseases

Interventions for the General Population

SCREENING

Height and weight
Blood pressure¹
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)²
Papanicolaou (Pap) test³
Chlamydia screen³ (females <25 yr)
Rubella serology or vaccination hx⁵ (females >12 yr)
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁷
Eating disorders⁸
Anxiety and mood disorders⁹
Suicide risk factors¹⁰

COUNSELING

Injury Prevention

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Substance Use

Avoid tobacco use
Avoid underage drinking and illicit drug use*

Avoid alcohol/drug use while driving, swimming, boating, etc.*

Sexual Behavior

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (females)
Regular physical activity*

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

Mental Health/Chemical Dependency

Parent education regarding:

- Adolescent development
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
 - Familial stress or disruption
 - Health problems
 - Temperamental incongruence with parent
 - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

¹Periodic BP for persons aged ≥ 18 yr. ²High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. ³If sexually active at present or in the past: q < 3 yr. If sexual history is unreliable, begin Pap test at age 18 yr. ⁴If sexually active. ⁵Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁷Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ⁸Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁹In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹⁰Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

*The ability of clinical counseling to influence this behavior is unproven.

Ages 11-24 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters (11-16 yr)
 Hepatitis B¹
 MMR (11-12 yr)²
 Varicella (11-12 yr)³

Rubella⁴ (females >12 yr)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/
 capable of pregnancy)

¹If not previously immunized: current visit, 1 and 6 mo later. ²If no previous second dose of MMR. ³If susceptible to chickenpox. ⁴Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives.

Interventions for the High-Risk Population

POPULATION

High-risk sexual behavior

Injection or street drug use

TB contacts; immigrants; low income
 Native American/Alaska Native

Certain chronic medical conditions

Settings where adolescents and young adults
 congregate
 Susceptible to varicella, measles, mumps
 Blood transfusion between 1975-85
 Institutionalized persons

Family h/o skin cancer; nevi; fair skin, eyes, hair

Prior pregnancy with neural tube defect
 Inadequate water fluoridation
 History of multiple injuries

High risk for mental health disorders

POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)

RPR/VDRL (HR1); screen for gonorrhea (female)
 (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis
 A vaccine (HR5)

RPR/VDRL (HR1); HIV screen (HR3); hepatitis A
 vaccine (HR5); PPD (HR6); advice to reduce
 infection risk (HR7)

PPD (HR3)

Hepatitis A vaccine (HR5); PPD (HR6);
 pneumococcal vaccine (HR8)

PPD (HR6); pneumococcal vaccine (HR8);
 influenza vaccine (HR9)

Second MMR (HR10)

Varicella vaccine (HR11); MMR (HR12)

HIV screen (HR3)

Hepatitis A vaccine (HR5); PPD (HR6); influenza
 vaccine (HR9)

Avoid excess/midday sun, use protective
 clothing* (HR9)

Folic acid 4.0 mg (HR14)

Daily fluoride supplement (HR8)

Screen for child abuse, neurological, mental
 health conditions

Increased well-child/adolescent visits (HR16)

High Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

Ages 11-24 Years (Cont'd)

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

HR5 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Vaccine may be considered for institutionalized persons. Clinicians should also consider local epidemiology.

HR6 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR7 = Persons who continue to inject drugs.

HR8 = Immunocompetent persons with certain medical conditions, including chronic cardiopulmonary disorders, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments/social settings (e.g., certain Native American and Alaska Native populations).

HR9 = Annual vaccination of: residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

HR10 = Adolescents and young adults in settings where such individuals congregate (e.g., high schools and colleges), if they have not previously received a second dose.

HR11 = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr.

HR12 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

HR13 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR14 = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

Ages 11-24 Years (Cont'd)

HR15 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

HR16 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

Ages 25-64 Years

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death Malignant neoplasms Heart diseases Motor vehicle/other unintentional injuries Human immunodeficiency virus infection Suicide and homicide

Interventions for the General Population

SCREENING

Blood pressure
Height and weight
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk¹)
Papanicolaou (Pap) test²
Fecal occult blood test³ and/or sigmoidoscopy, or colonoscopy (>50 yr)
Mammogram + clinical breast exam⁴ (women 40+ yrs)
Rubella serology or vaccination hx⁵ (women of childbearing age)
Bone density measurement (women age 60-64 if high-risk)⁶
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Learning and attention disorders⁷
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁸
Eating disorders⁹
Anxiety and mood disorders¹⁰
Suicide risk factors¹¹
Somatoform disorders¹²
Environmental stressors¹³

COUNSELING

Substance Use

Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*

Injury Prevention

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Sexual Behavior

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters
Rubella⁵ (women of childbearing age)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy)
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

¹High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors.

²Women who are or have been sexually active and who have a cervix: q < 3 yr. ³Annually. ⁴Screening mammography should be performed every 1-2 years. ⁵Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. ⁶High-risk defined as weight <70kg, not on estrogen replacement. ⁷Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁸Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history.

⁹Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency.

¹⁰In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹¹Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. ¹²Multiple unexplained somatic complaints. ¹³Community violence or disaster, immigration, homelessness, family medical problems.

