MINUTES
HEALTH SERVICES COMMISSION
January 23, 2003

***Members Present*:** Eric Walsh, MD, Chair Pro Tem; Bryan Sohl, MD; Daniel Mangum, DO; Donalda Dodson, RN; Ellen Lowe; Dave Arnold; Dan Williams; Jono Hildner (via phone).

Members Absent: Andrew Glass, MD, Chair; Kathy Savicki, LCSW.

Staff Present: Darren Coffman; Kathleen Weaver, MD; Laura Lanssens.

Also Attending: Tom Turek, MD and Jim Edge, Office of Medical Assistance Programs (OMAP); Deborah Loy, Capitol Dental Care; Diane Lund-Musikant, Oregon Health Forum.

I. Call to Order

In Dr. Glass' absence, Dr. Eric Walsh, Chair Pro Tem, called to order the Health Services Commission at 1:15 pm in Room W112 of the Clackamas Community College, Wilsonville Training Center, 29353 Town Center Loop East, Wilsonville, OR. Darren Coffman noted attendance.

II. Approval of Minutes (September 26, 2002)

The minutes of September 26, 2002 were approved as submitted with a single correction on page 4, paragraph 7, changing "chair" to "child."

III. Chair Pro Tem's Report – Eric Walsh

In the interest of time, Dr. Eric Walsh postponed his report until later in the meeting. The Commission did not return to this agenda item.

IV. Report from Health Outcomes Subcommittee – Eric Walsh

Dr. Eric Walsh recapped the work of the Health Outcomes Subcommittee (HOSC) at their December 13, 2002 and January 23, 2003 meetings.

Dr. Kathleen Weaver will work with a neurologist at OHSU in drafting a guideline on the use of Vagus nerve stimulators for refractory epilepsy. A guideline for spinal stenosis was finalized by defining the population eligible for services as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication or

radicular symptomatology. An informational item was also received involving the use of monoclonal antibodies for the treatment of refractory neuroblastoma. The treatment still appeared to be experimental as only 30 cases in a single location could be identified. OMAP did not approve the one request that it had received.

Dr. Walsh then proceeded to go over the recommendations developed by the Subcommittee on interim changes to the Prioritized List to reflect new CPT codes, new HCPCS codes, and non-pairings of appropriate ICD-9-CM and CPT codes. Please see the minutes of the December 2002 and January 2003 HOSC meetings for a detailed account of these recommendations. The only additional item is that a new CPT code (99299) for subsequent care of a recovering low birthweight infant with a present body weight of 1500-2500 grams), which is to be added to the medical therapy CPT code ranges for inclusion on line 71, Low Birth Weight (Under 2500 Grams). The final recommendations adopted unanimously by the full HSC, including the guideline on spinal stenosis, appear as Attachment A.

Dr. Kathleen Weaver then reported on the results of a poll she took of the Health Outcomes Subcommittee members on which line items should be viewed as potential candidates for an evidence-based review. The top 10 treatments they would like to see additional information on were:

1. Bone Marrow/Stem Cell Transplants
2. Liver Transplantation Post-Hepatitis C
3. Repeat Organ Transplant
4. Arthroscopy
5. Low Birthweight Babies
6. Fetal Surgery
7. Lung Reduction Surgery
8. Rhinoplasty
9. Sleep Apnea Diagnosis & Treatment
10. PE Tubes

A gross estimate of procedure costs and frequency of use can give an idea of the potential impact from limiting or eliminating these services. It was pointed out that the HSC had already developed guidelines for PE tubes and that lung reduction surgery was not thought to be currently on the list, so some revisions to this list would probably be appropriate. Dave Arnold indicated that he went to the mental health portion on the Governor's Prescription Drug Conference held in October and wondered if an evidence-based review process could be applied to this service area. Dr. Walsh said that it is harder to measure outcomes in the field of mental health. Still, everyone is being put on the newer atypical anti-psychotics and high utilization still occurs for SSRIs other than generic Prozac, which are at a significantly higher price.

V. OHP Update

Dr. Walsh prefaced the remainder of the meeting by referring to a diagram he drew on a marker board. It showed the HSC options as either being reactive to changes made by the legislature to the OHP (in which case the HSC may either asked to be a part of the process or not) or being proactive in making or suggesting changes to the prioritization process (in which there might be a better chance of HSC input being incorporated). He asked the HSC members to keep these options in mind during the day's presentations and that he will revisit these options during the discussion period.

Jim Edge, Acting Deputy Administrator of OMAP, then began an update on the status of the Oregon Health Plan. He provided three handouts, "Upcoming Oregon Health Plan Changes" (see Attachment B), "January 2003 DHS Budget Reduction Actions" (Attachment C), and "Income Eligibility Across Programs" (Attachment D), but most of the presentation was focused on the information provided in Attachment B.

Mr. Edge proceeded to go through the list of OHP changes occurring in January-March 2003, with an indication of what prompted those changes (i.e. 2001 legislative action, November rebalance, or December revenue forecast). Please see Attachment B for the full list of these changes that he described.

In particular, there was discussion around the voluntary copays implemented on January 1, 2003. Dr. Bryan Sohl indicated that there was a lot of confusion at the provider level as to who should be paying them and for what services. Mr. Edge explained that these copays apply to all OHP fee-for-service clients in the month of January and will apply to only the OHP Plus FFS clients as of February 1st. At that time, higher copays will be required of the OHP Standard clients. As for the services that are impacted, he said that in addition to the prescription drug copays there are $3 copay on most ambulatory services, but he did believe that such items as pregnancy related services were exempted. Mr. Edge also clarified that with the implementation of OHP2 in February, the new premium policy for OHP Standard clients will have a grace period of about two months. This compares to the current policy that allows clients six months to pay arrears.

At this time Mr. Edge detailed the list of cuts that will be necessary should Ballot Measure 28 fail at the polls (see page 2 of Attachment B). Dr. Walsh pointed out that the elimination of the Medically Needy program would mean the elimination of life-sustaining medications for transplant and HIV patients. Ellen Lowe noted that for those with disability payment above FPL, they couldn't quit their job in order to obtain OHP coverage.

Note: At this point in the meeting, Mr. Edge's presentation was interrupted in order to hear the scheduled presentation from Dr. Mark Helfand. For the reader's convenience, the conclusion of Mr. Edge's presentation is continued under Section VII, as this portion of his presentation led into the Commission's discussion on their next steps.

VI. Presentation on Evidence-based Review Process

Eric Walsh introduced Mark Helfand, MD, head of the OHSU Evidence-based Practice Center (EPC). Dr. Helfand said that there are 13 EPCs in the United States and Canada. Since the program began in 1997 there have been 200 subjects addressed. A handout list the topics addressed by the OHSU EPC and for whom those reviews were performed. They have typically focused on prevention and diagnostic technologies and just recently have expanded to include therapies.

He noted that the National Institutes of Health (NIH) Consensus Panel process is now run through the EPCs. States have also benefited from the process in cases such as a review of hyperbaric oxygen that was done as a result of a congressional request. The OHSU EPC did a large volume of work for the US Preventive Services Task Force, which actually served as the basis for the development of the EPC process. He directed the Commission and staff to the Agency for Healthcare Research and Quality at http://www.ahrq.org/ for a listing of all of the reviews performed at their direction.

Dr. Helfand said that the "evidence-based" label is being attached to almost anything now. A better name for what is done through the EPC process might be "best-evidence based research." The process employs a systematic review to remove bias from the evidence. The reality for the peer-reviewed journals is that if there are six studies of a particular topic and only one shows a positive result, which is the one that is likely to be published. Stronger evidence is more highly valued in the process. Case reports can provide good evidence, but randomized-controlled trials from population-based studies are optimal. There may also be external validity issues resulting in selection bias that are not readily apparent from reading a study. If registration for a study were held on the third floor of a building with the only access by stairs, a healthier sample population would be expected. There is also empirical evidence that shows that more favorable results are likely to be produced from a study if the funder is a co-investigator or collector of the data.

The EPC process also values health outcomes higher than intermediate indicators. For instance, lowering cholesterol is a good indicator to measure, but a reduction in heart attacks/strokes should be the real goal of treatment and the outcome to measure. Another statistic that can be misleading is the relative risk reduction due to treatment. Providing some medication might lower the chances of having a bad outcome by 50%, but if the probability of that outcome is already very low, then the number needed to treat to avoid such an outcome can be very high.

Dr. Helfand continued by saying that the EPC reports don't tell committees what to do, they just provide the level of evidence that is available. He understands that cost-minimization is being used as a tool for selection of the preferred drugs once the Health Resources Commission's process is completed, but the OHSU EPC has not provided any cost-effectiveness analysis. The key questions used by the EPC for conducting the review are provided by the committees. This may include important populations, outcomes of interest, etc. The EPC then seeks out relevant studies, assess their quality, extract the information that they hold, report those results in a standard format,

and discuss in the report the overall quality of the body of evidence as a whole. Other key steps to the process include a peer review of a draft of the EPC report and additional information that is requested from interested parties. The reports are then distributed to the public to see if a study was missed or was misinterpreted. After completion, the reports need to be periodically updated.

VII. Discussion on the Possible Use of an Evidence-based Review

Dr. Kathy Weaver commented that the openness of the HRC process has been similar to the work of the HSC. The problem that we face is that there are thousands of services represented by all of the medical codes on the 736 lines of the Prioritized List. The Health Outcomes Subcommittee has attempted to take an evidence-based approach when dealing with new technologies, but there hasn't been the chance to go back and review what was initially done by consensus when the list was first developed.

Dr. Helfand suggested that the HSC staff compare the list of potential services for review discussed earlier be compared to EPC reports, Blue Cross Blue Shield tech assessments, ECRI reports, and other evidence-based reports being done such as out of York, England. He mentioned that he is aware of some work done by Roger Chow on a recent screening study on hepatitis C and that the Johns Hopkins EPC completed a review last April on hepatitis C treatments. He also knows of a review done on prescription drugs for depression some years ago and believes one is currently underway on the atypical anti-psychotics.

He noted that the OHSU EPC sometimes takes money for their work and at other times does the work in the interest of the public good for an honorarium. Their contract for the first four drug classes under the HRC process was for $150,000 through competitive bidding. Their third contract now has funding coming from three different states. He thought the Commission should look at the hyperbaric oxygen review and one done on PET scans by ECRI for Medicare usage as the best examples of what the HSC might be seeking.

Ellen Lowe asked Dr. Helfand about the timelines for these kinds of reports. He replied that it can take up to a year, as was the case in an echocardiogram review they did, or as little as three months as will be the case in their current review of skeletal muscle relaxants. The determining factors are the amount of time it takes to develop the key questions and the number of studies that need to be reviewed.

VIII. Potential Methods for Modifying OHP Standard Prioritized List Of Benefit Packages

Mr. Edge then outlined the Governor's Balanced Budget (GBB). This budget represents what he is required by law to produce. He will release a recommended budget at some later time. The GBB continues all of the aforementioned reductions plus eliminates all adult dental coverage; and includes no fee-for-service or managed care increases in

utilization, severity/mix of services, or price inflation. This is about 1/3 less than the Current Service Level (CSL) budget for OHP. Implementing this budget would probably mean giving up the OHP2 waivers, and possibly the original one as well.

He said that there is some competition among committees in the House and Senate as to who is going to have control over restructuring the OHP. The main questions are whether we can have a benefit package for an expansion population and, if so, what should it be. Also, can we continue to provide FHIAP through a waiver? If the benefit package is restructured the state will probably need to go back to CMS for a new waiver. One idea gaining interest is a benefit package similar to the Utah plan (i.e. primary care, limited pharmacy), possibly with the addition of some mental health. At the January E-board meeting it was also suggested that the Commission should revisit the OHP Standard list and break the packages up into finer components. There was some question as to how this would necessarily avert any cuts, as all optional services would be eliminated should Measure 28 fail.

Ellen Lowe believes it would be difficult to restore any lost services for the remainder of this biennium or for 2003-05. She believes that the House Audit and Human Services Budget Reform Committee chaired by Rep. Westlund and staffed by Rick Berkobian will be key in these discussions and does have "quality brain power."

Dr. Weaver asked where things stood in terms of moving the funding line 35 places on the Prioritized List? She indicated that the Medical Directors were in support of doing this rather than eliminating prescription drugs for OHP Standard. Jim Edge said that the problem is that these savings need to be achieved during the 2001-03 biennium and that the current Prioritized List includes some lines that would be included in this 35 line cut that they would have problems with (e.g. certain treatable cancers). As these lines are placed higher on the 2003-05 list, there would be a higher likelihood that we could gain approval after that list goes into implementation on October 1, 2003.

At this point, Dr. Walsh went around the room and asked each Commission member to indicate their thoughts on how the Commission should proceed.

Dan Williams is opposed to tinkering with the OHP Standard list because the financial situation won't get better in near future and it would be pointless. He believes the HSC should be proactive and attempt to influence the legislature.

David Arnold concurs that we shouldn't tinker but believes that the HSC should watch what the legislature does; particularly looking at how their actions affect non-profit hospitals vs. proprietary long-term care facilities that pay taxes.

Jono Hildner agrees that the HSC shouldn't tinker with the list and believes the Commission should attempt to be proactive only if there is a reception for our participation among the Legislative Leadership and Governor.

Ellen Lowe doesn't totally reject tinkering with the list insomuch as the HSC should always be looking for more efficient ways to improve health. Ms. Lowe suggested that

the HSC should communicate with the chairs of the five legislative committees on health care. This letter should be copied to Bruce Goldberg, Governor Kulongoski, Erinn Kelley-Seil, Jean Thorne, and Lynn Read. It should outline the Commission's commitment to maintaining services to improve or maintain the health status of neediest Oregonians and the HSC's willingness to participate in a process towards that end. Mr. Arnold thought that the letter should include the signatures of all HSC members to show the diversity of the membership (professional and non-professional).

Dr. Bryan Sohl thought the Commission should go back to redesigning OHP Standard. He is uncomfortable with excluding all hospital care and thought the package should include some catastrophic coverage.

Dr. Eric Walsh also favors a proactive approach and offered that the Commission could institutionalize tinkering through a systematic review as that offered by the evidence-based process.

Dr. Dan Mangum agreed with most of what had already been said. He is afraid of being ignored in a manner similar to what happened during the development of the OHP Standard benefit package.
Donalda Dodson addressed the need to maintain a comprehensive benefit package. Services shouldn't be cherry-picked from the package just because it is easy to do so.

The Commission concurred that staff should draft the letter suggested by Ms. Lowe, which indicated the appropriateness for the HSC to be involved in the process beginning to take shape. The letter should be out for review by the 1st of February to coincide with Dr. Glass' return from his travels abroad. The letter should then be sent as soon as possible in order to allow it to be considered as the process is taking shape. The HSC agreed to hold their next meeting during the first part of March and in Salem in order to make it easier for legislators to attend.

IX. Director's Report

Darren Coffman announced that a final draft version of the new ICD-10-CM codebook has been published and acquired by the office. As was the plan when the first draft was released in 1997, the Mental Health Care and Chemical Dependency Subcommittee will look at crosswalking the MHCD lines in order to refine the process, then the Health Outcomes Subcommittee will look at converting the physical health lines once official notification of the codes are published in the Federal Register, which isn't expected until sometime after October 1, 2003.

Draft copies of Chapters 2 and 3 of the 2003 Biennial Report were distributed for review. These two chapters make up the bulk of the body of the report and the remainder of the report will be sent out as soon as it is completed sometime in February.

X. HRC Update

Dr. Kathleen Weaver reported that Sarah Fryberger, MD, has retired from practice and has resigned as Director of the Health Resources Commission (HRC). Also, Dr. John Santa is no longer the Administrator for the Office for Oregon Health Policy & Research and Bruce Goldberg, MD will be taking his place effective February 1, 2003. Dr. Santa will be staying on as a contractor to complete the work with the HRC on the work begun on ACE inhibitors, beta-blockers, and calcium-channel blockers.

Dr. Weaver said that the shift in market trends for the preferred drugs has peaked at 25% and there is an analysis underway to determine why that number is so low. Legislators are now pushing for a prior authorization process to be developed. She would like to see this limited to targeting those providers who aren't using the Preferred Drug List (PDL). Finally, she indicated that the reports on proton pump inhibitors (PPIs) triptans, and estrogens should be completed by the end of the week.

XI. OMAP Issues

No OMAP issues were presented.

XII. Other Business

No other business was introduced at this time.

XIII. Public Comment

No public comment was given.

XIV. Adjournment

Dr. Walsh adjourned the HSC meeting at 4:15 pm. The next HSC meeting will be held Thursday, March 6, 2003, 11 :00 am to 4:00 pm in Conference Room A, in the Basement of the Public Service Building, 255 Capitol Street NE, Salem, OR.

_____

Eric Walsh, MD, Chair

Oregon
Theodore R. Kulongoski, Governor

Health Services Commission
5th Floor, Public Service Building
255 Capitol Street NE
Salem, OR 97310
(503) 378-2422, Ext. 417
FAX (503) 378-5511

January 31, 2003

The Honorable Peter Courtney
Senate President
Oregon State Senate
State Capitol S-203
900 Court St NE
Salem, OR 97301

Dear Senator Courtney:

The Health Services Commission of the Department of Administrative Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), several interim modifications have been made to the May 14, 2001, Prioritized List of Health Services.

These changes do not include any alteration in the ranking of line items on the list, nor do they affect the total number of lines on the list, which remains at 736. Therefore, in accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachment A will supersede the previous definition of these lines.

These interim modifications include the placement of CPT-4 codes to indicate appropriate condition/treatment pairings previously not appearing on the list (131 changes) and the placement of new CPT-4 (239 changes) and Health Care Procedure Coding System (HCPCS) (31 changes) codes not previously appearing on the list. In addition, three changes relate to the deletion of obsolete CPT codes.

Beginning on December 1, 2001, the Office of Medical Assistance Programs (OMAP) began reviewing appropriate ICD-9-CM diagnosis code and CPT-4 procedure code combinations that did not currently pair on the list. Beginning with notifications sent on March 1, 2002, interim modifications to the Prioritized List include the addition of new pairings of codes, when appropriate, that are forwarded to the Commission by OMAP. This will usually include the addition of a CPT-4 codes that already appear elsewhere on the List to another line item. It is not expected that these changes will involve a financial impact as OMAP has been reimbursing for these services in the past. Additionally, most of these services are already included in the capitation rates for contracted managed care plans due to the methodology used by the independent actuary.

Beginning with this notification, changes will made to the Prioritized List in order to implement the Health Insurance Portability and Accountability Act (HIPAA). This will include the addition of some CPT-4 and HCPCS codes that will take the place of the local codes (OMAP "unique codes") that currently appear on the List. This notification includes the addition of one CPT code and eight HCPCS codes for maternity services to line 55. Unique codes on lines 54, 55, 144, and 300 are also to be deleted, but in these cases the CPT-4 codes to which they crosswalk already appear on those lines. These changes related to HIPAA regulations have not been

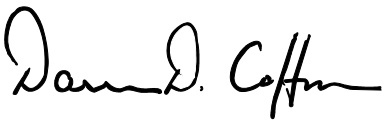
approved by the Health Services Commission, but approval is expected at their March meeting. Consider this to be the final notification for these changes. If these changes should not be approved by the Commission in March, you will receive separate notification to that effect.

Commission approval of two more changes involving services related to smallpox are also expected in March. While a recommendation for these changes was made by the Health Outcomes Subcommittee at their December meeting, this item was mistakenly left off of the agenda for the January full Commission meeting. The treatment of smallpox was initially omitted from the Prioritized List implemented in February 1994 as the disease had been eradicated since 1977. The Health Outcomes Subcommittee believes that recent global developments warrant the inclusion of these services on the list should they become necessary. The treatment of smallpox is being added to line 207 until a new line can be created for it during the next biennial review. Complications of the vaccination for smallpox are being added to, and will remain on, line 148. The Commission considers all vaccinations to be ancillary and their coverage is dictated in accordance with the guidelines of the Advisory Commission on Immunization Practices (ACIP), which currently recommend Notice of smallpox vaccinations for "first responders" only. Again, consider these changes to go into effect with all others being given notice unless you receive a separate notice prior to their implementation date.

The changes appearing in Attachment A are being forwarded to OMAP who, in consultation with an independent actuarial firm, will determine if these changes involve any significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, OMAP will determine the effective date for these changes. In the event the technical changes are determined to impact the funding level of this list as defined by OMAP's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Emergency Board.

The Health Services Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,



Darren D. Coffman
Director

Enclosure

cc: Health Services Commission
Lynn Read

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003.

