MINUTES
HEALTH SERVICES COMMISSION
January 22, 2004

Members Present: Eric Walsh, MD and Ellen Lowe Chair Pro Tems; Bryan Sohl, MD; Daniel Mangum, DO; Somnath Saha, MD, MPH; Susan McGough; Kathy Savicki, LCSW; Donalda Dodson, RN, MPH; Dan Williams; Jono Hildner (via teleconferencing).

Members Absent: Andrew Glass, MD.

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

Also Attending: Tom Turek, MD; MaryLou Hazelwood, RN, Tina Kitchin, MD, Seniors and People with Disabilities; Bruce Goldberg, MD and Jeanene Smith, MD, MPH, Oregon Health Policy and Research (OHPR); William Eichman and Edward Fischer, MBA, Mercer Government Human Services Consulting; Robert Gassner, National Psoriasis Foundation; Sarah Reeder, Oregon Association for Home Care; Jean Chung, OMPRO; Kevin Earls, Oregon Association for Hospital and Health Systems (OAHHS); Mike Bonetto, MPH, Health Policy Commission (HPC).

I. Call to Order

Since Dr. Andrew Glass is out of the country, Dr. Eric Walsh as Chair Pro Tem, called the Health Services Commission (HSC) meeting to order at 11:37 am in Rooms 102 & 103 at the Oregon State Library; 250 Winter Street NE, Salem, Oregon. Darren Coffman noted attendance.

II. Chair Pro Tem's Report

Dr. Walsh introduced the two new appointments to the Health Services Commission. They are Susan McGough, Administrator for the Mountain View Hospital District in Madras and Somnath (Som) Saha, MD, MPH, an Internist at VA Medical Center in Portland who also does research at OHSU. These appointments fill the two vacant member seats on the Commission. The HSC is now at its full capacity.

Dr. Walsh noted that he would have to leave the meeting at 12:45 pm, at which time Ellen Lowe will take his place as Chair Pro Tem.

III. Approval of Minutes

The Health Services Commission minutes of November 20, 2003 were reviewed and approved as written.

IV. Director's Report

Darren Coffman reported a HSC Actuarial Advisory Committee was being organized to provide stakeholder input into the Benchmark Rate development process. The first meeting will be in February and a total of four meetings will likely be needed prior to the completion of the Benchmark Rate report. There will be representation from the fully capitated health plans (FCHPs), mental health organizations (MHOs), dental care organizations (DCOs), hospitals, physicians, pharmacy, chemical dependency, and durable medical equipment. He asked if the HSC would like to have representation on the Committee and the members agreed that this would not be necessary and may even act to inhibit stakeholder input.

V. Medical Director's Report

Dr. Alison Little reported that the biennial review letters went out in mid-December to representatives from the specialty societies and all oncologists. Some specific questions were directed towards the appropriate specialties and all recipients were asked to comment on the HSC's consideration of broadening the advanced cancer line to include all medical conditions where treatment would result in a less than 5% 5-year survival. The response has been good so far, with 20-30 having come in a month before deadline.

VI. Report from Health Outcomes Subcommittee

Dr. Eric Walsh briefly discussed with the HSC the work being done by the Health Outcomes Subcommittee (HOSC) that morning.

He presented documents representing hundreds of interim modifications to the Prioritized List to incorporate CPT code changes and rectify errors of omission and commission. He indicated that they were all very straightforward changes and did not think any warranted special discussion. The HSC unanimously approved these changes and they will be forwarded to OMAP and legislative leadership with a probable implementation date of April 1, 2004 pending the determination of any fiscal impact by PricewaterhouseCoopers (see Attachments A, B, & C for all of the approved changes included in the notification).

Dr. Walsh noted that a more complicated issue discussed by the HOSC involved conditions for which bone marrow transplant (BMT) appears as a covered service on

the Prioritized List but is not covered by Medicare. This includes many childhood cancers, sickle cell anemia, and thalassemia. For example, current evidence shows BMT for neuroblastoma only being done for high-risk patients, with a 3-year event-free survival rate of 34% (compared to 22% for conventional treatment) but an overall increase in survival of one percentage point (from 43 to 44% with BMT). He indicated that one should consider BMT to be an event in and of itself, therefore questions the utility of the treatment at all. As a result of this discussion, the HOSC will be revisiting the transplant algorithm and will have more to report next time on potential changes.