*The ability of clinical counseling to influence this behavior is unproven.

Ages 25-64 Years (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7) advice to reduce Infection risk (HR8)
Low income; TB contacts; immigrants; alcoholics Native American/Alaska Native	PPD (HR7) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9)
Certain chronic medical conditions	PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Blood product recipients Susceptible to varicella, measles, mumps Institutionalized persons	HIV screen (HR3); hepatitis B vaccine (HR5) MMR (HR11); varicella vaccine (HR12) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Family h/o skin cancer; fair skin, eyes, hair Previous pregnancy with neural tube defect	Avoid excess/midday sun, use protective clothing* (HR13) Folic acid 4.0 mg (HR14)

High Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active women with multiple risk factors including: history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology.

HR5 = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

HR6 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized persons. Clinicians should also consider local epidemiology.

Ages 25-64 Years (Cont'd)

HR7 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR8 = Persons who continue to inject drugs.

HR9 = Immunocompetent institutionalized persons >50 yr and immunocompetent with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations).

HR10 = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction.

HR11 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

HR12 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

HR13 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR14 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy.

Age 65 and Older

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death

- Heart diseases
- Malignant neoplasms (lung, colorectal, breast)
- Cerebrovascular disease
- Chronic obstructive pulmonary disease
- Pneumonia and influenza

Interventions for the General Population

SCREENING

Blood pressure
Height and weight
Fecal occult blood test¹ and/or sigmoidoscopy or colonoscopy
Mammogram + clinical breast exam²
Bone density measurement (women)
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Vision screening
Assess for hearing impairment
Signs of elder abuse, neglect, family violence
Alcohol, inhalant, illicit drug use³
Anxiety and mood disorders⁴
Somatoform disorders⁵
Environmental stressors⁶

COUNSELING

Substance Use

Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*
Assess eating environment

Injury Prevention

Lap/shoulder belts
Motorcycle and bicycle helmets*
Fall prevention*
Safe storage/removal of firearms*
Smoke detector*
Set hot water heater to <120-130°F
CPR training for household members
Smoking near bedding or upholstery

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

Sexual Behavior

STD prevention: avoid high-risk sexual behavior*;
use condoms

IMMUNIZATIONS

Pneumococcal vaccine
Influenza¹
Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS

Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

¹Annually. ²Screening mammography should be performed every 1-2 years. ³Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ⁴In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ⁵Multiple unexplained somatic complaints. ⁶Community violence or disaster, immigration, homelessness, family medical problems.

*The ability of clinical counseling to influence this behavior is unproven.

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS (See detailed high-risk definitions)
Institutionalized persons	PPD (HR1); hepatitis A vaccine (HR2); amantadine/ rimantadine (HR4) PPD (HR1)
Chronic medical conditions; TB contacts; low income; immigrants; alcoholics	
Persons >75 yr; or >70 yr with risk factors for falls	Fall prevention intervention (HR5)
Cardiovascular disease risk factors	Consider cholesterol screening (HR6)
Family h/o skin cancer; fair skin, eyes, hair	Avoid excess/midday sun, use protective clothing* (HR7)
Native American/Alaska Native	PPD (HR1); hepatitis A vaccine (HR2)
Blood product recipients	HIV screen (HR3); hepatitis B vaccine (HR8)
High-risk sexual behavior	Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9)
Injection or street drug use	PPD (HR1); hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9); advice to reduce Infection risk (HR10)
Persons susceptible to varicella	Varicella vaccine (HR11)
Persons living alone and with poor nutrition	Refer to meal and social support resources

High Risk Groups

HR1 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR2 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized. Clinicians should also consider local epidemiology.

HR3 = Men who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

HR5 = Persons aged 75 years and older; or aged 70-74 with one or more additional risk factors including: use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); use of >4 prescription medications; impaired cognition, strength, balance, or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services.

HR6 = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking, diabetes, or hypertension).

Age 65 and Older (Cont'd)

HR7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR8 = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

HR9 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR10 = Persons who continue to inject drugs.

HR11 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

SCREENING

First visit

Blood pressure

Hemoglobin/hematocrit

Hepatitis B surface antigen (HBsAg)

RPR/VDRL

Chlamydia screen (<25 yr)

Rubella serology or vaccination history

D(Rh) typing, antibody screen

Offer CVS (<13 wk)¹ or amniocentesis (15-18 wk)¹
(age>35 yr)

Offer hemoglobinopathy screening

Assess for problem or risk drinking

Offer HIV screening²

Follow-up visits

Blood pressure

Urine culture (12-16 wk)

Screening for gestational diabetes³

Offer amniocentesis (15-18 wk)¹ (age>35 yr)

Offer multiple marker testing¹ (15-18 wk)

Offer serum α -fetoprotein¹ (16-18 wk)

COUNSELING

Tobacco cessation; effects of passive smoking

Alcohol/other drug use

Nutrition, including adequate calcium intake Encourage
breastfeeding

Lap/shoulder belts

Infant safety car seats

STD prevention: avoid high-risk sexual behavior*; use
condoms*

CHEMOPROPHYLAXIS

Multivitamin with folic acid⁴

¹Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ²Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations. ³Also, screen for diabetes in all women with gestational diabetes at the 6-week post-partum visit. ⁴Beginning at least 1 mo before conception and continuing through the first trimester.