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 1

ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
ADD	62148	RETR BONE FLAP TO FIX SKULL

Diagnosis: TYPE I DIABETES MELLITUS
Treatment MEDICAL THERAPY
Line: 2

ADD	G0245	E&M FOR DM SENSORY NEUROPATHY+
ADD	G0246	E&M FOR DM SENSORY NEUROPATHY+
ADD	S9145	INSULIN PUMP INITIATION

Diagnosis: INJURY TO INTERNAL ORGANS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 10

ADD	44701	INTRA COLON LAVAGE ADD-ON

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment SURGICAL TREATMENT
Line: 21

ADD	35572	HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON & RECTUM
Treatment EXCISION, MEDICAL THERAPY
Line: 23

ADD	44206	LAP PART COLECTOMY W/STOMA
ADD	44310	ILEOSTOMY/JEJUNOSTOMY
ADD	44701	INTRA COLON LAVAGE ADD-ON

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE
Treatment SURGICAL TREATMENT
Line: 24

ADD	34833	EXPOSE FOR ENDOPRSTH, ILIAC
ADD	34834	EXPOSE, ENDOPROSTH, BRACHIAL
ADD	34900	ENDOVASC ILIAC REPR W/GRAFT
ADD	35572	HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN
Treatment BURR HOLES, CRANIECTOMY/CRANIOTOMY
Line: 31

ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
ADD	61322	DECOMPRESSIVE CRANIOTOMY
ADD	61323	DECOMPRESSIVE LOBECTOMY
ADD	61343	INCISE SKULL (PRESS RELIEF)
ADD	61623	ENDOVASC TEMPORY VESSEL OCCL

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS & ESOPHAGUS
Treatment REMOVAL OF FOREIGN BODY
Line: 32

	ADD	31500	INSERT OF EMERGENCY AIRWAY

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment THROMBECTOMY/LIGATION
Line: 39

	ADD	35572	HARVEST FEMOROPOPLITEAL VEIN
	ADD	37182	INSERT HEPATIC SHUNT (TIPS)

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL
Treatment CRANIOTOMY/CRANIECTOMY
Line: 52

	ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
	ADD	62148	RETR BONE FLAP TO FIX SKULL

Diagnosis: BIRTH CONTROL
Treatment CONTRACEPTION MANAGEMENT
Line: 54

	*DELETE	FPS01	ANNUAL FAMILY PLANNING VISIT
	*DELETE	FPS02	COMPREHENSIVE CONTRACEPTIVE COUNSELING

Diagnosis: PREGNANCY
Treatment MATERNITY CARE
Line: 55

	*ADD	59899	MATERNITY SERVICE (FOR LABOR MANAGEMENT ONLY)
	*ADD	G9001	COORDINATED CARE FEE, INITIAL RATE
	*ADD	G9002	COORDINATED CARE FEE, MAINTENANCE RATE
	*ADD	G9005	COORDINATED CARE FEE, RISK ADJ MAINTENANCE
	*ADD	G9006	COORDINATED CARE FEE, HOME MONITORING
	*ADD	G9009	COORDINATED CARE FEE, RISK ADJ MAINT, LVL 3
	*ADD	G9010	COORDINATED CARE FEE, RISK ADJ MAINT, LVL 4
	*ADD	G9011	COORDINATED CARE FEE, RISK ADJ MAINT, LVL 5
	*ADD	G9012	COORDINATED CARE FEE, RISK ADJ MAINT, OTHER
	*DELETE	MCD01	TOTAL OB CARE, CLINIC SETTING
	*DELETE	MCD02	TOTAL OB CARE, HOME SETTING
	*DELETE	MCD03	LABOR MANAGEMENT ONLY
	*DELETE	MCD04	MULTIPLE BIRTHS
	*DELETE	MCM01	OB INITIAL NEEDS ASSESSMENT
	*DELETE	MCM02	OB CASE MGMT, FULL SERVICE
	*DELETE	MCM03	OB CASE MGMT, PARTIAL SERVICE
	*DELETE	MCM04	OB HIGH RISK CASE MGMT (FULL)
	*DELETE	MCM05	OB HIGH RISK CASE MGMT (PARTIAL)
	*DELETE	MCM06	OB NUTRITIONAL COUNSELING
	*DELETE	MCM07	OB HOME SERVICES

*PENDING APPROVAL AT MARCH HSC MEETING

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

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

*DELETE	MCM08	OBSOLETE CODE
*DELETE	MCM09	OBSOLETE CODE

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
Treatment MEDICAL AND SURGICAL THERAPY
Line: 78

ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44210-44212	LAPARO TOTAL PROCTOCELECTOMY
ADD	44701	INTRA COLON LAVAGE ADD-ON
ADD	45340	SIG W/BALLOON DILATION
ADD	45386	COLONOSCOPE DILATE STRICTURE
ADD	49904	OMENTAL FLAP, EXTRA-ABDOM

Diagnosis: ADRENOGENITAL DISORDERS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 86

ADD	54690	LAPAROSCOPY, ORCHIECTOMY

Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS
Treatment SHUNT
Line: 87

ADD	61322	DECOMPRESSIVE CRANIOTOMY
ADD	61323	DECOMPRESSIVE LOBECTOMY
ADD	62160	NEUROENDOSCOPY ADD-ON
ADD	62161	DISSECT BRAIN W/SCOPE
ADD	62162	REMOVE COLLOID CYST W/SCOPE
ADD	62163	NEUROENDOSCOPY W/FB REMOVAL

Diagnosis: CORONARY ARTERY ANOMALY
Treatment REIMPLANTATION OF CORONARY ARTERY
Line: 101

ADD	33508	ENDOSCOPIC VEIN HARVEST
ADD	35572	HARVEST FEMOROPOPLITEAL VEIN

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

ADD	36825	ARTERY-VEIN GRAFT
ADD	36830	ARTERY-VEIN GRAFT

---

*PENDING APPROVAL AT MARCH HSC MEETING

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
Treatment BONE MARROW TRANSPLANT
Line: 118

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: HODGKIN'S DISEASE
Treatment BONE MARROW TRANSPLANT
Line: 120

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS
Treatment BONE MARROW TRANSPLANT
Line: 122

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: NON-HODGKIN'S LYMPHOMAS
Treatment BONE MARROW TRANSPLANT
Line: 124

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES
Treatment BONE MARROW RESCUE AND TRANSPLANT
Line: 125

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: HYDATIDIFORM MOLE
Treatment D & C, HYSTERECTOMY
Line: 126

ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment SURGICAL TREATMENT
Line: 127

ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44210-44212	LAPARO TOTAL PROCTOCELECTOMY
ADD	44701	INTRA COLON LAVAGE ADD-ON

Diagnosis: FRACTURE OF JOINT, OPEN
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 131

ADD	26665	TREAT THUMB FRACTURE

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

ADD	25310	TRANSPLANT FOREARM TENDON

Diagnosis: ARTERIAL ANEURYSM OF NECK
Treatment REPAIR
Line: 136

ADD	35572	HARVEST FEMOROPOPLITEAL VEIN

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

ADD	225.1	BENIGN NEOPLASM OF CRANIAL NERVES
ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
ADD	61517	IMPLT BRAIN CHEMOTX ADD-ON
ADD	61623	ENDOVASC TEMPORY VESSEL OCCL
ADD	62160	NEUROENDOSCOPY ADD-ON
ADD	62163	NEUROENDOSCOPY W/FB REMOVAL
ADD	62164	REMOVE BRAIN TUMOR W/SCOPE
ADD	62165	REMOVE PITUIT TUMOR W/SCOPE

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 143

ADD	22845	INSERT SPINE FIXATION DEVICE
ADD	62350	IMPLANT SPINAL CANAL CATH
ADD	62351	IMPLANT SPINAL CANAL CATH
ADD	62355	REMOVE SPINAL CANAL CATHETER
ADD	62365	REMOVE SPINE INFUSION DEVICE
ADD	62367	ANALYZE SPINE INFUSION PUMP
ADD	62368	ANALYZE SPINE INFUSION PUMP
ADD	64421	INJECTION FOR NERVE BLOCK

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

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

*DELETE	PHB01	OBSOLETE CODE
*DELETE	PHB02	OBSOLETE CODE

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 148

ADD	10140	DRAINAGE OF HEMATOMA/FLUID
ADD	26991	DRAINAGE OF PELVIS BURSA
ADD	27091	REMOVAL OF HIP PROSTHESIS
ADD	27486	REVISE/REPLACE KNEE JOINT
ADD	31613	REPAIR WINDPIPE OPENING
ADD	33208	INSERTION OF HEART PACEMAKER
ADD	33213	INSERTION OF PULSE GENERATOR
ADD	36145	PLACE CATHETER IN VEIN SHUNT
ADD	36819	AV FUSION BY BASILIC VEIN
ADD	36820	AV FUSION/FOREARM VEIN
ADD	36821	AV FUSION DIRECT ANY SITE
ADD	36833	AV FISTULA REVISION
ADD	36870	AV FISTULA REVISION, OPEN
ADD	43860	REVISE STOMACH-BOWEL FUSION
ADD	47802	FUSE LIVER DUCT & INTESTINE
*ADD	999.0	GENERALIZED VACCINIA AS COMPLICATION OF MEDICAL CARE

Diagnosis: RESPIRATORY FAILURE
Treatment MEDICAL THERAPY
Line: 161

ADD	31645	BRONCHOSCOPY, CLEAR AIRWAYS

Diagnosis: BENIGN CEREBRAL CYSTS
Treatment DRAINAGE
Line: 170

ADD	61316	IMPLT CRAN BONE FLAP TO ABDO

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 178

ADD	33215	REPOSITION PACING-DEFIB LEAD
ADD	33224	INSERT PACING LEAD & CONNECT
ADD	33225	L VENTRIC PACING LEAD ADD-ON
ADD	33226	REPOSITION I VENTRIC LEAD

---

*PENDING APPROVAL AT MARCH HSC MEETING

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA (See Coding Specification Below)
Treatment BONE MARROW RESCUE AND TRANSPLANT
Line: 183

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA
Treatment BONE MARROW TRANSPLANT
Line: 184

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note)
Treatment MEDICAL THERAPY/BREIF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
Line: 186

ADD	S9453	SMOKING CESSATION CLASS

Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
Line: 187

ADD	G0245	E&M FOR DM SENSORY NEUROPATHY+
ADD	G0246	E&M FOR DM SENSORY NEUROPATHY+
ADD	G0247	DIABETIC FOOT CARE

Diagnosis: CANCER OF UTERUS, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 196

ADD	58290	VAG HYST COMPLEX
ADD	58291	VAG HYST INCL T/O, COMPLEX
ADD	58292	VAG HYST T/O & REPAIR, COMPL
ADD	58293	VAG HYST W/URO REPAIR, COMPL
ADD	58294	VAG HYST W/ENTEROCELE, COMPL

Diagnosis: ULCERS, GI HEMORRHAGE
Treatment SURGICAL TREATMENT
Line: 198

ADD	43201	ESOPH SCOPE W/SUBMUCOUS INJ
ADD	43236	UPPER GI SCOPE W/SUBMUC INJ

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 20 03. (Cont'd)

Diagnosis: AGRANULOCYTOSIS
Treatment BONE MARROW TRANSPLANTATION
Line: 201

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL & OPHTHALMOLOGICAL COMPLICATIONS
Treatment MEDICAL THERAPY
Line: 207

*ADD	050	SMALLPOX

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 210

ADD	33215	REPOSITION PACING-DEFIB LEAD
ADD	33224	INSERT PACING LEAD & CONNECT
ADD	33225	L VENTRIC PACING LEAD ADD-ON
ADD	33226	REPOSITION I VENTRIC LEAD
ADD	33508	ENDOSCOPIC VEIN HARVEST

Diagnosis: CHRONIC OSTEOMYELITIS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 212

ADD	28810	AMPUTATION TOE & METATARSAL

Diagnosis: MULTIPLE MYELOMA
Treatment BONE MARROW TRANSPLANT
Line: 214

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: PHLEBITIS & THROMBOPHLEBITIS, DEEP
Treatment MEDICAL THERAPY
Line: 215

ADD	37500	ENOSCOPY LIGATE PERF VEINS

---

*PENDING APPROVAL AT MARCH HSC MEETING

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: INTRASPINAL AND INTRACRANIAL ABSCESS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 218

ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
ADD	61322	DECOMPRESSIVE CRANIOTOMY
ADD	61323	DECOMPRESSIVE LOBECTOMY
ADD	62148	RETR BONE FLAP TO FIX SKULL
ADD	62160	NEUROENDOSCOPY ADD-ON
ADD	62163	NEUROENDOSCOPY W/FB REMOVAL

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC
Treatment MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
Line: 220

ADD	237.70	UNS NEUROFIBROMATOSIS
ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44210-44212	LAPARO TOTAL PROCTOCELECTOMY
ADD	44701	INTRA COLON LAVAGE ADD-ON

Diagnosis: CANCER OF BREAST, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
Line: 229

DELETE	38525	BIOPSY/REMOVAL, LYMPH NODES
DELETE	38530	BIOPSY/REMOVAL, LYMPH NODES
ADD	V45.71	ACQUIRED ABSENCE OF BREAST

Diagnosis: CANCER OF OVARY, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 230

ADD	49419	INSERT ABDOM CATH FOR CHEMOTX
ADD	58925	REMOVAL OF OVARIAN CYST(S)

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 233

ADD	58290	VAG HYST COMPLEX

Diagnosis: CANCER OF BONES, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 235

ADD	24363	REPLACE ELBOW JOINT

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM & MESENTERY, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 237

ADD 49201 REMOVAL OF ABDOMINAL LESION

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX,
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 238

ADD 43450 DILATE ESOPHAGUS
ADD 69502 MASTOIDECTOMY

Diagnosis: PORTAL VEIN THROMBOSIS
Treatment SURGICAL AND MEDICAL THERAPY
Line: 239

ADD 37182 INSERT HEPATIC SHUNT (TIPS)

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE
Treatment MEDICAL THERAPY
Line: 244

ADD 46706 REPAIR OF ANAL FISTULA W/GLUE

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES
Treatment THROMBOENDARTERECTOMY
Line: 249

ADD 61680 INTRACRANIAL VESSEL SURGERY
ADD 61795 BRAIN SURGERY USING COMPUTER

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment MEDICAL THERAPY INCLUDING DIALYSIS
Line: 251

ADD 36825 ARTERY-VEIN GRAFT
ADD 36830 ARTERY-VEIN GRAFT

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL
Treatment MEDICAL THERAPY
Line: 253

ADD 43226 ESOPH ENDOSCOPY, DILATION

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: DIVERTICULITIS OF COLON
Treatment COLON RESECTION, MEDICAL THERAPY
Line: 260

ADD	33238	LAPAROSCOPE PROC, INTESTINE
ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44701	INTRA COLON LAVAGE ADD-ON
ADD	45335	SIGMOIDOSCOPY & DECOMPRESS
ADD	45381	COLONOSCOPE, SUBMUCOUS INJ

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS
Treatment DRAINAGE OF PANCREATIC CYST
Line: 261

ADD	64680	INJECTION TREATMENT OF NERVE

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 265

ADD	33215	REPOSITION PACING-DEFIB LEAD
ADD	33224	INSERT PACING LEAD & CONNECT
ADD	33225	L VENTRIC PACING LEAD ADD-ON
ADD	33226	REPOSITION I VENTRIC LEAD
ADD	33508	ENDOSCOPIC VEIN HARVEST
ADD	35572	HARVEST FEMOROPOPLITEAL VEIN
ADD	G0290	STENT FOR ONE CORONARY ARTERY
ADD	G0291	STENT FOR ADDL CORONARY ARTERY

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment COMFORT CARE (See Guideline Note)
Line: 266

ADD	64416	N BLOCK CONT INFUSE, B PLEX
ADD	64447	N BLOCK INJ FEM, SINGLE
ADD	64448	N BLOCK INJ FEM, CONT INF

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 272

ADD	57461	CONZ OF CERVIX W/SCOPE, LEEP
ADD	58290	VAG HYST COMPLEX
ADD	58291	VAG HYST INCL T/O, COMPLEX
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis:	CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE	
Treatment	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Line:	273	
ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44210-44212	LAPARO TOTAL PROCTOCELECTOMY
ADD	44701	INTRA COLON LAVAGE ADD-ON
Diagnosis:	CANCER OF PROSTATE GLAND, TREATABLE	
Treatment	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Line:	276	
ADD	55866	LAPARO RADICAL PROSTATECTOMY
Diagnosis:	CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, TREATABLE; CARCINOID SYNDROME	
Treatment	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Line:	277	
ADD	62165	REMOVE PITUIT TUMOR W/SCOPE
Diagnosis:	CANCER OF KIDNEY AND OTHER URINARY ORGANS, TREATABLE	
Treatment	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Line:	278	
ADD	50546	LAPAROSCOPY, NEPHRECTOMY
ADD	50548	LAPARO-ASST REMOVE K/URETER
Diagnosis:	CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE	
Treatment	LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Line:	280	
ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
ADD	61517	IMPLT BRAIN CHEMOTX ADD-ON
ADD	61616	RESECT/EXCISE LESION, SKULL
ADD	62148	RETR BONE FLAP TO FIX SKULL
ADD	62164	REMOVE BRAIN TUMOR W/SCOPE
ADD	62165	REMOVE PITUIT TUMOR W/SCOPE

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: STROKE
Treatment MEDICAL THERAPY
Line: 287

ADD	61680	INTRACRANIAL VESSEL SURGERY
ADD	61795	BRAIN SURGERY USING COMPUTER

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 296

ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44210-44212	LAPARO TOTAL PROCTOCELECTOMY
ADD	44701	INTRA COLON LAVAGE ADD-ON
ADD	45335	SIGMOIDOSCOPY & DECOMPRESS
ADD	45340	SIG W/BALLOON DILATION
ADD	45381	COLONOSCOPE, SUBMUCOUS INJ
ADD	45386	COLONOSCOPE DILATE STRICTURE

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 299

ADD	10140	DRAINAGE OF HEMATOMA/FLUID
ADD	10160	PUNCTURE DRAINAGE OF LESION
ADD	31613	REPAIR WINDPIPE OPENING

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not priced as part of the list.)
Treatment INDUCED ABORTION
Line: 300

ADD	59812	TREATMENT OF MISCARRIAGE
*DELETE	TAS01	THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE	TAS02	THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE	TAS03	THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE	TAS04	THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE	TAS05	THERAPEUTIC ABORTION, ASC
*DELETE	TAS06	THERAPEUTIC ABORTION, ASC
*DELETE	TAS07	THERAPEUTIC ABORTION, ASC
*DELETE	TAS08	THERAPEUTIC ABORTION, ASC

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER
Treatment COCHLEAR IMPLANT
Line: 303

ADD	92601-92617	COCHLEAR IMPLT F/UP EXAM <7

---

*PENDING APPROVAL AT MARCH HSC MEETING

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
Treatment SINGLE FOCAL SURGERY
Line: 307

ADD	61885	IMPLANT NEUROSTIM ONE ARRAY
ADD	64573	IMPLANT NEUROELECTRODES

Diagnosis: TYPE II DIABETES MELLITUS
Treatment MEDICAL THERAPY
Line: 314

ADD	G0245	E&M FOR DM SENSORY NEUROPATHY+
ADD	G0246	E&M FOR DM SENSORY NEUROPATHY+
ADD	S9145	INSULIN PUMP INITIATION

Diagnosis: CARDIAC ARRHYTHMIAS
Treatment MEDICAL THERAPY, PACEMAKER
Line: 323

ADD	33215	REPOSITION PACING-DEFIB LEAD
ADD	33224	INSERT PACING LEAD & CONNECT
ADD	33225	L VENTRIC PACING LEAD ADD-ON
ADD	33226	REPOSITION I VENTRIC LEAD

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: 335

ADD	237.70	UNS NEUROFIBROMATOSIS
ADD	26474	FUSION OF FINGER TENDONS
ADD	27705	INCISION OF TIBIA
DELETE	28306	INCISION OF METATARSAL
ADD	29899	ANKLE ARTHROSCOPY/SURGERY
ADD	61343	INCISE SKULL (PRESS RELIEF)
ADD	62161	DISSECT BRAIN W/SCOPE
ADD	62162	REMOVE COLLOID CYST W/SCOPE

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES
Treatment SURGERY
Line: 344

ADD	20694	REMOVE BONE FIXATION DEVICE

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 347

ADD	35450	TRANSLUMINAL ANGIOPLASTY, OPEN
ADD	35572	HARVEST FEMOROPOPLITEAL VEIN

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 348

ADD 69910 REMOVE INNER EAR & MASTOID

Diagnosis: CHRONIC ULCER OF SKIN
Treatment MEDICAL AND SURGICAL THERAPY
Line: 353