Dr. Walsh then asked the HSC to recall a decision made during the past summer whereby evidence of effectiveness would only be used to determine whether a new treatment would be placed on the list or the possible removal of a treatment if there was a clear evidence of harm. He wondered what should be done in the case where an existing treatment is not harmful but doesn't improve survival (such as seen in BMT for neuroblastoma). In other words, should the use of evidenced-based reviews be expanded to potentially remove such a treatment from the list or possibly just move the line down? Kathy Savicki asked whether cost-effectiveness could be used for existing technologies as well as new to aid in such matters? Dr. Little wondered where would we start looking on the list in such a case, to which Ms. Savicki suggested by cost. The Commission finally decided to delete "new" from #6 on page 2 of Attachment B and keep it marked draft. Also, the unit of measurement for cost-effectiveness was expanded to include life-years saved (LYS) or quality-adjusted life-years (QALYs). Dr. Little was asked to run the example of screening for cystic fibrosis through this revised process to test it. It was also suggested that a single document be created that merges the new methodology with methodology approved by the federal government in 1993.

VII. MHCD Subcommittee Report

This report moved on the agenda just prior to adjournment.

VIII. OHP Update

Dr. Bruce Goldberg welcomed Dr. Saha and Ms. McGough to the Commission and thanked them for serving. He then gave an overview of the likely impact if Ballot Measure 30 should fail on February 3rd. There would be a loss of approximately $138 M in general funds and an additional $200 M in federal funds. These reductions would have to be accounted for over a 14-month period. He summarized a priority ordering of the reductions necessary to achieve this shortfall given by Jean Thorne in a letter sent to the Governor. A reduction of this magnitude would result in OHP services continuing only for categorical eligibles and then only for some services. This level of cuts would not allow coverage for dental, mental health & chemical dependency, vision, and therapies for categorical adults, and a reduction in prescription drugs for these adults would be necessary as well. There would be no OHP Standard package under this scenario (61,000 eligibles), elimination of the CHIP expansion would mean a loss in

coverage for 25,000 kids, and 2,000 pregnant women would lose coverage as well. Savings from other areas in DHS might be able to fill some of these holes, but not all of them. He stressed that this is a preliminary lists of cuts and is subject to change.

There is some question as to whether the federal government will allow Oregon to continue with the waiver to use the Prioritized List given that there would be no expansion in place (with the exception of FHIAP). Talks have begun with CMS about this. There is a clear consensus within the Governor's office about the value of the waiver and Prioritized List. It has proved to be an effective strategy for containing costs for the past ten years. The budget shortfall is just a bump in the road but the good infrastructure that has been established is at risk of being lost. The economy is starting to come back and the hope is to keep the waiver in place and add back over time the services and populations lost. Reductions are scheduled to go into effect May 1st, but because of the federal approval process and existing contracts, it would likely be July or August before any OHP changes take effect. Dr. Goldberg also indicated that the dialogue with CMS on the legislatively approved provider taxes (nursing home, hospital and Medicaid managed care) is hard to read. Some of the dollars from the taxes could potentially be used to offset some cuts if they can be implemented. Other states have been approved for similar requests, but it is a slow process. He urged the HSC to continue to do its important work and not be distracted.

Ellen noted that many of the cuts lead to an offset of costs to other programs (e.g. corrections) and therefore result in less savings. She also was concerned about the stability of the safety net clinics, which are caring for more Medicaid patients than in the past, and with uninsurance on the rise, are being overwhelmed. She sees the need for statewide planning and policy to solidify safety nets. Also, charity care and bad debt are increasing on the hospital side. A cut in funding doesn't make the need go away; costs get shifted to other payers, as the affected individuals are cared for in settings with an increased intensity of services. In addition, rural providers will be hit hard, with many already on the margin. Ultimately, businesses will bear costs through an increase in bankruptcies.

Dr. Goldberg continued his report by saying that the Oregon Health Policy Commission (OHPC) held its first meeting yesterday. The Commission was constituted to plan health policy for state. They are starting to put together their goals and objectives and he hopes that they will also develop a long-term vision by putting together a 5-year plan.