*The ability of clinical counseling to influence this behavior is unproven.

**See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit) (HR3); HBsAg (3rd trimester) (HR4); RPR/VDRL (3rd trimester) (HR5)
Blood transfusion 1978-85	HIV screen (1st visit) (HR3)
Injection drug use	HIV screen (HR3); ABAg (3rd trimester) (HR4); advice to reduce infection risk (HR6)
Unsensitized D-negative women	D(Rh) antibody testing (24-28 wk) (HR7)
Risk factors for Down syndrome	Offer CVS ¹ (1st trimester), amniocentesis ¹ (15-18 wk) (HR8)
Previous pregnancy with neural tube defect	Offer amniocentesis ¹ (15-18 wk), folic acid 4.0 mg ³ (HR9)
High risk for child abuse	Targeted case management

High Risk Groups

HR1 = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk.

HR2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk.

HR3 = In areas where universal screening is not performed due to low prevalence of HIV infection, pregnant women with the following individual risk factors should be screened: past or present injection drug use; women who exchange sex for money or drugs; injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs.

HR4 = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners.

HR5 = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR6 = Women who continue to inject drugs.

HR7 = Unsensitized D-negative women.

HR8 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement.

HR9 = Women with previous pregnancy affected by neural tube defect.

APPENDIX F:

**INDEXES TO THE 2005-07
PRIORITIZED LIST OF HEALTH
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CONDITION INDEX TO THE 2005-07 PRIORITIZED LIST OF HEALTH SERVICES

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GLOTTIS	110	AUTOSOMAL DELETION SYNDROME	
INTESTINE	77	(See DYSFUNCTION, NEUROMUSCULAR)	
LARYNX	110	AVIATORS DISEASE	360
OSSEOUS MEATUS	303	AVULSION	
PULMONARY ARTERY	94	EYE	388
PULMONARY VALVE	152	TOOTH	639
RECTUM	77	AXE GRINDERS' DISEASE	477
SALIVARY DUCT	98	AXENFELD'S ANOMALY	462
TRACHEA	110	AYERZA'S DISEASE	434
TRICUSPID	149	AZOOSPERMIA	513
URETER	365	AZTEC EAR	615
URETHRA	99	BACKACHE	578
VAGINA (ACQUIRED)	463	BACTERICHOLIA	363
VEIN, CARDIAC	97	BACTERID (PUSTULAR)	351
ATRIOVENTRICULARIS COMMUNE	105	BAGASSOSIS	477
ATROPHIA CUTIS SENILIS	618	BAKER'S	
ATROPHIC HAIR	629	DERMATITIS	637
ATROPHODERMA	618	ITCH	536
ATROPHY		BALANITIS	528
ADRENAL	9	VENEREAL	202
ALVEOLAR RIDGE (EDENTULOUS)	555	BALDNESS	629
BILIARY TRACT	155	BALINT'S SYNDROME	
BLANCHE	618	CORRECTIVE LENSES FOR	497
BREAST	577	RADIAL KERATOTOMY FOR	710
CERVIX (SENILE)	625	BALLOONING POSTERIOR LEAFLET SYNDROME	316
CYSTIC DUCT	645	BALO'S CONCENTRIC SCLEROSIS	442
DEGENERATIVE	618	(See Also DYSFUNCTION, NEUROMUSCULAR)	
FALLOPIAN TUBE (ACQUIRED)	485	BAMBERGER-MARIE DISEASE (HYPERTROPHIC	
GALLBLADDER	645	PULMONARY OSTEOARTHROPATHY)	700
GLOBE	405	BAMBOO SPINE (ANKYLOSING SPONDYLITIS)	
IRIS	702	MEDICAL THERAPY & INJECTIONS FOR	369
KIDNEY (CONGENITAL)	99	REPLACEMENT AORTIC VALVE FOR	310
LACRIMAL	541	BANCROFT'S FILARIASIS	386
MUSCULAR		BAND	
PROGRESSIVE		CERVIX	656
(See DYSFUNCTION, NEUROMUSCULAR)		GALLBLADDER	479
SPINAL		PERITONEAL	558
(See DYSFUNCTION, NEUROMUSCULAR)		VAGINA	463
NUTRITIONAL	239	BAR, CALCANEONAVICULAR	557
OLIVOPONTOCEREBELLAR	344	BARCOO DISEASE	350
(See Also DYSFUNCTION, NEUROMUSCULAR)		BARITOSIS	477
OPTIC NERVE		BARODONTALGIA	360
SYPHILITIC	309	BAROTRAUMA, SINUS	542
ORBIT	402	BARTHALONITIS	512
OVARY (ACQUIRED)	485	BARTONELLOSIS	445
PANCREAS	461	BASAN'S ECTODERMAL DYSPLASIA	695
PAPILLARY MUSCLE	699	BASEBALL FINGER	626
PENIS	528	BAT EAR	615
PIGMENTARY PALLIDAL	344	BATEMEN'S PURPURA	595
(See Also DYSFUNCTION, NEUROMUSCULAR)		BATHING CRAMP	360
PROSTATE	672	BATHOPHOBIA	520
SALIVARY GLANDS	704	BATTERED	
STRIATONIGRAL	344	BABY OR CHILD SYNDROME	240
(See Also DYSFUNCTION, NEUROMUSCULAR)		PERSON SYNDROME	240
TESTIS	698	SPOUSE SYNDROME	240
THENAR (PARTIAL)	521	BATTLE EXHAUSTION	241
THYMUS	680	BAUMGARTEN-CRUIVEILHIER DISEASE (NON-ALCOHOLIC	
THYROID	164	CIRRHOSIS)	
TONGUE	631	LIVER TRANSPLANT FOR	109
VULVA	223	BAUXITE FIBROSIS	477
		BEADED HAIR (CONGENITAL)	629