ADD 27598 AMPUTATE LOWER LEG AT KNEE
ADD 28810 AMPUTATION TOE & METATARSAL

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 354

ADD 20000 INCISION OF ABSCESS
ADD 27603 DRAIN LOWER LEG LESION

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment SURGICAL TREATMENT
Line: 361

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment SURGICAL AND MEDICAL THERAPY
Line: 368

ADD 50740 FUSION OF URETER & KIDNEY

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment SURGICAL TREATMENT
Line: 370

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE
Treatment ARTHROPLASTY/RECONSTRUCTION
Line: 373

ADD 25000 INCISION OF TENDON SHEATH
ADD 27187 REINFORCE HIP BONES
ADD 28090 REMOVAL OF FOOT LESION
ADD 29899 ANKLE ARTHROSCOPY/SURGERY
ADD 836.3 DISLOCATION OF PATELLA, CLOSED

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: DEEP OPEN WOUNDS
Treatment REPAIR
Line: 378

ADD	26951	AMPUTATION OF FINGER/THUMB
ADD	27603	DRAIN LOWER LEG LESION
ADD	64416	N BLOCK CONT INFUSE, B PLEX
ADD	64446	N BLK INJ, SCIATIC, CONT INF
ADD	64447	N BLOCK INJ FEM, SINGLE
ADD	64448	N BLOCK INJ FEM, CONT INF

Diagnosis: CLEFT PALATE WITH CLEFT LIP
Treatment EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 380

ADD	42215	RECONSTRUCT CLEFT PALATE
ADD	42281	INSERTION, PALATE PROSTHESIS

Diagnosis: PRIMARY AND OTHER ANGLE-CLOSURE GLAUCOMA
Treatment IRIDECTOMY, LASER SURGERY
Line: 397

ADD	66990	OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS
Treatment INTRAOCULAR LENS
Line: 405

ADD	66990	OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: CATARACT
Treatment EXTRACTION OF CATARACT
Line: 412

ADD	66990	OPHTHALMIC ENDOSCOPE ADD-ON
ADD	67036	REMOVAL OF INNER EYE FLUID

Diagnosis: AFTER CATARACT
Treatment DISCISSION, LENS CAPSULE
Line: 413

ADD	66985	INSERT LENS PROSTHESIS
ADD	66990	OPHTHALMIC ENDOSCOPE ADD-ON
ADD	92012	EYE EXAM ESTABLISHED PAT
ADD	92014	EYE EXAM, ESTABLISHED PATIENT

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment KERATOPLASTY
Line: 414

ADD	66990	OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE
Treatment VITRECTOMY, LASER SURGERY
Line: 415

ADD	66990	OPHTHALMIC ENDOSCOPE ADD-ON

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS
Treatment RETINAL REPAIR, VITRECTOMY
Line: 420

ADD	66990	OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: VITREOUS HEMORRHAGE
Treatment VITRECTOMY
Line: 421

ADD	67038	STRIP RETINAL MEMBRANE
ADD	67038	STRIP RETINAL MEMBRANE
ADD	67210	TREATMENT OF RETINAL LESION

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 435

ADD	58146	MYOMECTOMY ABDOM COMPLEX
ADD	58290	VAG HYST COMPLEX
ADD	58291	VAG HYST INCL T/O, COMPLEX
ADD	58292	VAG HYST T/O & REPAIR, COMPL
ADD	58545	LAPAROSCOPIC MYOMECTOMY
ADD	58546	LAPARO-MYOMECTOMY, COMPLEX
DELETE	58551	LAPAROSCOPY, REMOVE MYOMA

Diagnosis: UROLOGIC INFECTIONS
Treatment MEDICAL THERAPY
Line: 437

ADD	51700	IRRIGATION OF BLADDER
ADD	54700	DRAINAGE OF SCROTUM

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 438

ADD	51702	INSERT TEMP BLADDER CATH
ADD	51703	INSERT BLADDER CATH, COMPLEX
ADD	53450	REVISION OF URETHRA

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: 450

ADD	237.70	UNS NEUROFIBROMATOSIS

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS
Treatment MEDICAL THERAPY
Line: 451

ADD	237.70	UNS NEUROFIBROMATOSIS

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 463

ADD	58290	VAG HYST COMPLEX
ADD	58291	VAG HYST INCL T/O, COMPLEX
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED
Treatment OPEN OR CLOSED REDUCTION
Line: 466

ADD	27244	TREAT THIGH FRACTURE

Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES
Treatment OPEN OR CLOSED REDUCTION
Line: 468

ADD	26676	PIN HAND DISLOCATION

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES
Treatment BONE MARROW TRANSPLANT
Line: 469

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: ACUTE SINUSITIS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 479

ADD	31256	EXPLORATION MAXILLARY SINUS

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note)
Treatment TOTAL HYSTERECTOMY OR MYOMECTOMY
Line: 480

ADD	58146	MYOMECTOMY ABDOM COMPLEX
ADD	58290	VAG HYST COMPLEX
ADD	58291	VAG HYST INCL T/O, COMPLEX
ADD	58292	VAG HYST T/O & REPAIR, COMPL
ADD	58545	LAPAROSCOPIC MYOMECTOMY
ADD	58546	LAPARO-MYOMECTOMY, COMPLEX
DELETE	58551	LAPAROSCOPY, REMOVE MYOMA
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX
ADD	58561	HYSTEROSCOPY, REMOVE MYOMA

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: DISLOCATION / DEFORMITY KNEE & HIP
Treatment SURGICAL TREATMENT
Line: 481

	ADD	29873	KNEE ARTHROSCOPY/SURGERY

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE AND SHOULDER
Treatment SURGICAL TREATMENT
Line: 482

DELETE	27599	LEG SURGERY PROCEDURE
ADD	27705	INCISION OF TIBIA
DELETE	28306	INCISION OF METATARSAL

Diagnosis: FECAL IMPACTION
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 491

	ADD	44206-44208	LAP PART COLECTOMY W/STOMA
	ADD	44701	INTRA COLON LAVAGE ADD-ON

Diagnosis: ENDOMETRIOSIS (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 496

	ADD	49200	REMOVAL OF ABDOMINAL LESION
	ADD	49201	REMOVAL OF ABDOMINAL LESION
	ADD	58290	VAG HYST COMPLEX
	ADD	58291	VAG HYST INCL T/O, COMPLEX
	ADD	58292	VAG HYST T/O & REPAIR, COMPL
	ADD	58552	LAPARO-VAG HYST INCL T/O
	ADD	58553	LAPARO-VAG HYST, COMPLEX

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)
Treatment OPEN OR CLOSED REDUCTION
Line: 503

	ADD	26650	TREATMENT OF THUMB FRACTURE
	ADD	27766	TREATMENT OF ANKLE FRACTURE

Diagnosis: ESOPHAGEAL VARICES
Treatment MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
Line: 505

	ADD	43201	ESOPH SCOPE W/SUBMUCOUS INJ
	ADD	43236	UPPER GI SCOPE W/SUBMUC INJ

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR & NOSE
Treatment REMOVAL OF FOREIGN BODY
Line: 510

	ADD	69210	REMOVE IMPACTED EAR WAX
	ADD	G0268	REMOVE CERUMEN FOR AUDIO TEST

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE
Treatment COCHLEAR IMPLANT
Line: 512

ADD	92601-92617	COCHLEAR IMPLT F/UP EXAM <7

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III
Treatment REPAIR
Line: 516

ADD	26418	REPAIR FINGER TENDON
ADD	26474	FUSION OF FINGER TENDONS
ADD	840.6	OTHER DISLOCATION OF KNEE, OPEN

Diagnosis: DISORDERS OF SHOULDER
Treatment REPAIR/RECONSTRUCTION
Line: 517

ADD	29827	ARTHROSCOPIC ROTATOR CUFF REPR
DELETE	840.6	OTHER DISLOCATION OF KNEE, OPEN

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II AND III
Treatment REPAIR, MEDICAL THERAPY
Line: 518

ADD	29873	KNEE ARTHROSCOPY/SURGERY

Diagnosis: MALUNION & NONUNION OF FRACTURE
Treatment SURGICAL TREATMENT
Line: 519

ADD	25628	TREAT WRIST BONE FRACTURE

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note)
Treatment SURGICAL REPAIR
Line: 523

ADD	58290	VAG HYST COMPLEX
ADD	58291	VAG HYST INCL T/O, COMPLEX
ADD	58292	VAG HYST T/O & REPAIR, COMPL
ADD	58293	VAG HYST W/URO REPAIR, COMPL
ADD	58294	VAG HYST W/ENTEROCELE, COMPL
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS
Treatment BONE MARROW TRANSPLANT
Line: 525

ADD	38204-38215	BM DONOR SEARCH MANAGEMENT
ADD	38242	LYMPHOCYTE INFUSE TRANSPLANT
ADD	G0267	BONE MARROW/STEM CELL HARVEST

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS
Treatment MEDICAL THERAPY, INJECTIONS
Line: 526

ADD	11042	DEBRIDE SKIN/TISSUE
ADD	25000	INCISION OF TENDON SHEATH

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 544

ADD	28035	DECOMPRESSION OF TIBIA NERVE

Diagnosis: RECTAL PROLAPSE
Treatment PARTIAL COLECTOMY
Line: 545

ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44701	INTRA COLON LAVAGE ADD-ON
ADD	45130	EXCISION OF RECTAL PROLAPSE
ADD	45135	EXCISION OF RECTAL PROLAPSE

Diagnosis: UNCOMPLICATED HERNIA
Treatment REPAIR
Line: 546

ADD	49495	REPAIR INGUINAL HERNIA, INIT

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 547

ADD	50542	LAPARO ABLATE RENAL MASS
ADD	50543	LAPARO PARTIAL NEPHRECTOMY
ADD	50562	RENAL SCOPE W/TUMOR RESECT

Diagnosis: URINARY INCONTINENCE (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 550

ADD	20922	REMOVAL OF FASCIA FOR GRAFT

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: CANCER OF ESOPHAGUS, TREATABLE
Treatment MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 554

ADD	44206-44208	LAP PART COLECTOMY W/STOMA

Diagnosis: CANCER OF LIVER, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 555

ADD	47562	LAPAROSCOPIC CHOLECTYSTECTOMY

Diagnosis: CANCER OF PANCREAS, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 556

ADD	48140	PARTIAL REMOVAL OF PANCREAS

Diagnosis: BENIGN NEOPLASM BONE & ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 560

ADD	12051	LAYER CLOSURE OF WOUND(S)
ADD	20610	DRAIN/INJECT, JOINT/BURSA
ADD	21046-21049	REMOVE MANDIBLE CYST COMPLEX

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Note); ANAL FISTULA
Treatment SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL
Line: 567

ADD	46706	REPAIR OF ANAL FISTULA W/GLUE

Diagnosis: DYSMENORRHEA (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 576

ADD	58290	VAG HYST COMPLEX
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX

Diagnosis: DEFORMITIES OF UPPER BODY & ALL LIMBS
Treatment REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 579

ADD	21742	REPAIR STERNUM/NUSS W/O SCOPE
ADD	21743	REPAIR STERNUM/NUSS W/SCOPE
ADD	27590	AMPUTATE LEG AT THIGH
ADD	27705	INCISION OF TIBIA

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 582

ADD	58290	VAG HYST COMPLEX
ADD	58291	VAG HYST INCL T/O, COMPLEX
DELETE	58551	LAPAROSCOPY, REMOVE MYOMA
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 601

ADD	64416	N BLOCK CONT INFUSE, B PLEX
ADD	64446	N BLK INJ, SCIATIC, CONT INF
ADD	64447	N BLOCK INJ FEM, SINGLE
ADD	64448	N BLOCK INJ FEM, CONT INF

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment SURGICAL TREATMENT
Line: 613

ADD	44206-44208	LAP PART COLECTOMY W/STOMA
ADD	44701	INTRA COLON LAVAGE ADD-ON

Diagnosis: CONGENITAL DEFORMITIES OF KNEE
Treatment ARTHROSCOPIC REPAIR
Line: 630

ADD	29873	KNEE ARTHROSCOPY/SURGERY

Diagnosis: MORBID OBESITY
Treatment GASTROPLASTY
Line: 646

ADD	44238-44239	LAPAROSCOPE PROC, INTESTINE

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I
Treatment MEDICAL THERAPY
Line: 651

ADD	27590	AMPUTATE LEG AT THIGH

Diagnosis: CORNS AND CALLUSES
Treatment MEDICAL THERAPY
Line: 679

ADD	S0390	ROUTINE FOOT CARE

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

Diagnosis: GANGLION
Treatment EXCISION
Line: 687

ADD	20612	ASPIRATE/INJ GANGLION CYST

Diagnosis: CANCER OF VARIOUS SITES WITH DISTANT METASTASES WHERE TREATMENT WILL NOT RESULT IN A 5% 5 YEAR SURVIVAL
Treatment CURATIVE MEDICAL AND SURGICAL TREATMENT
Line: 699

ADD	61517	IMPLT BRAIN CHEMOTX ADD-ON

Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 720

ADD	17000	DESTRUCTION OF FACIAL LESION
ADD	17003	DESTROY LESIONS, 2-14

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment EVALUATION
Line: 725

ADD	21742	REPAIR STERNUM/NUSS W/O SCOPE
ADD	21743	REPAIR STERNUM/NUSS W/SCOPE

Diagnosis: TUBAL DYSFUNCTION AND OTHER CAUSES OF INFERTILITY
Treatment IN-VITRO FERTILIZATION, GIFT
Line: 733

ADD	S4013	GIFT
ADD	S4014	ZIFT
ADD	S4017	INCOMPLETE FERTILIZATION CYCLE
ADD	S4023	DONOR EGG CYCLE INCOMPLETE
ADD	S4037	CRYOPRESERVE EMBRYO TRANSER
ADD	S4040	MONITOR & STORE PRESERVED EMBRYOS

THE FOLLOWING CHANGES ARE BEING MADE TO ALL LINES THAT INCLUDE MEDICAL THEARPY AS TREATMENT (SEE TABLE 1). THESE CODES ALREADY APPEAR AS PART OF RANGES OF CODES ON THESE LINES AND THEREFORE NO CHANGES TO THE LIST ARE NECESSARY AS A RESULT. ALL CODES BEING DELETED ARE NO LONGER VALID. AS NEW CPT CODES 99026 AND 99027 ARE NOT BEING ADDED, CHANGE RANGE "99025-99054" ON THESE LINES TO "99025,99050-99054".

DELETE	92525	EVAL OF SWALLOWING FUNCTION
DELETE	92598	MODIFY COMMUNICATION DEVICE
DELETE	92599	UNLISTED ENT PROCEDURE
ADD	92605-92609	EVAL/THERAPY FOR COMMUNICATION DEVICE
ADD	92610-92617	EVAL OF SWALLOWING FUNCTION
ADD	92700	UNLISTED ENT PROCEDURE
ADD	93580	TRANSCATH CLOSURE OF ASD
ADD	93581	TRANSCATH CLOSURE OF VSD

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

CONT'D

DELETE	94650	IPPB TREATMENT, INITIAL
DELETE	94651	IPPB TREATMENT, SUBSEQUENT
DELETE	94652	IPPB TREATMENT, NEWBORN
DELETE	94665	AEROSOL/VAPOR INHALATOR, SUBSEQ
ADD	95990	SPINE/BRAIN PUMP REFILL & MAIN
ADD	96920	LASER RX, SKIN <250 SQ CM
ADD	96921	LASER RX, SKIN 250-500 SQ CM
ADD	96922	LASER RX, SKIN 250-500 SQ CM
ADD	99293	PED CRITICAL CARE, INITIAL
ADD	99294	PED CRITICAL CARE, SUBSEQUENT
ADD	99299	IC, LBW INFANT 1500-2500 GM

Table 1.
Line Items on 10/1/01 List Which Include Medical Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
1	42	78	129	175	221	260	310
2	43	79	130	176	222	261	311
3	44	80	131	177	223	262	312
4	45	81	132	178	224	263	313
5	46	82	133	179	225	265	314
6	47	83	134	181	226	266	315
7	48	84	135	182	227	271	316
8	49	85	137	185	228	272	317
9	50	86	138	192	229	273	318
10	51	88	139	193	230	274	319
11	52	90	141	194	232	275	320
14	53	91	142	195	233	276	322
15	54	96	143	196	234	277	323
16	55	97	144	197	235	278	324
17	56	98	148	198	236	279	325
18	57	99	150	199	237	280	326
19	58	100	151	200	238	282	328
20	59	102	152	201	239	283	329
21	60	103	153	202	240	284	330
23	61	104	154	203	241	285	331
24	62	105	155	204	242	286	332
25	63	106	156	205	243	287	333
26	64	108	157	206	244	288	335
27	65	111	158	207	247	291	336
28	66	112	159	208	248	292	337
30	67	113	160	209	249	294	338
31	68	114	161	210	250	295	340
32	69	115	165	211	251	296	341
34	70	116	166	212	252	297	342
35	71	117	167	213	253	298	343
36	72	119	168	215	254	299	344
37	73	121	169	216	255	300	345
38	74	123	171	217	256	302	346
39	75	126	172	218	257	306	347
40	76	127	173	219	258	308	348
41	77	128	174	220	259	309	349

Table 1. (Cont'd)
Line Items on 10/1/01 List Which Include Medical Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
350	414	485	553	622	687		
351	415	486	554	623	688		
352	416	487	555	624	689		
353	417	488	556	625	690		
354	418	489	557	626	691		
355	419	490	558	627	692		
356	420	491	559	628	693		
360	421	492	561	629	694		
362	428	493	563	631	695		
363	429	494	564	632	697		
364	430	495	565	634	698		
365	435	496	566	635	699		
366	436	497	567	636	700		
367	437	498	570	637	702		
368	438	499	572	638	703		
369	439	500	573	640	705		
370	441	501	575	641	708		
371	442	502	576	643	710		
372	443	503	579	644	711		
373	444	504	580	645	712		
377	445	505	582	647	715		
378	446	506	583	648	716		
379	448	509	584	649	718		
380	449	510	585	650	719		
381	450	511	586	651	720		
382	451	516	587	652	734		
383	452	517	588	653	735		
384	453	518	589	654			
385	454	519	590	655			
386	455	520	591	656			
387	456	521	594	657			
388	457	522	595	658			
389	461	523	596	659			
391	462	526	597	660			
392	463	529	598	661			
394	465	530	600	666			
395	466	532	601	667			
396	467	533	602	669			
397	468	534	603	670			
398	470	535	604	672			
400	471	536	605	673			
401	472	538	606	674			
402	474	540	609	675			
403	476	543	610	676			
404	477	544	611	677			
405	478	545	612	678			
406	479	546	613	679			
407	480	547	614	680			
408	481	548	618	681			
410	482	549	619	683			
411	483	550	620	685			
412	484	551	621	686			

ATTACHMENT B

Upcoming Oregon Health Plan Changes
(Revised 1/23/03)

January 2003

- Implement voluntary copays on drugs ($2 generic/$3 brand) and ambulatory services ($3) for OHP fee-for-service clients *[2001 legislative action]*

- Eliminate coverage for Lines 559-566 on the Prioritized List of Health Care Services *[Nov. rebalance action]*

February 2003

- Expand coverage for pregnant women and children under age 19 from 170% FPL to 185% FPL *[OHP2, 2001 legislative action]*

- Establish OHP Standard benefit package for about 110,000 clients. Changes include:
  - Elimination of coverage for vision exams and eyeglasses
  - Elimination of non-emergency medical transportation
  - Elimination of most medical equipment
  - Reduced dental benefits
  - Mandatory copays for most services (in fee-for-service and managed care)

  [OHP2, 2001 legislative action]

- Establish more stringent premium policy for OHP Standard clients *[OHP2, 2001 legislative action]*

- Establish 6-month uninsurance requirement for new OHP Standard clients *[OHP2, 2001 legislative action]*

- Delay expansion of OHP Standard from 100% FPL to 110% FPL until July 2003 *[Nov. rebalance action]*

- Begin roll-out of Senior Prescription Drug Assistance Program *[OHP2, 2001 legislative action]*

- Eliminate General Assistance program *[Dec. forecast action]*

- Eliminate Oregon Project Independence *[Dec. forecast action]*

March 2003

- Further reduce OHP Standard benefit package by eliminating:
  - Remainder of dental benefit
  - Coverage of medical supplies
  - Coverage of outpatient mental health services
  - Coverage of outpatient chemical dependency services

  [Nov. rebalance action]

- Move beginning date of eligibility to first of month following eligibility determination for OHP Standard population *[Dec. forecast action]*