Ellen Lowe noted that OHPR produced a report on the effect of premium payments on OHP enrollment, which Dr. Goldberg said he would be sure to e-mail to the HSC. Kathy Savicki also wondered about the availability of data on the larger affect to the economy due to the loss of jobs and health care expenditures. Dr. Goldberg indicated that a newspaper article should be out by Monday from the perspective of what happens to the other 3+ million Oregonians not directly affected by the cuts. Ellen Lowe noted that OHSU is the largest employer in Portland.

IX. Setting Benchmark Rates for the Oregon Health Plan as Directed by HB 3624

Dr. Goldberg then introduced the next item on the agenda. He said that they will hear a presentation from the Mercer team who will be contracting for the new body of work facing the HSC. As opposed to the Commissions usual focus on benefits, the issues to be dealt with now revolve around payment. The effects of underpayment lead to issues with access and quality of care. The benchmark rates are to represent a standard by which to measure what we are paying providers. If we had all money needed, the benchmark rates would represent a fair and equitable payment structure. Assuming that the true cost of care cannot by covered by OHP, this work would be used as a tool to try to equalize the percentages of payment across health care sectors, balanced against the ongoing need to cover more individuals. Dr. Goldberg believes that the HSC was chosen for this task because they work in an open forum, represent broad interests, and have a history of making difficult decisions.

Darren Coffman introduced Ed Fischer and Will Eichman of the Phoenix office of Mercer Government Human Service Consulting. Mr. Fischer, who will act as Assistant Project Manager, indicated he has assisted on large projects in other states. He is not an actuary, but rather is involved with the day-to-day contact with clients. Other team members not present include Stephanie Davis, Lead Project Manager, who had a prior commitment today so couldn't attend, and James Matthisen, who previously worked with the HSC on their OHP Standard project and will act as a local actuarial resource. Mr. Eichman introduced himself as both an actuary and certified public accountant. He has been an actuary for 15 years and has worked in Mercer's government services unit for the last 5 years. He has worked with approximately 10-12 states and while this work for Oregon is unique, it is similar to a project he was involved with for LA Care.

Mr. Fischer began the presentation by identifying the key components to a successful completion of the benchmark rate-setting project. First is full input into the process from the stakeholders. This includes the HSC, health plans, provider advisory groups, and other advocates and concerned parties (e.g. legislators). He indicated the challenge in getting all stakeholders to buy into the process, and recognized the likelihood that not all of them will be happy with the results.

The second key component he identified was an experienced approach to rate setting. Mercer's methodology is well established and meets all new CMS managed care regulations. It has been tested and validated by outside parties in several instances. This multi-disciplinary approach allows access to 125 professionals including actuaries, accountants, clinicians, and consultants.

The third and final component is an open and clear communication process. Developing a benchmarking approach, which will be understandable to everyone, will eliminate the "black box". On-going communication will be provided through follow-up on outstanding issues and regular updates to key stakeholders.

Mr. Eichman proceeded to walk the Commission through Mercer's preliminary thoughts on an approach to the benchmarking process. Mr. Eichman said that the goal is to establish a measuring stick by which to show how far reimbursement is from the benchmark. He pointed out the components of a sample calculation sheet (see Attachment C) with fictitious data for illustrative purposes. The calculations consist of six sets of columns labeled in the attachment as:

1) Historical base data from fiscal year (FY) 2001-02 with sources examined for credibility
2) Adjustments to account for incomplete data or to more accurately reflect covered services (e.g. changes to the Prioritized List) and projected forward to the benchmarking period (FY 2005-06)
3) Projected fee-for-service reimbursement rates

4a) Adjustments to reflect costs of service

4b) FFS benchmark rates

5) Managed care benchmark rates, with an adjustment to reflect managed care's emphasis on appropriately shifting utilization to a less expensive setting

Mr. Eichman said that one key component of rate setting is calculating trend. Trend consists of medical inflation and program changes. Furthermore, medical inflation can be broken out into what is historically based and what is estimated from industry input. The latter component is gathered from the influx of people coming into Mercer from the industry, who can then inform others as to what new technologies are working their way through the pipeline. Trending a per-member per-month figure forward is imprecise. He also suggested that Mercer may have to rely on data from other states if significant program changes are expected to take place during the rate-setting period.