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CONDITION	LINE	CONDITION	LINE
BEATS		BLISTER	
ECTOPIC	320	INFECTED	422
PREMATURE	320	WITHOUT INFECTION	687
BEAU'S LINES	629	BLOCK	
BEDNAR'S APHTHAE	685	ATRIOVENTRICULAR (CONGENITAL)	174
BEDSORE	350	AVEOLAR CAPILLARY	478
BEER-DRINKERS' HEART	206	HEART	
BELL'S		ACQUIRED	320
PALSY	549	CONGENITAL	97
NEWBORN	74	CONGENITAL	174
BENDS	318	BLOOD	
BENNETT'S		POISONING	47
FRACTURE		PRESSURE	
CLOSED	460	HIGH	188
OPEN	131	LOW	584
LEUKEMIA	134	VOMITING	194
BENT NOSE (CONGENITAL)	612	BLUE	
BERIBERI (THIAMINE DEFICIENCY)	239	DRUM SYNDROME	421
BERLIN'S DISEASE	687	SCLERA	462
BERLOQUE DERMATITIS(SOLAR)	536	BLURRING, VISUAL	
BERYLLIOSIS	477	CORRECTIVE LENSES FOR	497
BETA THALASSEMIA	173	RADIAL KERATOTOMY FOR	710
BETA-MERCAPTOLACTATE-CYSTEINE DISULFIDURIA	200	BOCKHART'S IMPETIGO	629
BEZOAR	23	BODY ROCKING	467
BEZOLD'S ABSCESS	36	BOERHAAVE'S SYNDROME	25
BICORNuate UTERUS	604	BOGGY CERVIX	625
BICUSPID AORTIC VALVE	195	BOIL	351
BIERMER'S ANEMIA	254	BORDERLINE	
BIPID		PELVIS	54
APEX, HEART	97	PSYCHOSIS	159
KIDNEY	99	BOTALLI, DUCTUS	103
TONGUE	657	BOTULISM	199
URETER	99	BOUFFEE DELIRANTE	186
UTERUS	604	BOUTONNEUSE FEVER	48
UVULA	377	BOWLEG	
BIFURCATION OF GALLBLADDER	479	ARTHROSCOPIC REPAIR FOR	605
BIPARTA PATELLA		OSTEOTOMY FOR	472
ARTHROSCOPIC SURGERY FOR	605	BOYD'S DYSENTERY	294
MEDICAL THERAPY FOR	634	BRACHYCEPHALY	51
OSTEOTOMY FOR	556	BRADLEY'S DISEASE	652
BIPOLAR AFFECTIVE DISORDER	161	BRANCHED-CHAIN AMINO-ACID DISEASE	200
BIRD FANCIERS' LUNG	477	BRANDT'S SYNDROME	351
BIRTH		BRASS-FOUNDERS' AGUE (FATIGUE)	249
COMPLICATION	74	BRAXTON HICKS CONTRACTIONS	54
CONTROL	53	BRAZILIAN	
MULTIPLE	55	BLASTOMYCOSIS	306
PREMATURE	70	LEISHMANIASIS	48
SINGLE	55	BREAK, RETINAL	392
BIRTHMARK	695	BREECH PRESENTATION	54
BISALBUMINEMIA	325	BRENNER'S TUMOR	
BITE, INSECT		BENIGN	428
EYELID	400	MALIGNANT, TREATABLE	226
NONVENOMOUS		BREUS' MOLAR PREGNANCY	457
INFECTED	422	BRICKLAYER'S DERMATITIS	536
WITHOUT INFECTION	687	BRISSAUD'S MYXEDEMA	
BLACK		INFANTILISM	319
EYE	687	MOTOR-VERBAL TIC	265
LUNG DISEASE	477	BRITTLE NAILS	629
BLACKHEAD	538	BRODIE'S ABSCESS	208
BLACKWATER FEVER	171	BROKEN	
BLASTOMYCOSIS	306	ARCHES	571
BLEB	660	NOSE	342
EMPHYSEMATOUS	281	TOOTH, WITHOUT COMPLICATION	658
BLEEDER	20	BROMHIDROSIS	651
BLEEDING		BROMHIDROSIPHOBIA	520
EXCESSIVE		BROMISM	
ASSOCIATED WITH ONSET OF MENOPAUSE	458	ACUTE	249
ASSOCIATED WITH ONSET OF PUBERTY	458	CHRONIC	184
INTERMENSTRUAL	458	BRONCHIECTASIS	476
IRREGULAR	458	CONGENITAL	90
OVULATION	458	BRONCHIOLECTASIS	476
POSTCOITAL	513	BRONCHIOLITIS	
BLENNORRHEA		ACUTE	288
ACUTE	202	CHRONIC	561
GONOCOCCAL	410	OBLITERATIVE, DUE TO FUMES AND VAPORS	128
BLEPHARELOSIS	416	BRONCHITIS	
BLEPHARITIS	616	ACUTE	288
BLEPHAROCHALASIS, WITH VISION IMPAIRMENT	519	ASTHMATIC (CHRONIC)	281
BLEPHAROCONJUNCTIVITIS	663	CHEMICAL	128
BLEPHAROPHIMOSIS	519	CHRONIC	561
BLEPHAROPTOSIS	519	EMPHYSEMATOUS	281
BLEPHAROPYORRHEA	410	BRONCHOALVEOLITIS	17
BLEPHAROSPASM	344	BRONCHOASPERGILLOSIS	306
BLIGHTED OVUM	457	BRONCHOCHEMISPOROSIS	130
BLIND		BRONCHOLITHIASIS	90
LOOP SYNDROME	252	BRONCHOPNEUMONIA	17
SPOT, ENLARGED	497	INFLUENZAL	652
BLINDNESS		BRONCHOPULMONARY DYSPLASIA	201
HYSTERICAL		BRONCHORRHEA	
ADULT	592	ACUTE	288
CHILD	424	CHRONIC	561
NIGHT	497	BRONCHOSPASM	110
SNOW	397	BRONCHOSTENOSIS	110
TRAUMATIC	342		