- Reduce payments to pharmacies from Average Wholesale Price minus 14% to minus 17% *[Dec. forecast action]*

- Reduce reimbursement rates to DRG hospitals (50 beds or more) by 12% for inpatient services and outpatient services. Eliminate outlier payments to DRG hospitals except for infants under age 1 served in Disproportionate Share Hospitals *[Dec. forecast action]*

<u>Actions Should Ballot Measure 28 Fail:</u>

- Categorical programs elsewhere in the Dept. will be reduced (e.g., eliminating coverage for lesser impaired survival priority levels in the long term care system). Many of these individuals would also lose their OHP medical coverage. (2/1/03 and later)

- Eliminate Medically Needy program (2/1/03)

- Eliminate remaining safety net clinic funding

- Eliminate OHP Standard prescription drug benefit (3/1/03)

- Eliminate cost-based reimbursement for Type A and Type B hospitals (less than 50 beds)—requires statutory change (3/1/03)

- Expand prior authorization requirements for prescription drugs in fee-for-service (3/1/03)

- Require pharmacies to bill insurance carriers before billing Medicaid for clients who have prescription drug insurance coverage (5/1/03)

- Eliminate payment of Part B Medicare premiums for persons with income above 120% FPL (3/1/03-4/1/03)

Governor's Technical Balanced Budget:

- Continue all of above reductions

- Eliminate all adult dental

- No fee-for-service or managed care increases in:

    - Utilization
    - Severity/mix of services
    - Price inflation

ATTACHMENT C

January 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
1	Adult & Family Services (AFS)	January 1	Eliminate the regular Emergency Assistance Program for the rest of the 2001-2003 biennium. It serves approximately 250 people a month who have crises that relate to shelter issues. (Emergency Assistance benefits for victims of domestic violence will continue.)	November 2002 Rebalance	(1,206,217)	(1,206,217)
2	Developmental Disabilities (DD)	January 1	Do not open one of the two planned state-operated crisis homes during the 2001-03 biennium, which eliminates stabilization and placement planning for 20 children with developmental disabilities.	November 2002 Rebalance	(122,753)	(303,490)
3	Mental Health (MH)	January 1	Reduce efforts directed by 2001 Legislative action to increase community-based mental health treatment for children and adolescents.	November 2002 Rebalance	(2,083,333)	(4,764,897)
4	MH	January 1	Delay until April 2003 the opening of a new Oregon State Hospital ward, needed because the facility is consistently at capacity.	November 2002 Rebalance	(465,000)	(465,000)
5	Office of Medical Assistance Programs (OMAP)	January 1	Implement voluntary co-pays on prescription drugs and ambulatory services for Oregon Health Plan fee-for-service clients.	2001 Budget	(1,380,538)	(3,465,205)
6	OMAP	January 1	Eliminate coverage for Lines 559-566 on the Oregon Health Plan Prioritized List of Health Care Services.	November 2002 Rebalance	(825,707)	(2,046,869)
7	Senior & Disabled Services Division (SDSD)	January 1	Cap the number of participants under the 1915(c) waiver. 53 people who would have received in-home and community-based services that allow them to stay out of nursing facilities will be put on waiting lists.	Special Session 3	(75,094)	(188,489)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
1	Adult & Family Services (AFS)	February 1	Reduce JOBS Program funding.	December Revenue Forecast	(243,545)	(243,545)
2	AFS	February 1	Further reduce JOBS Program spending.	HB 5100	(2,134,832)	(2,134,832)
3	AFS	February 1	Co-pays paid by families in the Employment Related Day Care (ERDC) program increase $18 per month.	HB 5100	(1,488,136)	(1,488,136)
4	AFS	February 1	Reduce eligibility for ERDC, eliminating 446 families from the program.	HB 5100	(273,993)	(273,993)
5	AFS	February 1	Reduce Temporary Assistance for Needy Families (TANF) cash benefits by an average of $5 per month, which also eliminates 164 families from eligibility (since eligibility standards are tied to the amount of benefits).	HB 5100	(544,187)	(544,187)
6	AFS	February 1	Eliminate the lower co-pays charged to new ERDC families for their first two months and increase co-pays for all families by an additional average $19 per month.	HB 5100	(1,270,848)	(1,270,848)
7	Developmental Disabilities (DD)	February 1	Eliminate the second of two planned state operated crisis homes, eliminating stabilization and placement planning for another 20 children with developmental disabilities per year.	HB 5100	(245,507)	(606,980)
8	Health Division (HD)	February 1	Eliminate $42,500 from the $250,000 General Fund expansion of the Office of Multicultural Health.	December Revenue Forecast	(42,500)	(42,500)
9	HD	February 1	Eliminate an additional $125,000 from the expansion of the Office of Multicultural Health.	HB 5100	(125,000)	(125,000)
10	HD	February 1	Eliminate core funding for 20 school-based health clinics, reducing services and referrals.	HB 5100	(512,595)	(512,595)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
11	HD	February 1	Reduce support of contracted perinatal and prenatal programs.	HB 5100	(96,920)	(96,920)
12	HD	February 1	Reduce state support to county public health departments for communicable-disease control.	HB 5100	(269,237)	(269,237)
13	HD	February 1	Eliminate all funding for the Council on Health Care Interpreters and for efforts to train and certify health-care interpreters.	HB 5100	(50,000)	(100,000)
14	Mental Health (MH)	February 1	Eliminate remaining funding for coordinated planning and delivery of mental-health services, as outlined under House Bill 3024 passed by the 2001 Legislature.	November 2002 Rebalance	(1,216,932)	(1,216,932)
15	MH	February 1	Reduce funds for 24-hour, seven-day mental-health crisis services in all counties.	December Revenue Forecast	(872,380)	(872,380)
16	MH	February 1	Reduce funding for the mental health Office of Consumer Technical Assistance Services, which provides technical assistance to clients, and people who are developing support networks and serving on advisory groups.	December Revenue Forecast	(57,171)	(57,171)
17	MH	February 1	Terminate contracts with the 17 hospitals that have private psychiatric units which serve Oregon Health Plan clients.	December Revenue Forecast	(1,108,106)	(1,108,106)
18	MH	February 1	Eliminate the mental-health Supported Employment program for 121 people with mental illness.	HB 5100	(478,658)	(478,658)
19	MH	February 1	Eliminate 164 Psychiatric Day Care Treatment slots for children and adolescents.	HB 5100	(1,793,765)	(2,002,140)
20	MH	February 1	Eliminate funding for community mental health services for approximately 10,450 non-Medicaid clients.	HB 5100	(3,156,168)	(3,156,168)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
21	MH	February 1	Eliminate funding for 122 beds of adult residential mental-health treatment. (Pending litigation may delay the closure of 96 beds in Multnomah County until April 15.)	HB 5100	(666,941)	(666,941)
22	MH	February 1	Eliminate community mental health services for 3,730 non-Medicaid children.	HB 5100	(535,624)	(535,624)
23	MH	February 1	Further reduce efforts directed by the 2001 Legislative action to increase community-based mental health treatment for children and adolescents	HB 5100	(701,734)	(701,734)
24	MH	February 1	Completely eliminate 24-hour, seven-day mental-health crisis response in all counties. (If Measure 28 passes, services would continue at the reduced rate described above, under December Revenue Forecast.)	HB 5100	(2,316,747)	(2,316,747)
25	MH	February 1	Reduce administrative fees paid to mental health organizations, which help cover costs of such activities as federal reporting and quality improvement.	HB 5100	(494,539)	(1,241,314)
26	MH	February 1	Reduce the consulting contract with the OHSU Department of Psychiatry, which helps review the quality of services provided in local communities.	HB 5100	(33,615)	(33,615)
27	MH	February 1	Close the Transitional Living Center ward at Oregon State Hospital, a forensic ward that serves 44 patients a year.	HB 5100	(560,175)	(577,500)
28	MH	February 1	Reduce development of additional, specialized, community-residential placement capacity. This means 25 people with special needs will have to remain in the state hospital because of a lack of community-care resources.	HB 5100	(719,851)	(719,851)
29	Office of Alcohol & Drug Programs (OADAP)	February 1	Reduce funding for non-Medicaid outpatient alcohol and drug treatment, affecting approximately 150 people.	December Revenue Forecast	(339,074)	(339,074)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
30	OADAP	February 1	Reduce non-Medicaid adult residential alcohol-and-drug treatment capacity by 115 beds, leaving a total of 372.	HB 5100	(1,057,089)	(1,718,911)
31	Office of Medical Assistance Programs (OMAP)	February 1	Implement "OHP 2" by moving 110,000 Oregon Health Plan clients into "OHP Standard." These are adults with incomes below the Federal Poverty Level who do not otherwise qualify for Medicaid on the basis of fitting into a "category" of eligibility. Changes in benefits for OHP Standard clients include elimination of coverage for vision, non-emergency transportation and medical equipment; reduced dental benefits; mandatory co-payments for services; and increased amounts and strengthened payment requirements for premiums.	2001 Budget	(budget neutral)	
32	OMAP	February 1	Begin requiring that OHP Standard clients have been uninsured for six months before becoming eligible.	2001 Budget	(budget neutral)	
33	OMAP	February 1	Delay the expansion of OHP Standard to people with incomes at 110% of the Federal Poverty Level until July 2003.	November 2002 Rebalance	(1,263,647)	(3,890,496)
34	OMAP	February 1	As a result of SDSD eliminating services to levels 15-17, about 2,800 clients will lose eligibility for OHP Plus. (300 may be able to qualify for OHP Standard and about 2,000 will get help paying Medicare premiums.)	HB 5100	(1,843,243)	(4,626,613)
35	OMAP	February 1	Eliminate the Medically Needy Program, affecting about 8,000 clients. This program provides limited benefits to elderly and disabled people with incomes too high to qualify for Medicaid or the Oregon Health Plan.	HB 5100	(6,980,552)	(18,351,247)
36	OMAP	February 1	Eliminate assistance in paying Medicare premiums for about 2,500 people with incomes between 120 and 175 percent of poverty.	HB 5100	(408,863)	(1,026,262)
37	OMAP	February 1	Do not distribute funding to Safety Net Clinics, which provide health care to people with barriers to accessing health care.	HB 5100	(640,000)	(640,000)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
38	Services to Children & Families (SCF)	February 1	Eliminate the Employment Related Foster Care day-care pilot program in three counties, which serves an average of 202 children per month.	November 2002 Rebalance	(869,482)	(880,666)
39	SCF	February 1	Reduce statewide residential treatment for children.	December Revenue Forecast	(1,500,000)	(2,034,229)
40	SCF	February 1	Reduce special contracts for children who need specialized short-term placements.	December Revenue Forecast	(482,960)	(536,956)
41	SCF	February 1	Reduce Portland State University contracts that fund research and training designed to enhance child welfare practices.	December Revenue Forecast	(447,613)	(1,344,040)
42	SCF	February 1	Reduce family treatment and support funds for child welfare services.	HB 5100	(166,962)	168,054
43	SCF	February 1	Eliminate all System of Care resources, including flexible funds and staff, meaning services will not be available for approximately 3,400 children per month.	HB 5100	(4,715,089)	(4,847,732)
44	SCF	February 1	Reduce regular foster care payments by 7.5% for approximately 5,500 children.	HB 5100	(478,022)	(891,965)
45	SCF	February 1	Reduce special rates paid to foster families for special-needs children.	HB 5100	(473,533)	(997,458)
46	SCF	February 1	Reduce the Supportive Remedial Day Care program for children in foster care.	HB 5100	(543,010)	(549,995)
47	SCF	February 1	Reduce Adoption Assistance payments by 7.5% for almost 7,700 adopted children who have special needs.	HB 5100	(1,245,177)	(2,889,627)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
48	SCF	February 1	Reduce child-welfare residential treatment for children in state custody by 30 beds.	HB 5100	(380,927)	(497,562)
49	Senior & Disabled Services Division (SDSD)	February 1	Eliminate General Funds for Retired Senior Volunteer Program (RSVP).	December Revenue Forecast	(58,125)	(58,125)
50	SDSD	February 1	Eliminate inflationary increases for nursing facilities, affecting approximately 5,400 clients and 138 nursing facilities.	December Revenue Forecast	(827,682)	(2,077,515)
51	SDSD	February 1	Reduce average monthly assisted living payments, affecting approximately 3,200 clients and all 163 Medicaid assisted living providers.	December Revenue Forecast	(2,200,865)	(5,524,258)
52	SDSD	February 1	Reduce Oregon Project Independence funding by $1.2 million General Fund. This leaves a statewide budget of $10 million, down from the original $13.7 million for the biennium.	December Revenue Forecast	(1,119,394)	(1,119,394)
53	SDSD	February 1	Eliminate 95% of the General Assistance Program (2,678 clients).	December Revenue Forecast	(2,819,077)	(3,193,124)
54	SDSD	February 1	Eliminate the remaining 5% of the General Assistance Program.	HB 5100	(141,782)	(154,304)
55	SDSD	February 1	Eliminate in-home services and services in 24-hour facilities for 4,177 long-term-care clients in survivability levels 15-17. (Also affects OMAP.)	HB 5100	(5,257,518)	(12,961,139)
56	SDSD	February 1	Reduce rates paid to 138 nursing facilities by an average of $14.51 per day per Medicaid resident. (Along with the elimination of inflationary increases, this means nursing facility reimbursement rates will drop by $17.83 per day.)	HB 5100	(3,721,493)	(9,233,270)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
57	SDSD	February 1	Reduce the base rate paid to 3,900 providers of residential care and adult foster care. Rates will go from $917 per month to $780 per month, affecting 7,100 clients.	HB 5100	(3,678,535)	(9,142,625)
58	SDSD	February 1	Because OMAP is eliminating the Medically Needy Program, SDSD will have a reduction in eligibility work done by its staff.	HB 5100	(399,548)	(842,594)
59	Vocational Rehabilitation Division (VRD)	February 1	Eliminate the remainder of the Sheltered Services Program for approximately 93 people with severe disabilities.	HB 5100	(164,100)	(164,100)
60	Department-wide	February 1	Eliminate 44 positions throughout the department.	November 2002 Rebalance		
61	Department-wide	February 1	Reduce training and staff development.	November 2002 Rebalance	(821,771)	(1,643,542)
62	Department-wide	February 1	Reduce service and supply costs, office expenses and Attorney General fees.	November 2002 Rebalance	(1,101,209)	(3,259,670)
63	Department-wide	February 1	Reduce HIPAA contingency reserve and funds for HIPAA-related computer changes.	November 2002 Rebalance	(289,660)	(827,600)
64	Department-wide	February 1	Eliminate 38 positions.	December Revenue Forecast		
65	Department-wide	February 1	Reduce data processing purchases and other information technology projects.	December Revenue Forecast	(150,000)	(400,573)

February 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
66	Department-wide	February 1	Further reduce professional services, expendable property and Attorney General fees.	December Revenue Forecast	(457,982)	(1,091,107)
67	Department-wide	February 1	Further reduce HIPAA budget.	December Revenue Forecast	(350,000)	(1,000,000)
68	Department-wide	February 1	Eliminate 246 positions.	HB 5100		
69	Department-wide	February 1	Further reduce HIPAA budget.	HB 5100	(397,209)	(1,134,885)
70	Department-wide	February 1	Reduce funds for CURAM software, which enhances integration of DHS computer systems.	HB 5100	(533,700)	(1,800,000)

March 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
1	Developmental Disabilities (DD)	March 1	Eliminate all non-24-hour care for children and adults with developmental disabilities, as consolidated under the Staley Agreement. 5,512 people will lose services and all 10 regional programs established to provide services will close their doors, affecting an estimated 750 jobs.	HB 5100	(11,935,292)	(19,590,318)
2	Mental Health (MH)	March 1	Result of OMAP eliminating outpatient mental-health benefits for OHP Standard clients.	November 2002 Rebalance	(2,352,796)	(5,905,613)
3	MH	March 1	Result of OMAP changing the eligibility date for OHP Standard clients to the first day of the month following eligibility approval.	December Revenue Forecast	(491,251)	(1,233,060)
4	Office of Alcohol & Drug Programs (OADAP)	March 1	End payments for drunk-driving diversion treatment made by the Intoxicated Driver Program Fund, affecting 700 indigent and low-income people.	November 2002 Rebalance	(1,487,540)	(1,487,540)
5	OMAP	March 1	Further reduce OHP Standard benefits by eliminating the remainder of dental benefits and coverage for medical supplies, outpatient mental health and chemical dependency services. (Also affects Mental Health.)	November 2002 Rebalance	(4,853,542)	(12,182,585)
6	OMAP	March 1	Reduce "outlier" payments to DRG hospitals (50 or more beds, usually in urban areas) for patients who have unusually high costs because of prolonged stays or more-complicated treatment. (The payments would continue for children under one year old in hospitals that serve a disproportionate share of low-income patients.) Also, reduce inpatient and outpatient reimbursement rates for all DRG hospitals.	December Revenue Forecast	(894,299)	(2,244,727)
7	OMAP	March 1	Change the eligibility date for OHP Standard clients to the first day of the month following eligibility approval. (Also affects Mental Health.)	December Revenue Forecast	(2,409,264)	(5,989,763)

March 2003 DHS Budget Reduction Actions

Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
8	OMAP	March 1	Reduce OHP pharmacy reimbursement to "average wholesale price" minus 17%.	December Revenue Forecast	(1,336,727)	(3,355,238)
9	OMAP	March 1	Eliminate the requirement to reimburse Type B hospitals (less than 50 beds, within 30 miles of another hospital) at 100% of their costs.	HB 5100	(840,651)	(2,110,068)
10	OMAP	March 1	Eliminate the requirement to reimburse Type A hospitals (less than 50 beds, in rural areas) at 100% of their costs.	HB 5100	(344,720)	(865,261)
11	OMAP	March 1	Eliminate prescription drug benefits for OHP Standard clients.	HB 5100	(7,886,356)	(19,795,070)
12	OMAP	March 1	Expand the requirement for prior authorization of prescription drugs.	HB 5100	(2,000,000)	(5,020,080)

April 2003 DHS Budget Reduction Actions

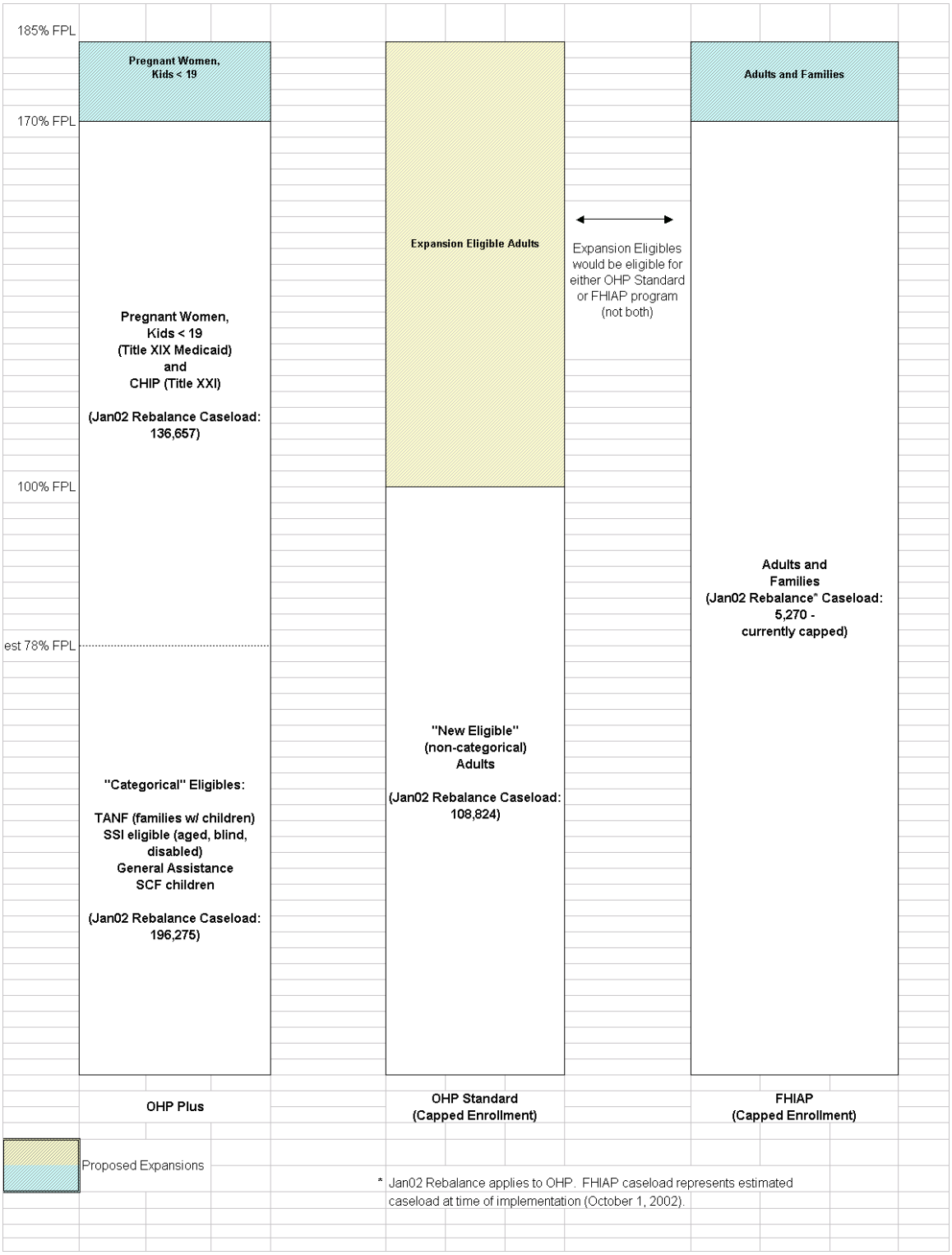
Prepared for the House Health & Human Services Committee

Revised January 22, 2003

#	DHS Areas Affected	Effective Date	Reduction	Reason for Reduction	General Fund Savings 2001-2003	Total Fund Savings 2001-03
1	Mental Health (MH)	April 1	Further delay opening of the new Oregon State Hospital ward until June. (Originally postponed from January.)	December Revenue Forecast	(465,000)	(465,000)
2	Office of Medical Assistance Programs (OMAP)	April 1	As a result of SDSD eliminating services to levels 10-14, about 4,800 clients will lose eligibility for OHP Plus. (450 may be able to qualify for OHP Standard and about 3,500 will get help paying Medicare premiums.)	HB 5100	(1,386,344)	(3,479,779)
3	Senior & Disabled Services Division (SDSD)	April 1	Eliminate long-term-care services for 4,813 clients in survivability levels 10-14 who are receiving care in their homes and in facilities. (Also affects OMAP.)	HB 5100	(4,868,353)	(12,033,299)

ATTACHMENT D

Income Eligibility Across Programs
Oregon Health Plans



Revised
MINUTES
HEALTH SERVICES COMMISSION
March 6, 2003

Members Present: Andrew Glass, MD, Chair; Eric Walsh, MD; Daniel Mangum, DO; Bryan Sohl, MD; Donalda Dodson, RN; Jono Hildner; Dan Williams; Ellen Lowe; Dave Arnold; Kathy Savicki, LCSW.