Kathy Savicki indicated that there are problems specific to mental health services. Costs are very high in the public sector. The mental health field is also on the verge of incorporating evidence-based practices and the costs associated with training for this will be enormous. Mr. Eichman replied that this would probably be viewed as a one-time programmatic change instead of a part of trend. He stressed that there are both objective and subjective components to the actuarial analysis.

Susan McGough asked whether geographic differences would be taken into account? Mr. Eichman said that the legislation gives instruction to consider it, but does not say that the benchmark rates need to be broken out by region. He said that this is an area where the HSC should tell Mercer what is needed. The legislation also lays out what cost measures should be considered, but does not go so far as to dictate, which are used. Provider input and consultation with the HSC will determine if those measures listed should be used or if an alternative is better, and what the rationale is for that.

Many commissioners were confused by the columns labeled as "Unit Cost" that actually reflect reimbursement (cost to the state). It was decided to change the titles of columns 1-3 to "Unit Reimbursement." It was also suggested that the column 4a, which is critical

to the process, be expanded into its various components. Mr. Eichman said that another option would be to do a supplemental report on trend components. Mercer can also break out additional categories of service if needed. He concluded the discussion by stressing that the capitation rate setting process done by PricewaterhouseCoopers and the benchmark rate setting done by Mercer will be two separate processes.

The Mercer team will come back to the March HSC meeting with a draft methodology for the benchmark rates, which includes input from the HSC Actuarial Advisory Committee.

X. Discussion Revisions to the Methodology for Modifying the Prioritized List

This topic was discussed during agenda item IV.

XI. Other Business

No other business was identified at this time.

XII. Public Comment

Sarah Reeder, Oregon Association for Home Care, indicated that home health providers would be glad to offer input to the benchmark rate setting process. Dr. Goldberg said that he would be sure to add home health representation to the HSC Actuarial Advisory Committee.

Kevin Earls, Oregon Association for Hospital and Health Systems, was encouraged and supportive of the process being undertaken by the HSC. He hoped the work would create a common set of terminology, with data to go along with that. He also believes that the outcome will clarify the issues for legislators around what is the cost of health care.

Donalda Dodson gave her report from the Subcommittee on Mental Health Care & Chemical Dependency delayed from earlier in the meeting. She reported that the Subcommittee heard an update from the Office of Mental Health and Addiction Services (OMHAS) on work to incorporate evidence-based practices into the provision of services as directed by 2003 legislation. Also, Kathy Savicki lead the Subcommittee in a discussion on mental health services to children between the ages of 0 and 3. This issue will be taken to the DHS Executive Staff about whether/how to address these issues within the department. It was not thought that pursuing a strategy for increasing these services would result in a significant fiscal impact in the short-term, but would result in the need for provider education and delivery system changes. The Subcommittee will monitor the progress of the efforts around both evidence-based

practices and 0-3 mental health services to determine if any changes to the Prioritized List are necessary.

XIII. Adjournment

Ellen Lowe adjourned the meeting of the Health Services Commission at 2:42 pm. The next meeting will be held Thursday, March 18, 2004, 12:30 pm – 4:00 pm in Room 117A of Meridian Park Hospital Community Health Education Center in Tualatin.

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Eric Walsh, MD, Chair Pro Tem

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Ellen Lowe, Chair Pro Tem

MINUTES
HEALTH SERVICES COMMISSION
March 18, 2004

Members Present: Andrew Glass, MD: Chair, Eric Walsh, MD; Daniel Mangum, DO; Somnath Saha, MD; Kathy Savicki, LCSW; Daniel Williams; Ellen Lowe; Donalda Dodson, RN, MPH and Jono Hildner (via teleconferencing).

Members Absent: Bryan Sohl, MD; Susan McGough.

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

Also Attending: Chris Barber, RN, and Mary Lou Hazelwood, RN, Office of Medical Assistance Programs (OMAP); Stephanie Davis and Will Eichman, Mercer Government Human Services Consulting; Bruce Goldberg, MD, Oregon Health Policy & Research (OHPR); Sarah Reeder, Oregon Home Health Care Association; Tim Martin, Amgen; Maureen King, Department of Human Services (DHS); Jeff Peterson, Willamette Dental; Sharmon Figenshaw, University of Washington; Diane Lund, Oregon Health Forum.