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<u>CONDITION</u>	<u>LINE</u>	<u>CONDITION</u>	<u>LINE</u>
BRONZE		CALCULUS	
DIABETES	282	GALLBLADDER (CONT'D)	
DISEASE	9	WITHOUT CHOLECYSTITIS	645
BROW PRESENTATION COMPLICATING DELIVERY	54	GALLBLADDER AND BILE DUCT	363
BROWN'S (TENDON) SHEATH SYNDROME	462	KIDNEY	362
BRUCELLOSIS	341	CONGENITAL	99
BRUG'S FILARIASIS	386	LOWER URINARY TRACT	362
BRUISE		PANCREAS	461
ADNEXA	687	PROSTATE	672
EYE	687	SALIVARY GLAND	543
FETAL AND NEONATAL	72	STAGHORN	362
LIMB	687	TONSIL	452
NECK	687	URETER	359
SCALP	687	URETHRA	364
TRUNK	687	CALIFORNIA	
BRUTON'S X-LINKED AGAMMAGLOBULINEMIA	459	DISEASE	306
BRUXISM	591	ENCEPHALITIS	444
BUBO (INGUINAL)	202	CALIGO CORNEA	408
BUBONIC PLAGUE	341	CALLOSITY	654
BUERGER'S DISEASE	29	CALLUS	654
BULBUS CORDIS	95	CAMEROON FEVER	171
BULGING FONTANELS	51	CANCERPHOBIA	520
BULIMIA (NONORGANIC)	373	CANCRUM ORIS	244
BULLA	660	CANDIDIASIS, CANDIDAL	
LUNG	281	DISSEMINATED	305
BULLIS FEVER	48	ENDOCARDITIS	305
BUNDLE, BRANCH BLOCK	320	ESOPHAGITIS	168
BUNION	557	LUNG	305
BUPHTHALMOS	462	MENINGITIS	305
BURIED ROOTS	354	NEONATAL	82
BURKITT'S TUMOR	122	ORAL	630
BURN		IN IMMUNOCOMPROMISED HOSTS	168
EYE	162	PNEUMONIA	305
FIRST DEGREE	632	SKIN	630
FRICTION, WITHOUT INFECTION	687	SYSTEMIC	305
MINOR	632	UROGENITAL SITES, IN IMMUNOCOMPROMISED HOSTS	168
SECOND DEGREE		VAGINA	527
WITH VITAL SITE		VULVA	527
<10% OF BODY	40	CANKER SORE	685
WITHOUT VITAL SITE		CAP, CRADLE	536
10%-30% OF BODY	196	CAPILLARIASIS	386
>30% OF BODY	40	CAPSULAR LIGAMENT OF KNEE	626
>30% OF BODY	40	CAPSULITIS	
THIRD DEGREE		ADHESIVE, OF SHOULDER	505
WITH VITAL SITE		MEDICAL THERAPY	573
<10% OF BODY	40	SURGERY FOR	572
>10% OF BODY	162	CAPUT	
WITHOUT VITAL SITE		CREPITUS	51
10%-30% OF BODY	196	SUCCEDANEUM	74
>10% OF BODY	162	CAR SICKNESS	360
BURSITIS		CARBOXYHEMOGLOBINEMIA (CARBON MONOXIDE POISONING)	
MEDICAL THERAPY	573	MEDICAL THERAPY FOR	249
OCCUPATIONAL	628	HYPERBARIC OXYGEN FOR	318
SURGERY FOR	572	CARBUNCLE	
SYPHILITIC	309	EYELID	351
BURY'S DISEASE	664	KIDNEY	28
BWAMBA FEVER	444	LACRIMAL	541
BYSSINOSIS	477	SKIN	351
CACHEXIA, PITUITARY	441	VULVA	512
CAFE AU LAIT SPOTS	695	CARCINOID SYNDROME	274
CAISSON DISEASE	318	CARCINOMA	
CAKED BREAST	54	BASAL CELL	346
CALCANEAL SPUR		IN SITU	
MEDICAL THERAPY	573	ACCESSORY SINUSES	234
SURGERY FOR	572	ANAL CANAL	270
CALCANEOPOPHYSTITIS	557	BILE DUCTS	491
CALCANEONAVICULAR BAR	557	BLADDER	232
CALCICOSIS	477	BREAST	225
CALCIFEROL DEFICIENCY (AVITAMINOSIS D)	239	BRONCHUS	272
CALCIFICATION		CERVIX	268
ADRENAL	9	COLON	270
BLADDER	431	ENDOCRINE GLANDS	274
BRONCHUS	110	EYE	193
CEREBRAL		GALLBLADDER	491
(See DYSFUNCTION, NEUROMUSCULAR)		GLOTTIS	234
HETEROTOPIC, POSTOPERATIVE		LARYNX	234
(See DYSFUNCTION, NEUROMUSCULAR)		LIP	221
LUNG	90	LUNG	272
MUSCLE	673	MIDDLE EAR	234
(See Also DYSFUNCTION, NEUROMUSCULAR)		NASAL CAVITIES	234
PERICARDIUM	111	ORAL CAVITY	221
CALCIFICATION		PENIS	228
PLEURA	598	PHARYNX	221
SUBCUTANEOUS	660	PLEURA	234
TRACHEA	110	PROSTATE	273
CALCINOSIS		RECTUM	270
CIRCUMSCRIPTA	660	SKIN	331
CUTIS	660	STOMACH	276
CALCULUS		TRACHEA	272
BILE DUCT	363	URINARY ORGANS	275
BLADDER	362	UTERUS	192
CYSTIC DUCT	363	SQUAMOUS CELL	346
GALLBLADDER		VENTRICULI	276
WITH CHOLECYSTITIS	363	CARCINOMAPHOBIA	520