Staff Present: Darren Coffman; Kathy Weaver, MD; Laura Lanssens.

Also Attending: Tom Turek, MD and Marylou Hazelwood, Office of Medical Assistance Programs (OMAP); Tina Kitchin, MD; Lyle Jackson, MD; Lorraine St. Marie; Lisa Gilliam, Schering-Plough; Bruin Rugge, Intern; Representative Ben Westlund; Representative Alan Bates; Representative Jeff Kruse; Bruce Goldberg, MD, Bob DiPrete, and Kurt Furst, Oregon Health Policy and Research (OHPR); Erinn Kelley-Siel, Governor's Office.

I. Call to Order and Roll Call

The meeting of the Health Services Commission (HSC) was called to order at 11:14 am in Conference Room A of the Public Service Building, 255 Capitol Street NE, Salem, Oregon. Darren Coffman noted attendance.

II. Approval of January 23, 2003 Minutes

The minutes of January 23, 2003 were accepted as submitted with the exception that the attachment to the February 1, 2003 memo to legislative leadership on the most recent changes to the Prioritized List be inserted as Attachment A and the remaining attachments be re-titled B through D.

III. Chair's Report

Dr. Andrew Glass, Chair, mentioned that he had been traveling in India and Sri Lanka during the last meeting and appreciated Dr. Eric Walsh filling in for him as Chair Pro Tempore. He indicated he had a nice time in his travels. He then logged onto the Internet upon his return to the states on January 29th and was depressed upon reading of the failure of Measure 28.

IV. Report from the OHPR Administrator

Dr. Bruce Goldberg introduced himself to the Commission as the Administrator Designee of the Office for Oregon Health Policy & Research. He is a family physician,

originally from New York and in practice in Oregon for the past ten years at OHSU, with the last five years as the Medical Director of CareOregon. He thanked the members for their service. His vision for the OHPR office is that it be a source for helping to make sound health policy with reliable information. He said that the HSC's expertise is needed now more than ever. With the change in administration, health policy moves from being developed in the Governor's office to a process that will bring everyone to the table. And of course we are in the midst of very different economic times.

Dr. Goldberg continued by giving an update on the state of the Oregon Health Plan (OHP). The current budget crisis will mean the state has billions less in revenue for the 2003-05 biennium. The challenge is to figure out what to do with the money we have in living within the state's means. Several legislative committees are looking into how the OHP functions. Legislation will likely come out of the Audit and OHP Budget Reform Committee chaired by Rep. Ben Westlund. They have held two weeks of hearings to educate themselves on health care in general. A key piece of the presentations include the fact that the OHP is a part of the larger health care system and is affected by the same underlying cost-drivers and cost-shifters.

Outside of these committee meetings, two stakeholder groups have been holding meetings for last three weeks. Both the OHP stakeholder group and mental health stakeholder group are seeking to make recommendations to Rep. Westlund and Rep. Jackie Winters, Chair of the Ways & Means Subcommittee on Human Services. After developing a set of principles to incorporate into their work, they began looking at what services could be provided to which Medicaid population with the dollars included in the Governor's Balanced Budget. Preliminary numbers indicate that the federally mandated populations could be provided with federally mandated benefits (with the inclusion of projected cost and utilization increases) with approximately $127 million in general fund remaining. This is not enough to provide prescription drugs to the mandatory populations, let alone other optional services such as mental health and chemical dependency (MHCD) services, durable medical equipment (DME), or dental services. The bottom line is that there is a problem providing a full benefit package for even the mandatory Medicaid population.

These initial discussions have had the following implications:

1) a renewed understanding of the need for the Prioritized List and the savings it generates;
2) an interest in looking at additional ways of prioritizing health services (e.g. the use of evidence-based principles), looking to the HSC to help in finding a way that makes sense;
3) raising the question of whether Oregon would lose the OHP waiver should populations and/or services be reduced to this degree?, and,
4) wondering whether the Prioritized List and can be used to buy back services for the mandatory populations instead of expanding coverage to optional populations.

Dr. Goldberg said that the answers to items 3 and 4 are not known and that the state is a little afraid to ask the questions, especially with the recent talk of moving towards a federal grant program. When asked about the implications for Oregon in relation to the President's proposal, he said that while all of the pro's and con's have not yet been identified, it did appear that while this could give the state more flexibility in the short run it would likely put us in a worse position down the road.

Dr. Kathy Weaver noted that no other state excluded prescription drugs from coverage and wondered how the Centers for Medicare and Medicaid Services (CMS) would view that. Dave thought that utilization could be further managed. He wondered aloud if the legislator's understand the difference between what the resulting Medicaid program in Oregon could look like and the program that is in place in Mississippi. Dr. Eric Walsh asked what the motivation was for the legislators to not go to only the mandatory service for the mandatory populations? Dr. Goldberg responded that it was their understanding of the resulting human suffering and the desire to do the right thing in providing at least some health care to a portion of our state's most vulnerable citizens. Dan Williams thought that we should be careful not to be too expedient. That a core program needed to be identified and maintained that could endure become a basis from which to build on when additional revenues are available.

Dr. Goldberg concluded by saying there is a clear need to prioritize services and whom they should be given to first. The HSC should begin the dialogue with the legislature as how to work together to figure this out. He also encouraged the Commission to look at coverage of services on the list both vertically and horizontally. In other words, in addition to the prioritization of services in anticipation of a further movement of the funding level, begin an effort to closely look at the effectiveness of services included within the line items of the list.

Dr. Goldberg then introduced the Commission to Erinn Kelley-Siel, Governor Kulongoski's Policy Advisor on Health and Human Services. Ms. Kelley-Siel thanked the Commission on behalf of the Governor for their volunteer work. The value of their work is measurable in both the savings the Prioritized List achieves and lives that are touched through the expanded coverage of the OHP. She said that the state is in a place that couldn't have been expected even two months ago. As a result, the HSC could see the most difficult challenges as well as some opportunities. The problem lies in finding up-front money in order to save future costs. While the accounting measures are not in place to be able to show the amount of cost-shift streams in play, they are a part of the discussions. She indicated that the level of the crisis has implications for all stakeholders, so most people are putting aside their own agendas.

V. Report from the House Audit and Human Services Budget Reform Committee

Former Commission member Rep. Alan Bates introduced Rep. Ben Westlund (Chair) and Rep. Jeff Kruse, fellow members of the House Committee on Audit and OHP

Budget Reform. They have been working day and night for last three weeks on what amounts to dismantling a core part of state government. No one is taking any joy in this process and it is proving extraordinarily difficult. They are trying to do the best job possibly given the revenue limits. Identifying additional revenue will be a key issue, but that is not the focus of this committee. The goal is to save as much of what has been done, keeping the delivery system infrastructure in place to build back the program when the economy turns around. He feels a strong sense of purpose within the groups working on this and believes that they understand the gravity of the situation. While the direct actions of some of the options can be quantified, it is hard to quantify human suffering, loss of dignity, and the potential loss of life.

Rep. Bates continued by saying that the shortfall in the budget is breathtaking. Serious disruptions in communities will result. There are questions as to whether we can even maintain a Medicaid program, and if so, does it make sense to have on without prescription drugs, MHCD services, and DME. He believes that through economies and efficiencies Oregon can probably have bare bones program and be able to maintain the fully capitated health plans (FCHPs) while controlling fee-for-service (FFS) costs. Other course there are other competing issues in K-12 schools, higher education, and public safety. Included in their discussions is whether or not the Prioritized List is a good tool. Rep. Bates believes that the HSC can play a role in whatever comes out of this process.

Rep. Jeff Kruse acknowledged that the messenger was shot at the Waiver Application Steering Committee. He also asked the HSC members not to read past the relating clauses of his bills, they are just placeholders. He prefers to look at the challenge as what is the best way to spend $10 billion. He believes that a viable product can be developed that can move people into FHIAP. He is also convinced that we can buy back prescription drugs, MHCD, and DME and hopes to buy back some optional populations. More workgroups will be meeting on a regular basis to determine what can be put together as a waiver modification. It is unclear at this point what CMS will let us do. After consensus is reached on how to restructure OHP, they will come back to the Commission and ask them to build a benefit package. He assured the HSC that it is not his intention to make this body go away.

Jono Hildner asked whether there have been any conversations with CMS on the possibility of having to go to a mandatory benefit package for mandatory populations? Rep. Bates indicated that it might be possible to amend Oregon's new waiver. He doesn't believe that Washington wants us to walk away from Medicaid or to have a Medicaid program without prescription drugs.

Rep. Ben Westlund said that Phase I of the process is now way in terms of looking at what is possible using existing funds. Phase II will include a discussion of what can be bought back through efficiencies or with additional revenues. He expects that they may be ready to come back to the HSC by mid-April with a request for further work. He urged the Commission to maintain their commitment and passion in lending their expertise to the process during this temporary setback. Rep. Bates saw the role of the HSC as maintaining the list for the time being, but that the long-term role will depend on

many factors, including whether CMS will allow Oregon to use the Prioritized List for defining benefits for just a mandatory population. Dr. Eric Walsh said that the HSC wants to be involved and is willing to "squeeze" the list from the sides in order to achieve further efficiencies.
Rep. Westlund is concerned that a myopic approach to the problem will only lead to cost shifting. Furthermore, he feels that a beer and wine tax is not answer to everything, though it could be a part of overall tax reform. All three of them are in support of a sales tax. Rep. Bates said that there exists a difference of opinion in the Capitol as to whether the state can live with the dollars currently available for the 2003-05 biennium.

VI. Discussion of HSC Role in Restructuring the Oregon Health Plan

Dr. Bruce Goldberg summarized the issues facing the legislature as how to prioritize populations and benefits? They are still trying to figure out where those discussions should take place? One possibility is for the HSC to look at benefits and the Oregon Health Council attempt to prioritize populations. He would like the HSC to talk about what it takes to "squeeze" the list from the sides. While the legislature doesn't necessarily need to see a product before they can craft legislation, an estimate of the dollars to potentially be gained from the process could be useful.

Ellen Lowe said that the "squeezing" of the list isn't needed or expected quickly. She encouraged the Commission to look at staged therapies as a part of this process. Dr. Tina Kitchin said that diagnostic services were another area that could result in significant savings. Darren Coffman believes that about $75 of the $320 per-member per-month costs associated with the current list is attributed to the primarily diagnostic services that make up "line 0" of the Prioritized List. Dr. Andy Glass thought that the Health Outcomes Subcommittee could meet for an hour prior to the next HSC meeting to come up with services for further consideration.

Dr. Kathy Weaver was asked to present her handout of services to be considered for an evidence-based review process (see Attachment A). Those items representing high cost services in combination with high volume represent the "low-lying" fruit to look at first. Dr. Walsh also thought it would be informative to know where this is a lack of evidence-based medicine, like in the case of gastroplasty.

Dr. Weaver said that liver transplantation for hepatitis C is a fairly complex issue. The effectiveness of available drugs is reported to range from 40-75%. In addition, it is now known that 100% of the transplanted organs become reinfected with hepatitis c. 30% of these patients will need a new organ within five years. There are no evidence-based reviews on this topic now, so the EPC would need to look at the literature. Ann Uhler agreed that this is a big issue as 80% of methadone clients have the disease. Dr. Dan Mangum indicated that he would like the HSC to consider no coverage for retransplantations in addition to transplants for hepatitis c. Marylou Hazelwood that she had presented the most recent transplant numbers to the Health Outcomes

Subcommittee and will get estimates of the associated costs. She will also inquire as to the likelihood of second transplants and felt it was clear that second transplants don't last as long.

Dr. Weaver indicated she had found five major guidelines on the treatment of sleep apnea. Studies are available on treatment with prescriptions drugs, lifestyle modifications, and surgery. In this case there might not be a need to have the EPC get involved. Darren Coffman suggested that it might be a good idea for the Commission to get their feet wet with a treatment in which an evidence-based review had already done.

Dr. Glass said that HealthNet Oregon is contracting with an organization to administer prior authorizations for imaging services. This is showing a 10% savings, in addition to the sentinel effect, and wondered if the same could be done under OHP. Marylou Hazelwood wondered if a joint letter from the OMA and HSC about the appropriate use of resources under OHP could result in utilization changes. Jono Hildner recommended an approach of attacking line 0, including a review of services for signs and symptoms. Guidelines on diagnostic tests were suggested as a possibility, but probably not on screening tests. It was thought that Minnesota might already have guidelines in place. Dr. Goldberg wondered if the Commission should question the coverage of PET scans at all for OHP? Dr. Walsh thought that another possibility could have the plan could cover H_2 blockers but not proton pump inhibitors (PPIs).

VII. Director's Report

Darren Coffman noted that some interim changes did not make it into the packet of materials presented for approval at the January meeting. At their December meeting the Health Outcomes Subcommittee developed a recommendation that the treatment of smallpox be added to line 207, HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL & OPHTHALMOLOGICAL COMPLICATIONS. The treatment of smallpox was initially omitted from the Prioritized List implemented in February 1994 as the disease had been eradicated since 1977. The Health Outcomes Subcommittee believes that recent global developments warrant the inclusion of these services on the list should they become necessary. The treatment of smallpox is being added to line 207 until a new line can be created for it during the next biennial review. Complications of the vaccination for smallpox are being added to, and will remain on, line 148, PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE. The Commission considers all vaccinations to be ancillary and their coverage is dictated in accordance with the guidelines of the Advisory Commission on Immunization Practices (ACIP), which currently recommend vaccinations for "first responders" only.

Additional changes are also necessary in order to implement the Health Insurance Portability and Accountability Act (HIPAA). This will include the addition of some CPT-4 and HCPCS codes that will take the place of the local codes (OMAP "unique codes") that currently appear on the List. This notification includes the addition of one CPT code and eight HCPCS codes for maternity services to line 55. Unique codes on lines

54, 55, 144, and 300 are also to be deleted, but in these cases the CPT-4 codes to which they crosswalk already appear on those lines. Provisional notice of these changes, along with those for smallpox, were given in the February 1, 2003 letter sent to legislative leadership and will go into effect on April 1st along with the other interim modifications described in that letter if the HSC gives their approval at the meeting today.

A motion was passed unanimously to accept these additional changes to the interim modifications previously approved at the January 23, 2003 meeting.

Mr. Coffman concluded by saying that the HSC may want to look at the designation of hospital care as an ancillary service at a future meeting as the MHCD Subcommittee has identified cases in which these services would be covered for certain conditions in the funded region of the Prioritized List even though that was not the intent of the Commission. He also indicated that legislation had been introduced that would affect the HSC and that he would keep them up to date if any were to move out of committee.

VIII. HRC Update

Dr. Kathy Weaver indicated that work was continuing within the Health Resources Commission (HRC), with a final report on estrogens just completed. Subcommittee reports on skeletal muscle relaxants, oral hypoglycemics, and urinary continence are likely to be completed within the next two months and reports from the OHSU Evidence-based Practice Center (EPC) on ACE inhibitors, beta blockers, and calcium channel blockers are due in late spring.

IX. Report from the Health Outcomes Subcommittee

Dr. Eric Walsh reported the on the Health Outcomes Subcommittee's discussions from that morning's meeting. Dr. Kathy Weaver is going to send a draft guideline on vagal nerve stimulators to an OHSU neurologist for comment. Dr. Lyle Jackson, a Medical Director for a FCHP in Grants Pass and candidate for the current HSC vacancy, presented the subcommittee with testimony on three conditions that are resulting in high-priced services for the health plans: gastrointestinal reflux disease (GERD), urinary incontinence, and hepatitis C. Finally, Marylou Hazelwood presented the subcommittee with OMAP's latest information on the use of transplant services during the last year. While there were more evaluations performed (112), there were fewer transplants received (28) in comparison to 2001.

X. Report from the MHCD Subcommittee

Donalda Dodson briefly reported that the MHCD Subcommittee was in the process of developing recommended changes to the list to accommodate the deletion of BA and

ECC codes as necessitated by HIPAA. The full set of recommendations will be presented to the Commission at a future meeting when they are finalized.

XI. OMAP Issues

No OMAP issues were raised at this time.

XII. Other Business

It was decided that HSC meetings would be scheduled for April 3rd, April 24th, and the fourth Thursdays in May, June, and July.

XIII. Public Comment

No public comment was offered at this time.

XIV. Executive Session

The Commission retired to Executive Session to discuss membership issues.

XV. Adjournment

Dr. Glass adjourned the Health Services Commission meeting at 3:30 pm

_____
Andrew Glass, MD, Chair

ATTACHMENT A

TOP TEN PROCEDURES FOR EVIDENCE BASED REVIEW

Procedures	Lines	Frequency	Cost	Guidelines
1. BM/SCT	Multiple funded	X	$$$$	Yes
2. Liver Transplant Hep C	110	X	$$$$	No
3. Repeat Organ Transplant	107,110,179,442,443		$$$$	No
4. Arthroscopy	Multiple funded	XXX	$$	Yes
5. Low Birth Wt.	71	X	$$$$$	Yes
6. Fetal Surgery	Not on List	?	$$$$	No
7. Lung Reduction Surgery	Not on List	?	$$$	No
8. Rhinoplasty	345,492,630	XX	$$$	Yes
9. Sleep Apnea Dx & Tx	350	X	$$	Yes
10. PE Tubes for Serous Otitis	504	XX	$$	Yes

The procedures with Line numbers are in the funded region of the Prioritization List higher than the funding level being considered for the 35 line movement. Fetal surgery and surgery for COPD are not currently on the list, but there have been requests to include them.

REVISED

Revised
MINUTES
HEALTH SERVICES COMMISSION
April 24, 2003

Members Present: Andrew Glass, MD, Chair; Eric Walsh, MD; Daniel Mangum, DO; Dan Williams; Kathy Savicki, LCSW; Ellen Lowe; Donalda Dodson, RN (late).

Members Absent: Dave Arnold; Bryan Sohl, MD; Jono Hildner.

Staff Present: Darren Coffman; Kathy Weaver, MD; Laura Lanssens.