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<u>CONDITION</u>	<u>LINE</u>	<u>CONDITION</u>	<u>LINE</u>
CARDIOMEGALIA GLYCOGENICA DIFFUSA	207	CERVICITIS	513
CARDIOMEGALY		TUBERCULOUS	309
CONGENITAL	97	CERVICOBRACHIAL SYNDROME (DIFFUSE)	521
HYPERTENSIVE	188	CERVICOCOLPITIS	513
CARDIOMYOPATHY		CERVICOCRANIAL SYNDROME	570
HEART TRANSPLANTATION FOR	154	CESAREAN SECTION	54
MEDICAL THERAPY FOR	206	CESTODE INFECTION (TAPEWORM)	248
CARDIONEUROSIS	591	CHAFING	660
CARDIOPATHY, HYPERTENSIVE	188	CHAGAS' DISEASE	
CARDIOPERICARDITIS	111	WITH HEART INVOLVEMENT	206
CARDIOPHOBIA	520	WITHOUT HEART INVOLVEMENT	171
CARDIORRHEXIS	261	CHAGRES FEVER	171
CARDIOSPASM	475	CHALAZION	550
CONGENITAL	98	CHALAZODERMA	695
CARDITIS		CHALCOSIS	405
COXSACKIE	652	CORNEA	408
RHEUMATIC (ACUTE)	38	CHALICOSIS	477
RHEUMATOID	369	CHANCRE	
CARIES		DUCREY'S	202
BONE	309	GENITAL	52
DENTAL	495	SIMPLE	202
WITH PERIAPICAL INFECTION	483	SOFT	202
CARNOSINEMIA	200	CHANCRIFORM SYNDROME	306
(See Also DYSFUNCTION, NEUROMUSCULAR)		CHANCROID	202
CAROTID SINUS SYNDROME	112	CHANDIPURA FEVER	444
CAROTIDYDNYA	112	CHANDLER'S DISEASE	634
CARPAL TUNNEL SYNDROME	521	CHANGUINOLA FEVER	444
CARRIER, INFECTIOUS DISEASE		CHAPPING SKIN	660
BIRTH TO AGE 10	141	CHARACTER, DEPRESSIVE	638
OVER AGE OF 10	181	CHARCOT'S	
CARUNCLE		DISEASE	309
CONJUNCTIVA	531	SYNDROME	667
EYELID	616	CHARCOT-MARIE-TOOTH DISEASE	
LACRIMAL	569	(See DYSFUNCTION, NEUROMUSCULAR)	
URETHRAL	564	CHECKUP	
VAGINA	512	HEALTH	
CASCADE STOMACH	194	BIRTH TO AGE 10	141
CASEATION LYMPHATIC GLAND	309	OVER AGE OF 10	181
CASTRATION, TRAUMATIC	375	PREGNANCY	54
CAT'S EAR	615	CHEESE ITCH	383
CAT-SCRATCH DISEASE	341	CHEESE WASHER'S LUNG	477
CATALEPSY	424	CHEILITIS	548
SCHIZOPHRENIC	159	CHEILODYNIA	548
CATAPHASIA	265	CHEILOPALATOSCHISIS	377