Also Attending: Marylou Hazelwood, RN and Tom Turek, MD, Office of Medical Assistance Programs (OMAP); Jeff Thomason, MD, and Bill Hagens, Washington State Medical Assistance Administration; Regina Gallwas, Washington State Health Care Authority; Bruce Goldberg, MD and Jeanene Smith, MD, Oregon Health Policy and Research (OHPR), Carole Romm, RN.

I. Call to Order

Dr. Andrew Glass, Chair, called the Health Services Commission (HSC) meeting to order at 11:10 am, in Room 117 B&C at Meridian Park Hospital Community Health Education Center, 19300 65th Avenue, Tualatin, Oregon. Darren Coffman noted attendance.

II. Approval of Minutes

The minutes of the March 6, 2003 meeting were approved with the following corrections:

- Page 2, 4th paragraph, list item #4, change "..Prioritized List and be used.." to "..Prioritized List can be used..."
- Page 2, last paragraph, first sentence, change "..3 and 4 are not know and that the.." to "..3 and 4 are not known and that the..."
- Page 3, 4th paragraph, first sentence, change "..Erinn Kelly-Seil,.." to "..Erinn Kelley-Siel,..."
- Page 7, last paragraph, first sentence, change "..deletion of Baxxx and ECCxx codes.." to "..deletion of BA and ECC codes..."

III. Chair's Report

Dr. Andy Glass introduced Jeff Thompson, MD. Dr. Thompson has just taken the position of Chief Medical Officer for Washington's Medicaid program. Previous to that

he was the Medical Director for Washington State's Health Care Authority, which oversees their Basic Health Plan, Public Employees Benefits Board, and Community Health Services programs.

Dr. Glass indicated that he is troubled by the reported demise of the Oregon Health Plan and his colleagues have been offering their condolences.

IV. Director's Report

Darren Coffman reported briefly on his presentation before the Joint Commission Ways and Means. He said that the questions tended to focus on the composition of the Commission as opposed to the changes to the Prioritized List reflected in the biennial report. Ellen Lowe commended Mr. Coffman on his composure during the questioning.

Mr. Coffman said that the biennial report had been transmitted to the State Printer and should be ready for distribution on or around May 5th. He mentioned that he had spoken recently to a group in Olympia who are trying to expand coverage to the uninsured in a five-county region. He also traveled with Mark Gibson and Bob DiPrete to present before Minnesota's Senate Committee on Health & Human Services. They are considering using Oregon's Prioritized List as way to reduce services for their state-funded programs to avoid entirely eliminating coverage for about 60,000 citizens.

He announced that Kathy Weaver will be leaving her post as the Medical Director for the Office for Oregon Health Plan Policy & Research and has accepted the position as Director for the Health Resources Commission (HRC) and thanked her for her hard work.

V. Medical Director's Report

Dr. Kathy Waiver said that she is currently splitting time between the HSC and HRC and will move to full time with the HRC beginning May 1. She thanked the Commission for their commitment to providing health care to low-income Oregonians and the opportunity to work with them as both a Commission member and staff person.

She reported that the HRC will be holding a meeting on the following day where they will receive subcommittee reports on triptans, oral hypoglycemics, skeletal muscle relaxants, and urinary incontinence drugs. This adds to the five reports already completed and the three reports on antihypertensives to be done by July 1. Work is also begun on the first of the six-month updates for the original five drug classes reviewed.

The latest data shows that the Practitioner Managed Prescription Drug Plan is not working as well as was hoped. This is because of the generous exception process

available. On average there is about a 25% shift from the non-preferred drugs to the preferred drugs, with the highest change coming from a switch from Nexium to Protonix.

VI. Legislative Update

Dr. Bruce Goldberg said that in the big picture, not much is different than it was a month ago in relation to how OHP will look in 2003-05. The legislature is still struggling with rising health care costs, increasing demand, and a lack of revenue. He thinks the legislators understand the need for the Prioritized List today more than ever. The list was initially used to expand coverage and now it is needed to protect what we have as much as possible.

Dr. Goldberg said the Governor and Ways and Means Co-chairs have come out with two budgets that use existing revenue sources and look very similar. Under each, the OHP would continue to serve a mandatory population with a benefit package that is similar to what is being provided now -- no adult dental would be included and durable medical equipment would be reduced in a manner yet to be determined. The biggest difference is that the Governor's budget includes coverage for children to 185% FPL and the Co-chair's budget extends that coverage up to 200% FPL. Both budgets are based on savings that come from moving the line 30 places. In neither case is there enough funds to provide health care benefits for the 100,000+ adults now covered in OHP as an expansion population. Some legislators are saying that budgets are unacceptable and that additional revenues need to be found.

Dr. Goldberg reported that a bill came out of Rep. Ben Westlund's committee yesterday dealing with how OHP will be administered in the future. The bill speaks to the Prioritized List in the same manner as in SB 27. It looks at ways to administratively save money, especially in area of prescription drug management, where the state can take advantage of higher rebates. The bill also calls for managed care plans to increase enrollment. Ellen Lowe emphasized that this bill is a work in process and that all 15 sections are subject to change.

Another area the legislature is looking at is increasing revenues through the elimination of tax credits. Sen. Ryan Deckert and Rep. Lane Shetterly are heading up this task. For instance, those over the age of 62 can deduct their full health care expenses from their state taxes, which results in a cost of $64 million. License surcharge/fees for health care providers are another possibility for raising revenues.

The question was raised as to whether the OHP can exist under the budgets currently being proposed. Dr. Goldberg replied that yes, it could continue, that in both budgets there is an expansion population (children up to 185% or 200% FPL). The issue is whether the Prioritized List can be used to buy back optional benefits for mandatory populations. The initial reaction from CMS is "let's talk," not "over my dead body!" CMS realizes that every state is in trouble and will need to supply the tools for them to dig out of the budget holes they are in. Dr. Glass feels comfortable with the ranking of the lines

in the area to be potentially cut because of the work put in during the last biennial review.

VII. Report from the Health Outcomes Subcommittee

Dr. Eric Walsh reported that the Health Outcomes Subcommittee spent the morning looking at about 100 instances of non-paired codes. The vast majority of these were straightforward, but there were two that warrant further discussion.

One request was to add a mental health code for a consultation with family members after an occurrence of physical or sexual abuse. It was finally decided to not add this code to line 243, Sexual Abuse Including Rape, as there are numerous other lines that it could be used for as well. It would also create systems issues by putting mental health codes on physical health lines and the code's absence from these lines does not appear to have caused significant problems over the last nine years of implementation.

The next item related to the treatment of an open dislocation of a joint. While this is clearly an indication for surgical treatment, there was a request for a confirmatory consultation. There were varying opinions but the decision was not to place this code on the line.

The Commission accepted the report of the subcommittee with the understanding that these changes presented today will be combined with additional recommended changes in July. At that point the combined set of changes will be included in the notification of interim modifications to the list that will go into effect on October 1, 2003. See the minutes for the Health Outcomes Subcommittee of April 24, 2003 for complete list of the coding changes that were accepted.

VIII. Report from the MHCD Subcommittee

Donalda Dodson reported that the Mental Health Care and Chemical Dependency (MHCD) Subcommittee is looking at their lines for what should be reimbursable. This review is necessitated by the elimination of all "local" codes including BA and ECC codes. While the subcommittee is cross walking these codes to other CPT and HCPCS codes they are also looking closely at the lines to make sure only those treatment pairings that are appropriate will remain on the list. This work probably won't save money but it will result in line items that are more academically correct.

Kathy Savicki organized a presentation to the subcommittee on the early diagnosis and treatment of psychosis. The model being implemented has been successful in other countries and represents a public health approach to catch people before they develop psychoses and end up on public assistance. This work is being done under a Meyer Memorial Trust Grant. Portland, ME is the only other region in the US implementing such a program.

IX. "Squeezing" the List

Dr. Goldberg wants the HSC to look at the "squeezing" of list as framing their next decade of work, not as just an artifact of the current fiscal crisis. Rising health costs are creating a problem for the entire health care system, not just the OHP. He believes there is very marginal benefit to some of the services being provided. The goal should be in striving to pay for the most beneficial services with the resources available.

He also believes the HSC can play a role in addressing the gap between the "haves" and the "have nots." As new technologies become available and added to benefit plans, the costs of healthcare continue to spiral. There is a ceiling for health care expenditures, but there is a denial that the ceiling exists. As the HSC reviews the appropriateness of placing new technologies on the list, he believes others will look to them as they make coverage decisions.

Dr. Goldberg wanted to assure the HSC that this new work represents a big and resource intensive job. The Commission should think in terms of both the short-term and long-term vision. The expectation is that any reductions resulting from such a process will go back into the program.

Dan Williams suggested that there should be a shift in focus from the social importance of a service to its cost-benefit. This would be similar to what the HRC is doing around prescription drugs. Dr. Glass didn't think there would be disagreement within the members that this is important and they are willing to do it, but are unsure if OMAP and health plans are willing or able to implement what results from the process. Dr Walsh would like legislature to be educated on what is being discussed so that they can put teeth into it. Dr. Goldberg said that he would talk with them about inserting some language about what the HSC is going to do in terms of process. Dr. Glass added that he would like the cost issue to be included as part of the language. It was noted that the language in SB 819 stated that the HRC should consider the effectiveness of drugs first and cost-effectiveness second. Ellen Lowe commended the legislators for taking it upon themselves to become educated on the issues, as there is no longer a Governor to lean on in terms of health care policy. Some key questions are coming from those legislators who have not been involved in health policy before.

It was pointed out that both PEBB and the Purchaser's Coalition could be partners in this process. PEBB is one of largest purchasers in the state and during their contract renegotiations have asked insurers to address the issue of evidence-based drug lists as part of the RFP.
Dr. Kathy Weaver was asked to walk through the matrix (see Attachment A) she put together on areas that the HSC might want to look at for potential cost savings. The items were ordered according to the nature of the cost impact they would have, from the clearest impact on cost (elimination of service) to the least clear (practice guidelines). Per member per month (PMPM) costs were also included, where available, which represent the average costs of the entire line item that the service is a part of. Dr. Glass pointed out that all the HSC has done to this point revolves around guidelines and

elimination through a lower prioritization on the list. Dr. Tom Turek noted that OMPRO conducts prior authorization (PA) for OMAP on blepharoptosis repair, liver transplants, and PE tubes, but not for genetic tests. The $200,000 spent on hypnotic medications is a result of the diagnosis not appearing on the prescription. A PA could make the physician tell them what condition is being treated. Mary Lou Hazelwood said that by denying coverage for liver transplants for hepatitis C, 75% of the costs associated with evaluations for liver transplants could be avoided in addition to the savings from not paying for the procedure and anti-rejection drugs.

Darren Coffman indicated that he has acquired data on the utilization and costs associated with services on line zero -- those services that cannot be associated with individual line items on the list (primary diagnostic services). Dr. Walsh believes that the amount of money spent on line zero is phenomenal. He believes that if patients and doctors could be educated that the money being spent could be put to better use. Andy noted that a group called the National Imaging Associates provides oversight of imaging services for Health Net of Oregon as reduces costs by as much as 10-15%.

Discussion turned to the idea of allowing a limited number of visits (e.g. two) for a below the line diagnosis over the course of a specified time period. Dr. Weaver said that staff had done some work previously with Allen Wineland on this topic and thought that as much as 40% of the line zero costs were associated with diagnostic visits for signs & symptoms. Dr. Turek said he has been told that the OMAP system cannot enforce this. Dr. Mangum feels that this could turn into a penalty for providers because the patients will still come into office and there is little tolerance for additional obstacles within OHP. Carole Romm thinks that the development of such limits by the HSC would be helpful to plans. Dr. Turek said that any limits identified would have much more legitimacy if they were to come from the HSC. Dr. Weaver thought that disease management, step therapy, or a separate line for chronic pain in order to track these patients might be other ways to manage care.

Darren Coffman suggested that a Consumer Report type of approach could be taken to correlate existing evidence-based reviews with services on the Prioritized List. This could be used to indicate where evidence of effectiveness was poor for services placed relatively high or visa versa. Dr. Walsh suggested that such work could focus initially on the top 25% of the line items according to their PMPM. BMJ Clinical Evidence, the Cochrane Collaborative, and possibly one or two more websites could be used as sources for available research. Dr. Thompson offered to send staff the list of health technology assessment websites that they have compiled.

Kathy Savicki suggested looking to the fully capitated health plans (FCHPs) for best practices in terms of the guidelines that they use. Dr. Turek knew of some plans that used the guideline associated with line 143 in order to receive an MRI for symptoms involving the spine. He thought that the plans could also be asked about the PT/OT limits they have in place. Perhaps the FCHPs could be quizzed on the guidelines/PAs that they use. In addition, Worker's Compensation was known to be a good source for their guideline on the treatment of carpal tunnel syndrome.

X. Next Steps

Dr. Dan Mangum was asked to chair the Line Zero Task Force, which will also include Donalda Dodson and Ellen Lowe. The Evidence-Based List Task Force will be chaired by Dr. Eric Walsh and also include Kathy Savicki. Dr. Glass and Dan Williams will be assigned slots after other members not present are contacted for their preference.

Dr. Glass and Darren Coffman will work out on questions to asking the OHP Medical Directors on what guidelines or management strategies they are using which may be of use across all of OHP.

XI. Other Business

No other business was identified at this time.

XII. Public Comment

No public comment was received.

XIII. Executive Session to Discuss Membership and Staffing Issues.

Dr. Glass announced that the HSC would be retiring to executive session to discuss membership and staffing issues.

XIV. Adjournment

Dr. Glass adjourned the HSC meeting at 3:30 pm. The date, time, and venue of the next HSC meeting will be determined at a later date.

_____

Andrew Glass, MD, Chair

MINUTES
HEALTH SERVICES COMMISSION
July 24, 2003

Members Present: Andrew Glass, MD, Chair; Eric Walsh, MD; Daniel Mangum, DO; Dan Williams; Kathy Savicki, LCSW; Ellen Lowe; Donalda Dodson, RN; Bryan Sohl, MD (via teleconference).

Members Absent: Eric Walsh, MD.

Staff Present: Darren Coffman; Alison Little, MD; Laura Lanssens.

Also Attending: Chris Barber and Tom Turek, MD, Office of Medical Assistance Programs (OMAP); Bruce Goldberg, MD, and Jeanene Smith, MD, Oregon Health Policy and Research (OHPR).

I. Call to Order

Dr. Andrew Glass, Chair, called the Health Services Commission (HSC) meeting to order at 1:35 am, in Room 117 B&C at Meridian Park Hospital Community Health Education Center, 19300 65th Avenue, Tualatin, Oregon. Darren Coffman noted attendance.

II. Approval of Minutes

The April 24, 2003 minutes were approved with the following changes:

- Page 1, on attendance list, change "Jeff Thomas, MD" to "Jeff Thompson, MD"
- Page 1, under "Call to Order," change "Dr. Andrew Walsh, Chair" to "Dr. Andrew Glass, Chair"
- Page 4, last sentence, change "Portland, ME is the only other region in the US looking at such a program" to "Portland, ME is the only other region in the US implementing such a program."

III. Chair's Report

Dr. Glass welcomed Dr. Alison Little as the new HSC Medical Director.

IV. Director's Report

Darren Coffman noted that Dave Arnold has resigned his position and has moved to Spokane, WA. With the legislature working on bigger issues, there has been no talk

recently about filling commission vacancies. He noted that the OHPR budget has been approved for 03-05 and is much tighter than in years past. In addition, a request to add a position for a coder to tackle the ICD-10 conversion process was not granted. Finally, he indicated that he has been invited to speak to the Conference Board of Canada in Ottawa this October. They are contemplating recommending a move to an insurance model and are exploring ways to define healthcare "baskets" of goods.

V. Medical Director's Report

Dr. Alison Little looks forward to the opportunity to work with the HSC again and said that if anyone had any suggestions for what they would like to see from her in her new role as Medical Director to please let her know.

VI. Legislative Update

Dr. Bruce Goldberg thanked the HSC for their continuing work and noted that there is a renewed importance and visibility to their work and that the waiver amendment being crafted builds on their efforts. He assured the HSC that their longevity has been reaffirmed with the introduction of a legislative amendment. HB 3624 now includes language that charges the HSC to look at both clinical effectiveness and cost-effectiveness in their prioritization of health services. Increasing health care costs are clearly a pivotal issue for not just the state but for employers and employees as well and the HSC is being looked upon to lead an examination of this issue.

Dr. Goldberg reported that Governor Kulongoski and the legislative leadership have made a commitment to continue to cover everyone currently on the OHP. Key to the discussions is what benefits can be included in the OHP Standard benefit package. Core services would include primary care, mental health and chemical dependency, prescription drugs, and diagnostic services. Additional services will be prioritized should revenues allow further coverage. Ellen Lowe added that the OHP Standard inclusion of a hospital benefit is still up in the air, depending on whether a provider tax is implemented and on whom. Provider taxes on Medicaid beds in nursing homes and on the OHP managed care plans are also in play, although the latter seems less likely. He noted that current OHP Plus (categorical) enrollment stood at 375,000 and OHP Standard at 68,000. Some expansion being examined could include a reinstatement of more of the former medically needy program and coverage for children up to 200% of the federal poverty level. Ellen Lowe said that many of the 25, 000 who have left OHP Standard may want to come back with the reinstitution of MHCD services, but that a possible cap at current enrollment levels would limit that to a first-come first-served basis. Dr. Goldberg concluded that they are still trying to hold to the planned implementation date of October 1st, but DHS has communicated to Centers for Medicare and Medicaid Services (CMS) that the legislature is still in session and therefore the details of a waiver amendment aren't known at this point. In addition,

negotiations with CMS on the proposed 30-line reduction to the funding level of the Prioritized List are ongoing.

VII. Report from Line Zero Task Force

Dr. Dan Mangum indicated that the Line Zero Task Force has narrowed their focus on three areas: 1) emergency department (ED) visits, 2) PET scans, and 3) incontinence supplies.

Everyone is in agreement that ED visits are expensive and that a large portion of the utilization is inappropriate. CareOregon has identified a list of diagnostic codes as representing conditions for which ED visits are inappropriate and reimbursed at lower rate. The goal is to direct these patients to a more appropriate setting.

The task force has concluded that PET scans should continue to be covered for diagnostic purposes (mostly involving cancers), but not for the purpose of following treatment as there is no evidence that this improves outcomes. Dr. Glass will draft language along these lines for the HSC to consider at their next meeting. Dr. Little will also examine the existing Medicare guidelines to see if they can be of use. As for other imaging services, the task force recommends exploring the use of an outside organization for prior authorization services.

Incontinence supplies represent some $12.5 M in the line zero data being examined. A representative from DHS' Seniors and People with Disabilities (SPD) has been asked to find out if an appropriate monthly utilization amount can be determined. OMAP currently uses a monthly limit of 360 diapers, with exceptions approved by Dr. Turek. It was the general impression that a fair number of people could get by with less than that amount. One of the difficulties is that the rules are administered in a local fashion by the various branch offices, but an attempt to centralize these decisions is underway.

Jono Hildner wondered if the state could reuse some durable medical equipment for OHP Standard. Dr. Turek will find out rules on this but believes that liability is an issue.

VIII. Report from Evidence-Based List Task Force

Darren Coffman gave a report for the task force in Dr. Eric Walsh's absence. He said that the task force met on June 17th and held a workshop session. At this meeting the task force reaffirmed the process outlined at their May 22nd meeting for incorporating evidence-based research into the maintenance of the Prioritized List.

The task force chose three health services to run through this process. An internet connection was established so that the task force members could work through the process using the websites recognized as sources for evidence-based research. Those services were: 1) Essure, 2) the use of oral glycoprotein IIb/IIIa receptor inhibitors for

the secondary prevention of ischemic cardiac events, and 3) bypass graft surgery for peripheral vascular disease.

Essure is a new female sterilization technique whereby devices are placed in both fallopian tubes on an outpatient basis, which causes tissue growth to occlude the tubes. No information related to Essure could be found on any of the recognized websites identified at the previous meeting. This precluded this new technology from further consideration for placement on the list. It was noted that the information available from the manufacturers website indicated that while the device has over a 99% effectiveness rate after it is properly placed and total costs compare to that of tubal ligation, proper placement cannot be achieved in 10-14% of the cases and therefore its true effectiveness rate as a contraception technique is much lower.

The task force found evidence on two websites related to the effectiveness of oral glycoprotein IIb/IIIa receptor inhibitors for the secondary prevention of ischemic cardiac events. Both sites found these drugs to be harmful when used for this particular indication. Morbidity and mortality statistics were worse with the use of oral glycoprotein inhibitors and therefore should not be provided under the OHP in such instances.