CATAPLEXY	347	CHEILOSCHISIS	377
CATARACT	406	CHEILOSIOSIS	548
SECONDARY	407	CHEIROPOMPHOLYX	651
CATATONIA	159	CHELOID	624
CAUDA EQUINA SYNDROME	140	CHEMOSIS OF CONJUNCTIVA	663
(See Also DYSFUNCTION, NEUROMUSCULAR)		CHIARI'S	
CAULIFLOWER EAR	600	DISEASE	39
CAUSALGIA		NETWORK	97
LOWER LIMB	570	CHICKENPOX	652
UPPER LIMB	665	CHIGGERS	383
CAVERNITIS	351	CHIGNON	567
CAVITATION OF LUNG	14	NEWBORN	74
CAVITY (TEETH)	495	CHIGOE DISEASE	383
CAVUS FOOT	473	CHIKUNGUNYA FEVER	444
CELIAC		CHILBLAINS	360
CRISIS	252	CHILDBED FEVER	54
DISEASE	252	CHINESE LIVER FLUKE DISEASE	386
INFANTILISM	252	CHIPPED TOOTH, WITHOUT COMPLICATION	658
CELLULITIS		CHLOASMA	695
LARYNX	448	EYELID	702
LIP	548	CHLOROMA	134
NASOPHARYNX	132	CHOCOLATE CYST	484
ORAL SOFT TISSUES	548	CHOKING, DUE TO SWALLOWED FOREIGN BODY	32
ORBITAL	49	CHOLANGIOCARCINOMA	491
PELVIC		CHOLANGIOLITIS	363
FEMALE	289	TYPHOID	47
PUERPERAL	54	CHOLANGIOMA	588
PERITONSILLAR	243	CHOLANGITIS	363
PHARYNX	132	DESTRUCTIVE, NONSUPPURATIVE (CHRONIC)	
SEMINAL VESICLE	430	LIVER TRANSPLANT FOR	109
SKIN	351	MEDICAL THERAPY FOR	438
VOCAL CORDS	653	CHOLECYSTITIS	363
CEMENTOMA	546	CHOLEDOCHOLITHIASIS	363
CENTRAL CORE DISEASE		CHOLELITHIASIS	
(See DYSFUNCTION, NEUROMUSCULAR)		WITH CHOLECYSTITIS	363
CEPHALGIA, HISTAMINE	450	WITHOUT CHOLECYSTITIS	645
CEPHALHEMATOCELE		CHOLEPERITONITIS	3
NEWBORN	74	CHOLERA	294
TRAUMATIC	687	CHOLESTEATOMA	469
CEPHALOCELE	86	CHOLESTEATOSIS	469
CEREBROMACULAR DEGENERATION	250	CHOLESTEROSIS	
CEREBROMALACIA	284	GALLBLADDER	363
CEREBROSIDOSIS	250	MIDDLE EAR	469
CERVICAL		CHOLOCOLIC FISTULA	363
RIB	642	CHONDRAL ECTODERMAL DYSPLASIA	
SYNDROME	570	(See DYSFUNCTION, NEUROMUSCULAR)	
SYNDROME	578	CHONDRO-OSTEODYSTROPHY	250
CERVICAL STENOSIS	625	CHONDROCALCINOSIS	483
CERVICALGIA	578	CHONDRODERMATITIS NODULARIS HELICIS	492