The BMJ Clinical Evidence website contained an evidence-based report that concluded bypass surgery was of unknown effectiveness for the treatment of peripheral vascular diseases. Upon examination of the website's report it was concluded that this issue would require further research.

1. Dr. Glass suggested that Aetna and BCBS have a large number health technology assessments available, which determines what is being done in clinical practice.

IX. Report from Health Outcomes Subcommittee

Dr. Glass presented the coding changes that were being recommended by the subcommittee for the HSC's approval. The changes incorporate new ICD-9-CM codes and the placement of appropriate codes that have not been previously paired on the Prioritized List. Attachment A reflects all changes that will go into effect on October 1, 2003, representing those changes that were unanimously approved at this meeting as well as those approved at the April meeting. For a discussion of the new changes only, please see the minutes of the July 24, 2003 minutes of the Health Outcomes Subcommittee meeting.

Dr. Glass said that there were two additional issues that warranted the Commissions attention. Dr. Tom Turek indicated that there is a desire for the HSC to define what is meant by "short term rehab" on the dysfunction line appearing as line 455 on the new list. Darren Coffman noted that the HSC made a conscious decision not to define this term when the line was first created in 1993. Kathy Savicki indicated that in the case of traumatic brain injuries, for example, FCHPs, MHOs, and Seniors and People with

Disabilities are at odds as to who is supposed to provide what services. Dr. Little was asked to see if any evidence-based research was available on what level of these therapies might be effective. Dr. Mangum suggested that another approach was to look at a typical commercial plan that covers $2500 per year and see how much this would buy.

The second issue Dr. Glass wanted to bring forward is the current coverage of cardiac transplants for atherosclerosis in a bypass graft. A similar issue is a second liver transplant in the presence of hepatitis C. In both cases he questioned whether the presumably worse expected outcomes warranted the significant costs. Dr. Little will look at the literature for both cases.

X. Report from MHCD Subcommittee

Donalda Dodson reported that the Mental Health Care and Chemical Dependency (MHCD) Subcommittee had completed the work on crosswalking the BA codes to CPT and HCPCS codes as required by the Health Insurance Portability & Accountability Act (HIPAA). She also said that Tamara Sales had given an update on the work being done on the early diagnosis and treatment of psychoses. Finally, Dr. Eric Walsh came to the most recent meeting to present the process being developed by the Evidence-based List Task Force and asked that the MHCD subcommittee consider embarking on a similar process for MHCD services.

XI. Discussion on Use of Process Developed by Evidence Based Task Force for Modifying Prioritized List

The Commission adopted the process for evidence-based research into the Prioritized List as developed by the Evidence-Based List Task Force, with the clear understanding that services currently appearing on the Prioritized List can be subject to review in addition to new technologies. The amended outline including the recognition of acceptable sources of evidence-based research and the process for incorporating it into the list is as follows:

Sources of evidence must have the following characteristics:

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

The process that the Health Services Commission will use is outlined below:

1. The HSC will examine pooled data from one of the recognized sources/websites
2. Exceptions may be made for rare diseases
3. The HSC will consider new sources/websites as they are identified
4. Evidence against the effectiveness of a treatment be used to take a service off of the list and evidence for a treatment's effectiveness be used to initially place it on the list.
5. A treatment of "unknown effectiveness" can be considered for possible elimination or limitation through a guideline if there are known treatments that are "beneficial" or "likely to be beneficial," unless the treatment is found to be a part of established guidelines for standard therapy. In this case a requirement of the use of step therapy may be appropriate for consideration.

XII. Next Steps

It was concluded that the Evidence-Based Task Force had served their purpose to develop the process that was adopted by the HSC. The Health Outcomes Subcommittee will now take over this work in using this approach for all future non-technical modifications to the Prioritized List, including potential adjustments made during the biennial review process. Dr. Little will scan the recognized sources for evidence-based research pertaining to existing services on the Prioritized List and report on her findings at the next Health Outcomes Subcommittee meeting.

XIII. Other Business

No other business was identified at this time.

XIV. Public Comment

No public comment was received at this time.

XV. Adjournment

Dr. Glass adjourned the HSC meeting at 3:51 pm. The date, time, and venue of the next HSC meeting will be determined at a later date.

_____

Andrew Glass, MD, Chair

ATTACHMENT A

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 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
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

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

Diagnosis DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment SURGICAL TREATMENT
Line: 21 (CONT'D)

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
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

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

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

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 PROSETHETIC 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),
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, WITH AUTO AUTOGRAFT
DELETE	24498	PROPHYLACTIC TREATMENT, HUMERAL SHAFT
ADD	25035	INCISION WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS), FOREARM
ADD	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), FOREARM/WRIST
ADD	25150	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), ULNA
ADD	25151	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS),
ADD	26034	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), HAND/FINGER
ADD	26992	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), PELVIS/HIP

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

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

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

Diagnosis SEPTICEMIA
Treatment MEDICAL THERAPY
Line: 48

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

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.

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

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

Diagnosis CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment RECONSTRUCTION
Line: 100

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

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

Diagnosis CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment RECONSTRUCTION
Line: 100 (CONT'D)

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"33425-333465".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 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 FOOR 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. (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 synctial virus
DELETE	V05.2	Need for prophylactic vaccination and inoculation, Leishmaniasis
DELETE	V06.0	Need for prophylactic vaccination and inoculation, Cholera with
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,VO6.9”.

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

Diagnosis COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING
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 VIESSELS
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

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

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 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

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
DELETE	V03.1	Need for prophylactic vaccination and inoculation, Thyphoid/Paratyphoid

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

Diagnosis PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10 (See Guideline Note)
Treatment MEDICAL THERAPY
Line: 184 (CONT'D)

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
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,VO6.9".

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. (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	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
ADD	62351	IMPLANTATION/REVISION OF INTRATHECAL CATHETER FOR MEDICATION VIA PUMP, WITH
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”.

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

Diagnosis ESOPHAGEAL STRICTURE
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 220

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

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

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

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
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

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

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
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

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

Diagnosis CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION
Treatment MEDICAL THERAPY/ADRENALECTOMY
Line: 283 (CONT'D)

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

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
	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

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

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 (CONT'D)

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 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".

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

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
ADD	42000	DRAINAGE OF ABSCESS, PALATE
ADD	46060	INICISION AND DRAINAGE, ISCHIORECTAL ABSCESS
ADD	528.5	Diseases of lips (abcess, 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

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

Diagnosis VESICOURETERAL REFLUX
Treatment MEDICAL AND SURGICAL THERAPY
Line: 366 (CONT'D)

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

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.

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

Diagnosis DEEP OPEN WOUNDS
Treatment REPAIR
Line: 380

ADD	64893	NERVE GRAFT, ARM OR LEG

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
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

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

Diagnosis FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 440 (CONT'D)

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

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 CONSTITIONAL 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

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	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.

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

Diagnosis DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE
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
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. (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

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

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

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 LIGAMENTOUS 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

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

Diagnosis ABSCESSES 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
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
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

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

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
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

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

Diagnosis STOMATITIS AND DISEASES OF THE LIPS
Treatment MEDICAL THERAPY
Line: 564 (CONT'D)

DELETE	528.5	Diseases of the lips (abscess, cellulitis, fistula, hypertrophy, cheilitis, cheilosis)
DELETE	529.0	Glossitis (abscess, ulceration of tongue)

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

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

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

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".

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

ATTACHMENT B

New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003

```
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,HO002,H0004,H0017,HOO18,H0019,H0031,H0033,H0034,H0035,H0036,H0037,
           H0045,S5151,S9484,S9485,T1005,T1013,T1016
     Line: 145

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,HO002,H0004,H0017,HOO18,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,HO002,H0004,H0017,HOO18,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,HO002,H0004,H0017,HOO18,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,HO002,H0004,H0017,HOO18,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,HO002,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,HO002,H0004,H0017,HOO18,H0019,H0031,H0033,H0034,H0035,H0036,H0037,
           H0045,S5151,S9484,S9485,T1005,T1013,T1016
     Line: 188
```

New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003 (Cont'd)

```
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,HO002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,
           H0045,S5151,S9484,S9485,T1005,T1013,T1016
     Line: 189

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,HO002,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: HO002,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: HO002,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,HO002,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,HO002,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,HO002,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 Approved July 17, 2003 (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,HO002,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,HO002,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,HO002,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,HO002,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,HO002,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,HO002,H0004,H0017,HOO18,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,HO002,H0004,H0017,HOO18,H0019,H0031,H0033,H0034,H0035,H0036,H0037,
           H0045,S5151,S9484,S9485,T1005,T1013,T1016
     Line: 392

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,HO002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013,
           T1016
     Line: 425
```

New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003 (Cont'd)

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,HO002,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,HO002,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,HO002,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,HO002,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,HO002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013, T1016
Line: 433

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,HO002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037, H0045,S5151,S9484,S9485,T1005,T1013,T1016
Line: 434

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,HO002,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,
HCPCS: G0176,G0177,HO002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013, T1016
Line: 436

New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003 (Cont'd)

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,HO002,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,HO002,H0004,H0017,HOO18,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,HO002,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,HO002,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: HO002,H0004,H0031,H0034,H0035,H0036,H0037,S9484,S9485,T1013,T1016
Line: 514

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,HO002,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,HO002,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,HO002,H0004,H0031,H0033,H0034,H0035,S9484,S9485,T1013,T1016
Line: 563

New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003 (Cont'd)

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: HO002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013,T1016
Line: 608

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: HO002,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,HO002,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,HO002,H0004,H0031,H0034,H0035,T1013,T1016
Line: 627

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,HO002,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,HO002,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,HO002,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

MINUTES
HEALTH SERVICES COMMISSION
September 25, 2003

Members Present: Eric Walsh, MD, Chair Pro Tempore; Bryan Sohl, MD; Daniel Mangum, DO; Dan Williams, Kathy Savicki, LCSW, Ellen Lowe, Jono Hildner, Donalda Dodson, RN, MPH.

Members Absent: Andrew Glass, MD, Chair.

Staff Present: Darren Coffman; Alison Little, MD; Laura Lanssens.

Also Attending: Tina Kitchen, MD, Tom Turek, MD and MaryLou Hazelwood, RN, Office of Medical Assistance Programs (OMAP); Francis Lynch, PhD, MSPH, Center for Health Research, Kaiser Permanente; Jeanene Smith, MD and Bruce Goldberg, MD, Office for Oregon Health Policy & Research (OHPR); Jennifer Pathak, RN, MS, OMPRO.

I. Call to Order

Dr. Eric Walsh, Chair Pro Tempore, called the Health Services Commission to order at 12:45 pm in Education Room B of the Adventist Medical Center, Portland, Oregon. Darren Coffman noted attendance.

II. Approval of Minutes

The minutes of the July 24th, 2003 Health Services Commission (HSC) Minutes were approved as written.

Dr. Dan Mangum reviewed the July 24th, 2003 Line Zero Task Force Minutes and requested that an addition be made to Page 3, first paragraph of "Report from Line Zero Task Force". This should be revised to read, "Dr. Dan Mangum indicated that the Line Zero Task Force has narrowed their focus on three areas: 1) emergency department (ED) visits, 2) PET scans, 3) incontinence supplies **and 4) diagnostic imaging**."

III. Chair's Report

Since Dr. Andrew Glass was not in attendance, a Chair's report was not given.

IV. Director's Report

Darren Coffman briefly reported that there was very little to report to the HSC regarding CMS negotiations. He reported that OMAP has made a decision to move forward with implementation of the new list with the funding level at Line 549 (NOTE: Later clarification indicated that while this is accurate, those services covered as of September 30, 2003 and no longer in the funded region on the new list as of October 1, 2003 will still be covered on a fee-for-service basis).

V. Medical Director's Report

Dr. Alison Little reported on the outcomes of tasks that the HSC had given her at the last HSC meeting. She reported that she has compiled a number of reviews of the evidence-based literature for the Health Outcomes Subcommittee to review, including physical therapy, cataracts, and use of interferons for multiple sclerosis. While the Subcommittee did not have time to review them in detail today, she will continue to compile this kind of information.

She reminded the Commission that at the last meeting, a question regarding the definition of short-term rehab was raised. The Commission asked OMAP to clarify whether or not CMS would allow limitation of this treatment. Dr. Turek researched this issue and reported back to Dr. Little that rehab is an optional service and could be eliminated completely if desired. Medicare has a dollar limit of $900 per year. There was discussion about whether and how to limit this service. Darren Coffman clarified that this description is attached only to the neurological dysfunction line. Dr. Tina Kitchen stated that when this line was created, it was intended to include stroke and traumatic brain injury, and she did not think there would be a problem defining limits to therapy for this. Staff is to review the data regarding the effectiveness of rehab on the neurological dysfunction line as well as other lines, and bring a recommendation regarding limitations to the next meeting.

VI. Report from MHCD Subcommittee

Donalda Dodson reported that the MHCD Subcommittee had met, Wednesday, September 24th, 2003. She reported that the Subcommittee has begun looking at how to incorporate evidenced-based research into the mental health and chemical dependency line items but needs some guidance from the HSC. They are finding that it is much different than what the Evidenced-Based List Task Force found with physical health services for a number of reasons – evidenced based research in this area is clearly lagging behind that of physical medicine, it is more difficult to measure outcomes for behavioral medicine, and the outcomes that are often important to the public system as a whole are often not captured.

At the meeting held on the previous day, they heard a presentation by Steve Gallon of OHSU on evidenced-based research in the field of alcohol treatment. He went through three lists that encompass principles as well as services that lead to the better outcomes. The first was a set of 13 general principles that should be considered in an alcohol treatment program. Next came a set of 7 recommended practices that have been identified by the Nation Institute on Alcohol Abuse and Alcoholism (NIAAA). Finally, he described the "gold standard" of 5 components of treatment for which there is evidence to support their use. These include such items as appropriate stages of care (motivational enhancement) and pharmacological therapy.

Fidelity scales have also been developed for a number of behavioral health evidence-based practices that measure how closely implementation matches the standards. The Subcommittee is also practice guidelines, but these deal with the most effective ways to organize treatment and improve quality of care as opposed to specific stand-alone treatments. An example is a very prescriptive guideline for the treatment of schizophrenia, with each component having and A/B/C grading on the strength of evidence to support it.

Kathy Savicki explained a major obstacle to implementation of the substance abuse recommendations outlines by Dr. Gallon's that these services are based on individual interventions, while the standard practice in Oregon focuses on group treatment. Ms. Dodson sees implementing these comprehensive treatment programs as being akin to developing the chronic care model for the treatment of diabetic patients who benefit from a good diet and exercise in addition to the necessary medications. Because of costs to implement these major systems improvements, adopting such a model would actually expand current services and cost the state significantly more money, at least in the short-term. As the focus of the current HSC efforts to incorporate evidence-based research is to reduce costs by identifying the most effective services, this would be in conflict with that goal.

Commission members expressed hesitancy in continuing down this path. There was some question as to what would actually be incorporated into the Prioritized List as a result of this type of work. Dr. Walsh used the example of the atypical anti-psychotics now being widely used for not only psychosis but also as an adjunctive therapy for mood disorders and impulse control disorders and he wonders whether the evidence supports this. Ms. Savicki explained that the Subcommittee had decided not to pursue drug issues as Office of Mental Health and Addiction Services (OMHAS) is already leading an effort to identify management strategies in this area. Instead they've looked at effectiveness of other therapies for such things as depression and attention deficit and hyperactivity disorder (ADHD). It was also pointed out that irregardless of what the Commission decides, OMHAS will be continuing efforts to move towards such a model as directed by the legislature. Ellen Lowe felt there the Subcommittee should track the progress of this work to keep the Commission informed.

Kathy Savicki added that it is very difficult to identify specific codes associated with many of the services being discussed (e.g. there is one code for individual A&D

treatment and one code for group treatment regardless of the methods used). However, doing this work could aide in the accurate pricing of services as the new treatment models are developed.

Dr. Walsh wasn't sure how to provide guidance when it wasn't clear what the "gold standard" of treatment is that is being discussed. He also would like to see more effort put into prescription drugs as the measurement of their effectiveness and side effects is much more straightforward than for a cognitive therapy session. Kathy Savicki suggested that OMHAS come to a future HSC meeting and speak on the management strategies for drugs that they are pursuing. The Subcommittee was directed to come back with something more concrete in terms of what is the "gold standard" of treatment and the Commission will decide at that point whether or not to "cease and desist" this line of work.

VII. Report form HOSC

Dr. Eric Walsh reported on the HOSC meeting that was held in the morning. During the first hour they heard from several oncologists from Eugene and the Medical Director of the Lane IPA, who have an unresolved dispute about how the HSC covers cancer. They raised questions regarding the meaning of treatable and curative, as well as questioning why the List is implemented differently in different parts of the state, and why survival criteria is applied only to the cancer lines and not to other terminal diseases. The commission needs to define what the intent of the 5-year 5% survival line is and whether or not it applies to treatments that prolong life less than 5 years. The oncologists suggested that the 5-year 5% survival not be used as the benchmark for coverage, but instead recommended that the Commission adopt either median survival or cost per year of life saved. Dr. Mangum reported that another suggestion was to allow one course of chemotherapy to gauge how the patient's disease will respond.

Jono Hildner felt that prolongation of life for an additional short period of time did not seem to be consistent with the intent or history of the Commission. It was clarified that palliative care with radiation therapy or chemotherapy continues to be covered. Donalda Dodson stated that she felt conflict about the denial of care that is occurring, and that she felt the original intent of the Commission was to deny recurrent treatment that offered little gain, but not the kind of treatment being offered to the man in question. It was agreed that what was possibly needed was a third category of cancer care, which was not curative and not palliative. Dr. Walsh suggested that cost per year of life saved and median survival be used to create new guidelines for the cancer lines. Ellen Lowe emphasized the need for increased clarity, given that the judgment at a hearing was based on the line title rather than it's substance. Kathy Savicki asked whether or not the 5% 5-year survival applies to other diagnoses on the list. Darren Coffman confirmed that officially it does not, though the Commission has referenced this standard in it's discussions. Dr. Mangum pointed out that the oncologists' complaints regarding inconsistency of care would appear to be unfounded, given the variation in availability of insurance and in treatment approaches by different oncologists. Dr. Tom Turek

explained that for fee-for-service members, it is not administratively feasible to review every request for chemotherapy, and without review, there is no opportunity for denial. Dr. Walsh asked whether the Commission desired a small working group containing himself, Dr. Glass and staff to draft language for patients who lack a 5% 5-year survival, but whose lives can be significantly extended by chemotherapy, or whether they wanted to take no action, leaving the details of administration of the cancer lines to the health plans. It was agreed that the workgroup would meet to discuss the "middle ground" of cancer patients and to clarify the language of curative, treatable and palliative care, but that the decision may be that no significant changes to the List occur.

VIII. Legislative Wrap-up

Dr. Bruce Goldberg, OHPR Administrator, reported that there was a significant change in the attitude of the Legislature regarding the Oregon Health Plan and the Health Services Commission from the beginning of the session compared to the end. By the end of the session, there was a commitment to covering vulnerable people, with maintenance of the level of coverage for adults and expansion of coverage for children. They also came to value the Commission and the Prioritized List. They gave the HSC two important charges. First, the Commission is to incorporate cost-effectiveness into the prioritization process. Secondly, they have asked the Commission to evaluate how health services are actuarially valued. House Bill 3624 charges the Health Services Commission with obtaining an actuary and calculating benchmark capitation rates for health plans. The Commission was likely chosen because of its professional expertise, it's public nature, it's experience with health service costs and it's ability to accomplish tasks.

Dr. Walsh asked why this task was necessary. Dr. Goldberg responded that since the origin of the Oregon Health Plan, there has never been trust or understanding of how actuarial rates were set. The Commission will be coming up with a rate-setting methodology that everyone can understand. The intent is to establish a gold standard, against which actual payment methodology can be compared, given that lower reimbursement may be necessary due to budget constraints. The goal is for those differences to be explicit. Kathy Savicki asked for clarification of how rates are currently set. Her understanding is that they are based on retrospective analysis of billed charges, which in the case of mental health are significantly below the cost of care, and that they fail to take into account the system changes that are desirable for the future. Dr. Goldberg agreed, but did not feel that the current proposal would address this issue. Ellen Lowe pointed out that the actuary is often villianized for dealing with the information they have been given. She is concerned that the legislature did not provide sufficient funds to accomplish the task. Jono Hildner asked if this task was similar to establishing a benchmark for what the cost of K-12 education should be. Dr. Goldberg responded yes. Dr. Walsh asked how the Legislature became informed about health care issues, and Dr. Goldberg explained that it took a lot of time, but that they came to feel empowered regarding health care, instead of having health policy directed by the Governor as it had been for the prior 8 years. Representative Bates was helpful as well.