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CONDITION	LINE	CONDITION	LINE
CHONDROMALACIA	552	CLONORCHIOSIS	386
PATELLA	506	CLOSED BITE	641
CHORDAE TENDINEAE RUPTURE	19	CLOSURE	
CHORDEE		NOSE (CONGENITAL)	41
CONGENITAL	516	VAGINA	463
GONOCOCCAL	202	VULVA	625
NONVENEREAL	528	CLOT (BLOOD)	
CHORDITIS	653	ARTERY	29
CHOREA	344	BLADDER	431
RHEUMATIC	380	BRAIN	284
(See Also DYSFUNCTION, NEUROMUSCULAR)		HEART	261
CHORIOADENOMA (HYDATIDIFORM MOLE)	229	VEIN	39
CHORIOAMNIONITIS	54	CLOTTING DEFECT	20
CHORIOANGIOMA	471	CLOUDED STATE, EPILEPTIC	292
CHORIOCARCINOMA (FEMALE)	230	CLOUDY ANTRUM	480
CHORIOEPITHELIOMA	230	CLOUSTON'S ECTODERMAL DYSPLASIA	695
CHORIOMENINGITIS		CLUB	
LYMPHOCYTIC	603	FOOT	
(See Also DYSFUNCTION, NEUROMUSCULAR)		ACQUIRED	557
CHORIONITIS	259	CONGENITAL	473
CHOROIDOSIS, CENTRAL SEROUS	659	HAND	556
CHOROIDRETINOPATHY, SEROUS	659	NAIL (CONGENITAL)	629
CHRISTIAN-WEBER DISEASE	574	CLUTTON'S JOINTS	52
CHROMATOPSIA	497	COAGULATION	
CHROMHIDROSIS	651	DELAY	20
CHROMOBLASTOMYCOSIS	306	INTRAVASCULAR, DISSEMINATED (NEWBORN)	68
CHROMOPHYTOSIS	567	COAGULOPATHY	255
CHROMOTRICHOMYCOSIS	567	COAL MINERS' ELBOW	628
CHYLE CYST, MESENTERY	694	COAL WORKERS' PNEUMOCONIOSIS	477
CHYLOCELE	694	COALITION	
CHYLOMICRONEMIA	250	CALCANEUS	557
CHYLOPERICARDIUM (ACUTE)	111	TARSAL	557
CHYLOTHORAX		COARCTATION	
FILARIAL	386	PULMONARY ARTERY	94
NONFILARIAL	694	AORTA	
CHYLOUS ASCITES	694	BALLOON DILATION FOR	144
CHYLURIA, HYDROTHORAX (FILARIAL)	386	EXCISION OF	94
CICATRIX	660	COCAINISM	184
CERVIX (POSTPARTUM)	656	COCCIDIOIDOMYCOSIS	306
DUODENUM	194	COCCYGOXYNIA	578
TONSIL	452	COCKED-UP TOE	557
CINCHONISM (POISONING BY ANTIMALARIAL DRUGS)	249	COFFEE WORKERS' LUNG	477
CIRCULAR HYMEN	464	COLTUS, PAINFUL (FEMALE)	559
CIRCULATING ANTICOAGULANTS	20	COLD	
FOLLOWING CHILDBIRTH	54	ALLERGIC	597
CIRCULUS SENILIS	408	COMMON	649
CIRCUMCISION, ROUTINE OR RITUAL	587	INJURY SYNDROME (NEWBORN)	71
CIRRHOISIS		SENSITIVITY, AUTOIMMUNE	116
BILIARY		COLDSORE	614
LIVER TRANSPLANT FOR	109	COLIBACILLOSIS (GENERALIZED)	47
MEDICAL THERAPY	438	COLIC	
CHOLANGITIC		APPENDICULAR	12
LIVER TRANSPLANT FOR	109	GASTRIC	562
MEDICAL THERAPY FOR	438	HEPATIC (RECURRENT)	363
CHOLESTATIC	438	MUCOUS	562
FLORID		VIRUS	649
LIVER TRANSPLANT FOR	109	COLITIS	
MEDICAL THERAPY FOR	438	ALLERGIC	589
HEMOCHROMATOSIS	282	AMEBIC (NONDYSENTERIC)	340
LAENNEC'S		INFECTIOUS	294
LIVER TRANSPLANT FOR	109	ISCHEMIC (ACUTE)	126
MEDICAL THERAPY FOR	438	MUCOUS	562
PORTAL		PSYCHOGENIC	427
LIVER TRANSPLANT FOR	109	NONINFECTIOUS	589
MEDICAL THERAPY FOR	438	RADIATION	589
CITRULLINEMIA	200	REGIONAL	293
(See Also DYSFUNCTION, NEUROMUSCULAR)		SEPTIC	294
CIVATTE'S POIKILODERMA	695	ULCERATIVE	293
CLAUDICATION (INTERMITTENT)		PSYCHOGENIC	427
ARTERIAL	667	COLLAGEN DISEASE	335
VENOUS	267	COLLAGENOSIS	335
CLAUSTROPHOBIA	520	CARDIOVASCULAR	206
CLAW		COLLAPSE	
FOOT (ACQUIRED)	473	DUE TO SURGICAL PROCEDURE	145
HAND (ACQUIRED)	486	EAR CANAL, EXTERNAL	530
TOE (ACQUIRED)	473	HEAT	360
CLEFT		LUNG	317
CRICOID CARTILAGE, POSTERIOR (CONGENITAL)	110	PULMONARY	317
HAND (CONGENITAL)	473	PERINATAL	59
LIP	377	COLLES' FRACTURE	
PALATE		CLOSED	460
REPAIR	377	OPEN	131
WITH AIRWAY OBSTRUCTION	110	COLLODION BABY	693
WITH CLEFT LIP	377	COLOBOMA	462
THYROID CARTILAGE (CONGENITAL)	110	COLOPTOSIS (INTESTINE PERFORATION)	25
UVULA	377	COLORADO TICK FEVER	444
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