There was significant interest in assuring that health care dollars are being spent efficiently, and that value was high for those dollars. The current Governor believes that health care costs per se are a significant problem, and that the state must find a way to address them. The private sector abdicated this responsibility several years ago when it decided simply to shift costs onto the consumers, and now it is up to the state to find some solutions.

IX. Discussion on the Use of Cost-effectiveness for Modifying the Prioritized List

The Commission heard a presentation by Dr. Francis Lynch, a health economist from Kaiser Permanente Center for Health Research. She began by explaining the difference between Cost Benefit Analysis, Cost Effectiveness Analysis, Cost Utility Analysis and Cost Minimization Analysis. The first 3 methods all look for an incremental net benefit or net effect, and always compare two different alternatives, such as an old drug and a new drug.

Cost Benefit Analyses are always valued in dollars; therefore, additional years of life or improvements in quality of life have to be valued in dollars as well, which is why this method is not typically used in health research. The benefits are usually measured in willingness to pay. It is expressed as a net difference and can be either positive or negative.

Cost Effectiveness Analyses (CEA) measure the optimal alternative to produce a specific health output. Effectiveness is measured as physical units, such as number of women screened for breast cancer using 2 different interventions, or life years saved. Costs are measured in dollars, and it is expressed as a ratio (i.e., cost per additional woman screened). It is always comparing at least two different alternatives.

Cost Utility Analyses are a variant of cost effectiveness analyses, but incorporate quality adjusted outcomes. The dominant outcome is Quality Adjusted Life Years (QALY), and it is expressed as a ratio (cost per additional QALY).

Cost Minimization Analyses measure the least costly alternative for programs that have identical effectiveness. There are other types of economic evaluations, but if they do not contain the elements described above, they are not full economic evaluations.

The steps of an economic evaluation include the following, as defined by the US Public Health Service Task Force in the publication, Cost-effectiveness in Health and Medicine, Gold, et al, editors, Oxford University Press, 1996:

- Define the perspective. Most often this is the societal perspective, which means that it includes all people who are affected by an intervention, hence includes patient costs, and also includes services outside the health care setting.
- Identify alternatives.

- Identify and measure costs.
- Identify and measure health consequences.
- Discount future costs and effectiveness. If something occurs 20 years into the future, it is less valuable to an individual than it is in the near future, and this difference in value needs to be taken into account. Different discount rates are used, and can vary from 2% to 5%, which can result in very different analyses.
- Account for uncertainties. It is difficult to create a confidence interval around a cost-effectiveness ratio, but some attempt should be made.
- Address ethical issues, such as whether or not the information can be applied to different populations.
- Present and interpret results.

There are a number of aspects to determining cost that are important to understand. For example, does the analysis use actual costs, or assumptions derived from secondary costs? The production process should be described in enough detail to determine how costs are accounted for. The perspective needs to be defined clearly (social vs. other), and overhead should be included. Adjustments need to be made for differences in time, so that costs are accounted for in the same year. Sensitivity analysis can be done to determine how much different unit costs will affect the end result.

The limitations of economic evaluations are that they do not take into account intangible effects such as pain and self worth very well. It is also quite difficult to compare different studies, especially for different disease entities. Dan Williams asked Dr. Lynch for advice regarding how to determine the reliability of the literature that the Commission will be reviewing. She responded that someone with expertise in health economics was needed.

She continued by exploring how cost effectiveness evaluations can be used by policy-making bodies. One option is to refer to published lists of cost utility analyses, such as the ones in the American Journal of Preventive Medicine. Darren Coffman asked if it was typical to see the large range of QALYs for a given disease entity. She responded that it depends on the time period of the study, or the population studied. In Europe, there has been an attempt to incorporate cost-effectiveness information into the budgetary process. Most of the studies that look at how this information is incorporated have been focused on drugs.

The barriers that the Commission might encounter in using economic analyses are the reliability of studies, especially since many are funded by drug manufacturers. However, generally if a study is published in a reputable journal, it is reliable. Another potential problem is relevance, or whether or not the study of interest is done in a population that can be applied to what the Commission would like to apply it to. It is important to identify the timeframe for costs or cost saving, and whether the perspective is short or long term. It is also important to understand whether cost savings in the medical budget will result in increased costs in a different social program, or vice versa. Lack of training in cost effectiveness analyses is also problematic.

She referenced the US Preventive Services Task Force as an example of a body which incorporates CEAs into their decision making process. In addition, she sited 2 references, Coffield and Maciosek in the bibliography attached to her handout, which describe in detail the methods used to incorporate CEAs. She also recommended Som Saha, a physician at the OHSU Center for Evidence Based Medicine, and Evelyn Whitlock, also a physician who works at the Kaiser Center for Health Research, as local resources.

She concluded with a summary of the study she has done identifying factors influencing the adoption and implementation of preventive services by managed care organizations. There were basically 4 phases: Initiation (how a service was bought forward or identified as a potential service to cover), Sorting (how it was selected for further work), Formal Assessment and Implementation. In this process, cost effectiveness evaluation generally only came into play during the formal assessment process, and was definitely not used in the process of implementation.

Dr. Walsh stated that the Commission is not allowed to use QALYs in their process due to CMS' interpretation that this violates the Americans with Disabilities Act (ADA), and asked for advice given this limitation. He also asked which specific terms and search engines could be used to identify this literature. She replied that cost effectiveness and cost benefit are search terms that should be productive. She also recommended exploration of the US Preventive Services Task Force information, and contacting Drs. Saha or Whitlock, as well as contacting specialty societies for such diseases as diabetes. For pharmaceuticals, references by Drummond are helpful (see bibliography), as is the NICE website.

Dr. Kitchen mentioned the difficult ethics involved in trying to compare extremely different disease entities, rather than subtle differences in treatment methods. Dr. Lynch responded that part of this is resolved by accounting for the differences in expected survival. More problematic are the discrepancies in the existence of CEAs for different diseases, in that the information simply doesn't exist for a number of the conditions the Commission has to prioritize. Dan Williams stated that he didn't feel that ethics were compromised just because cost becomes a factor.

Darren Coffman explained that the Commission now needs to determine how they will use cost effectiveness in the prioritization process. Dr. Goldberg suggested that cost effectiveness be utilized horizontally rather than a vertically, in that it should be used to evaluate the treatments on individual lines, rather than the global order of the diagnoses. Dr. Lynch recommended using them in the context of new drugs. Dr. Walsh wanted to know how reasonable it would be to take data supplied by a pharmaceutical company and do our own cost analysis. She responded that it would not be unreasonable, but that it would be very time consuming and difficult. She cautioned against trusting unpublished analyses.

Ellen Lowe asked if quality of life could be considered simply as an aspect of effectiveness. Dr. Lynch described some of her own research, and thought that in some

way, it could be so considered. Darren Coffman felt that if the Commission utilizes QALYs only for one condition to compare different treatments, it would not violate the ADA. Kathy Savicki asked if the National Institute of Health funds studies that use QALYs. Dr. Lynch answered yes, and that use of them is encouraged. Kathy Savicki asked how much information is available in the realm of mental health. She responded that there is a lot of information concerning mental health and drugs, less on cognitive treatments. The Commission thanked Dr. Lynch for her time and thorough presentation.

X. Retaining an Actuary to Establish Benchmark Per Capita Costs

Darren Coffman went over the timeline for this project. He stated that a report with the benchmark rates is due to the Legislature by August 1, 2004. To accommodate this, he felt that the biennial review needed to be completed by mid-May, and the methodology for the benchmark rates needed to be completed by mid-March. The actuary will likely not be contracted until mid-December, as the RFP process will take at least a month. This allows the contractor two and a half months to establish the methodology. He asked at what level the commission would like to be involved, both during the RFP process and during the methodology development. He acknowledged that there was a need to solicit public input from stakeholders regarding what needs to be considered in the methodology. He plans on having the actuary give a presentation about the general process at the January meeting to introduce the Commission to the subject, then in February a methodology proposal will need to be presented for the Commission's comments. Jono Hildner thought that the Commission needed to be involved at least in the discussion of scope. Darren Coffman explained that the methodology is to some degree prescribed in the legislation. He has developed a draft statement of work for the RFP and will distribute that to the HSC for comment. Ellen Lowe felt that at least one Commissioner needed to be involved in choosing the contractor, and volunteered to be the one. Dr. Smith reminded the Commission that the reimbursement grant from Robert Wood Johnson 2 years ago contained information on alternative cap rate methodology, including interviews with some key stakeholders, and that this was available for the Commission's review.

XI. Public Comment

There was no public comment.

XII. Executive Session to Discuss Membership Issues

At 3:30 pm, Dr. Walsh informed the audience that the health care business for the day had been completed and he was taking the Commission into executive session for the next 15 minutes to discuss membership issues.

XIII. Adjournment

Dr. Walsh adjourned the HSC meeting at 3:45 p.m. The next meeting will be held Thursday, November 20, 2003, in Room W112 at the Wilsonville Training Center of Clackamas Community College, Wilsonville, Oregon.

_____

Eric Walsh, MD, Chair Pro Tempore

MINUTES
HEALTH SERVICES COMMISSION
November 20, 2003

Members Present: Andrew Glass, MD, Chair; Daniel Mangum, DO; Dan Williams; Kathy Savicki, LCSW; Ellen Lowe; Jono Hildner; Donalda Dodson, RN, MPH; Bryan Sohl, MD & Jono Hildner (teleconferencing).

Members Absent: Eric Walsh, MD.

Staff Present: Darren Coffman; Alison Little, MD; Carol Anderson.

Staff Absent: Laura Lanssens.

Also Attending: Tina Kitchen, MD, Seniors and People with Disabilities (SPD); Tom Turek, MD and Mary Lou Hazelwood, RN, Office of Medical Assistance Programs (OMAP); Rick Wopat, MD, Samaritan Health Services; Robert Gassner and Leslie Kronish, National Psoriasis Foundation; Jeanene Smith, MD, MPH and Bruce Goldberg, MD, Office for Oregon Health Policy & Research (OHPR); Somnath Saha, MD, MPH, Portland VA Medical Center; Jennifer Pathak, RN, MS, Jean Chung and Michael Cooper, OMPRO.

I. Call to Order

Dr. Andrew Glass, Chair, called the Health Services Commission to order at 12:30 pm in Room W112 of the Clackamas Community College, Wilsonville Training Center, 29353 town Center Loop East, Wilsonville, OR. Darren Coffman noted attendance.

II. Approval of Minutes

The minutes of the September 25, 2003 Health Services Commission (HSC) were approved with the following change:

- Page 2, paragraph 4, 3rd sentence, change to "…evidenced based research in this area is clearly different than that of physical medicine..."

III. Chair's Report

Dr. Glass noted that he will be in India during the month of January and will miss the next HSC meeting. He also announced that Dan Williams and Dr. Dan Mangum were reappointed for four-year terms.

IV. Director's Report

Darren Coffman said that the RFP for the HSC actuary was posted on November 13th and will close on December 3rd. He also said that an approval of the biennial review changes reflected in the April 29, 2003 Prioritized List were received from the Centers for Medicare and Medicaid Services (CMS) and implementation of the new list at a funding level of 549 will begin on January 1, 2004. While this list was technically already implemented on October 1st, any service below line 549 that was covered on the April 1, 2003 list was still being reimbursed on a fee-for-service basis. Finally, he noted that CMS has yet to make a decision on the requested 30-line movement or any of the other waiver amendments submitted in September including provider taxes, the new MEDS program (which replaces the old Medically Needy program), and the OHP Standard benefit changes including the add-back of outpatient mental health and chemical dependency.

V. Medical Director's Report

Dr. Little said that most of her recent work related to cost-effectiveness, which will be discussed later in the agenda.

VI. Report from MHCD Subcommittee

Donalda Dodson reported that the Mental Health Care and Chemical Dependency (MHCD) Subcommittee has concluded that OMHAS is doing the work that needs to be done on evidence-based medicine for MHCD services. There are two initiatives underway. The first is looking at implementing something similar to Texas Medication Algorithm Project (TMAP), which aims to standardize prescription practices for schizophrenia, depression, and bipolar disorders. While this effort will take at least a year to put into place, a second initiative on the management of prescription drug costs can be achieved sooner. An analysis of the prescribing patterns of both primary care providers (PCPs) and psychiatrists shows that significant savings can be achieved through pill splitting, dose consolidation, and the use of the most cost-effective drugs. The Subcommittee will continue to monitor the work of OMHAS for any necessary changes to the Prioritized List.

VII. Report from Line Zero Task Force

Dr. Dan Mangum reported that the Line Zero Task Force heard a presentation by Dr. Thomas Dehn, Chief Medical Officer of National Imaging Associates, Inc (NIA). They provide services to help manage the utilization of imaging services such as PET scans, MRIs, and CT scans. He said that 28% of imaging studies are inappropriate. The total amount of money that can be saved is impressive since imaging normally accounts for 10-15% of all costs. They use a prior authorization system where 60% of all requests are approved on initial contact, 20% (half of the remaining 40%) are approved by a

nurse reviewer, and the remaining 20% are reviewed by a physician with a physician-to-physician conversation occurring before any denials.

The Task Force concluded their discussion on incontinence supplies and are recommending the following:

- that the number of incontinence supplies allowed per month be decreased from 360 per month to 210 (6 per day and one at night), with an exception process
- that the autoshipping process whereby supplies are automatically mailed each month be reviewed and reconsidered, so that the extent of the need of the supplies can be determined
- that a single source or limited group of suppliers be selected by competitive bidding

The HSC approved the recommendations of the Task Force on incontinence supplies and also approved a motion to ask OMAP to consider contracting with an imaging management company such as NIA to manage those services that they provide on a fee-for-service basis. They also would like the Medical Directors of the fully-capitated health plans involved in a conversation to encourage a statewide rollout of such a program.

The Line Zero Task Force will hold their next meeting after an OMAP analysis on Emergency Department visits is completed.

VIII. Report from Health Outcomes Subcommittee – Andy Glass

Dr. Glass recognized Dr. Little for all of the work she had done in leading up to that morning's meeting of the Health Outcomes Subcommittee (HOSC). The Subcommittee continued their discussion of issues regarding the treatment of advanced cancers brought forth by oncologists at their September meeting. It was decided to defer decisions on these issues to the biennial review. Items being discussed include amending the titles of the cancer lines, modifying the definition of comfort care, and the possible addition of a new line. The Subcommittee agrees that the higher cancer lines should have the word "treatable" removed from the condition description and replace it with "where treatment will result in at least a 5% 5-year survival."

Dr. Little will be asking the Attorney General's office about the ability to expand the advanced cancer line to cover other fatal conditions where treatment will not result in a 5% 5-year survival. There is some question as to where "ageism" could be an issue when a healthy person's advanced age may cause their life expectancy to be less than five years. The additional line being considered would be for those treatments resulting in a defined increase in life expectancy, but at less than five years.

Dr. Rick Wopat, one of the original members of the HSC, felt that the philosophical underpinnings of OHP were at stake here. The OHP is about providing more health care to more Oregonians. It balances the health care needs of individuals with sound public policy. The Prioritized List is a tool to answer the question of what do taxpayers

pay for. He encouraged the HSC not to get into specifics for the new cancer line being discussed. Instead, he suggested a pool of separate funds be created for these patients. Ellen Lowe noted that having the choice to receive comfort care is of foremost importance.

Dr. Glass continued with his report by saying that the Subcommittee looked at the results of many evidence-based reviews on bone marrow transplant (BMT). They found reasonable evidence for some cancers, but particularly poor evidence on second BMTs. The HOSC is looking at updating the transplant algorithm to address this. The effectiveness of second transplants of solid organs is also not as good and there is the additional consideration of scarcity of organs that is not an issue for BMTs.

A motion was made to not cover second solid organ transplants (excluding kidney transplants) except for those done during the same hospitalization as the first transplant. The motion carried unanimously with abstentions by Ellen and Donalda.

Dr. Glass indicated that the HOSC still needs more data to continue the BMT discussion, particularly in case of tandem transplants where multiple transplants are planned.

Finally, the HOSC is continuing to talk about the definition of short-term rehab and how that contrasts with long-term therapy needs and is working on a revision to the spinal stenosis guideline.

IX. OHP Update – Bruce Goldberg

Dr. Bruce Goldberg first thanked Dan Williams and Dr. Dan Mangum for agreeing to be reappointed for another four-year term. He said that Oregon is still awaiting word on the approval of the waiver amendment submitted in September, with the request for a 30-line movement of the funding level on the Prioritized List being the most controversial piece.
Dr. Goldberg sees cost-effectiveness as being another piece of information to use in the prioritization process. When asked what the legislature intended by their direction to the HSC, he believes they simply want the Commission to do what they think is best. He thinks cost-effectiveness will be of most use in determining what services to include within a line item as opposed to determining line placement on the List. He clearly sees the HSC moving from a methodology based on expert opinion to one base on evidence. He thought the earlier discussion on the potential placement of a new cancer line was showing how much public values come into play and how the HSC has to think in terms of what is best for the entire population, not just an individual case.

X. Discussion on the Use of Cost-effectiveness for Modifying the Prioritized List

Dr. Goldberg introduced Dr. Som Saha, who is being considered for appointment by the Governor to the vacant physician position on the HSC. Dr. Saha identified himself as a general internist at the VA Medical Center and a researcher at OHSU. He has worked with Dr. Mark Helfand at the OHSU Center for Evidence-Based Practice on the incorporation of cost-effectiveness into the US Preventive Services Task Force guidelines. They found the CEA studies to be too heterogeneous to allow prioritization of the preventive services. The quantity of literature is also a problem. A search on a given topic will often find 90% of the 'hits' only mentioning the topic of cost-effectiveness or giving 'back of the envelope' numbers.

He indicated that a group working under the CDC called Partnership for Prevention did attempt to prioritize these services using CEA. However, no one trusted this work because of its combination of disparate measures. A process that later categorized them as "pretty cost-effective," "marginally cost-effective," and "pretty cost-ineffective" was seen as more useful. Some results were fairly clear-cut. For instance, tetanus boosters cost $1 M per QALY, while chlamydia screening is cost saving. But what do you do when there is no CEA for a service?

In general he said CEA studies are complex, with many different parameters, and they can be very intransparent when decision analysis software is employed. He thought the idea of using CEAs to compare services within line items rather than the rank ordering of different lines was a good one.

Dr. Rick Wopat recalled the lack of good data that was available when the list was initially crafted. He thought that there were about 5% of the services for which CEAs were available in 1990 and guessed that maybe only 10% of all services currently have such studies (which Dr. Saha agreed was a reasonable estimate). Dr. Wopat also added that CEAs don't address the 'rule of rescue,' which is the pervasive reality in the US where any means necessary to save a life is regarded as acceptable.

XI. 2004 Biennial Review of the Prioritized List

Darren Coffman asked how the HSC would like to handle provider input for the upcoming biennial review. He thought the OHP Medical Directors should be involved again as that is where the best input came during the 2002 review. He reminded the Commissioners that during the last review a set of five general questions were sent to specialty representatives and the few responses that were received included very little useful input. He does not think the line items on the list should be parsed out and sent to reviewers as had been done before.

Dr. Mangum suggested that questions be individualized according to the provider's specialty. For instance, indicate to the hematologists/oncologists that the HSC is considering not covering second bone marrow transplants and ask for their comments.

Mr. Coffman added that a trade-off question could be asked as to what they would recommend eliminating from coverage if they thought second transplants should be retained. Dr. Little wondered about asking them to indicate their least cost-effective service they provide. Physicians in attendance offered theirs as routine ultrasound, aggressive treatment of pre-term labor, routine physicals, and routine follow-up after primary chemotherapy treatment. Another potential question raised for the specialists was what areas would they see benefiting most from practice guidelines? Dr. Little was asked to draft a letter with some of these individualized questions to take to the December meeting of the Health Outcomes Subcommittee for review.

XII. Other Business

The tentatively scheduled HSC meetings on February 27, 2004 were moved to Thursday, March 4, 2004 due to conflicts on many members' calendars. The time and location of the meetings are to be determined.

XIII. Public Comment

There was no public comment.

XIV. Executive Session to Discuss Membership Issues

At 3:20 pm, Dr. Glass informed the audience that the health care business for the day had been completed and he was briefly taking the Commission into executive session to discuss membership issues.

XV. Adjournment

Dr. Glass adjourned the HSC meeting at 3:30 p.m. The next meeting will be held Thursday, January 22, 2004, in Rooms 102 & 103 of the Oregon State Library, 250 Winter Street NE, Salem, Oregon.

_____

Andrew Glass, MD, Chair