I. Call to Order

Dr. Andrew Glass called the meeting of the Health Services Commission (HSC) to order at 12:34 pm in conference room 117A of the Meridian Park Hospital Community Health Education, 19300 65th Avenue, Tualatin, OR. Darren Coffman noted attendance.

Jono Hildner briefly attended the meeting via telephone. He stated that he had officially resigned his commission seat due to a decision to make his permanent home out-of-state. He also felt there was a potential conflict of interest with a new endeavor. His resignation was effective immediately. Expressions of thanks and good luck were exchanged, which concluded the phone call.

II. OHP Update

At this time, Dr. Glass used the Chair's prerogative to move Dr. Bruce Goldberg's report on the Oregon Health Plan (OHP) up on the agenda. Dr. Goldberg indicated that the failure of Ballot Measure 30 effectively disappropriated $115 M from the OHP budget for 2003-05. This amount increases to $300 M with the inclusion of federal funds lost through matching. He noted that with only 14 months remaining in the biennium, the effects are essentially doubled.

In light of this shortfall, he said the Governor's priorities are: 1) continue services to children, people with disabilities, and pregnant women (i.e., OHP Plus populations) at current benefit levels), 2) maintain the OHP waivers, including the use of the Prioritized

List, and 3) maintain the infrastructure of the delivery system already developed as a result of the OHP resulting in better access through managed care. As it stands now, the money isn't in place now to do all of this. The Governor is working with legislature to do this through the Emergency Board. With savings due to decreased caseloads (down from a projected 90,000 to 45,000) and other areas such as long-term care, these goals do appear attainable. He added that for the first time in quite a while February saw a net increase in enrollment.

The hope is to maintain the framework of the plan in order to bring back OHP Standard as general funds are not available to use towards this program now. He said the waiver is in some jeopardy because we may not have a sufficient enough expansion population to warrant continuation of the waiver. Without OHP Standard, CMS would view FHIAP as the only true expansion population. FHIAP now covers 6-7,000 and hopes to get up to 12,000 in the near future as their funding wasn't affected by the tax measure. Kathy Savicki asked about efforts to maintain some level of OHP Standard. Dr. Goldberg said that this could only be possible with the use of the legislatively approved taxes on managed care plans and hospitals. However, these provider taxes have not been approved at the federal level yet. Assuming they do get federal approval and the Governor's priorities are met, this would open the possibility to use these dollars towards retaining some portion of OHP Standard. He indicated there are some obstacles to this happening. One is that the federal government doesn't like schemes that leverage their money while holding plans/providers harmless. Second, there is a question of what the new OHP Standard benefit package will look like. If it does not include a partial hospital benefit, this would go against an agreement made when the legislation was passed.

Finally, Dr. Goldberg informed the HSC that Jean Thorne is taking over the vacant position as administrator for PEBB and Gary Weeks will be moving over from DAS to fill her position as administrator of DHS. He said that while change is always difficult there should be no major policy changes around OHP that should be expected as a result.

III. Chair's Report

Dr. Glass briefly discussed his trip to India in January, which is why he was absent from the last HSC meeting.

IV. Approval of Minutes (January 22, 2004)

The January 22, 2044 Minutes of the Health Services Commission were approved with one minor spelling change at the top of page three, second sentence, changing "thalacemia" to *thalassemia.*

V. Director's Report

Darren Coffman reported on a trip to Olympia, Washington, where he presented to the Benefit Design Team working on a 100% Access Project in a five-county region. He and Dr. Glass, who participated via teleconference, provided information on the Prioritized List of Health Services and answered questions on how components of the Commission's work might be applicable to their project.

He also indicated that the Centers for Medicare and Medicaid Services (CMS) have indicated informally that they will likely only approve a reduction in the funding line on the current list of three of the thirty lines requested.

VI. Medical Director's Report

Dr. Alison Little briefly reported that there was an excellent response (58 out of 194 letters sent) from the medical provider letter/questionnaire that was sent out in December in conjunction with the biennial review of the list. The Commission agreed that the response was greater than it had been in quite some time.

VII. Report from Health Outcomes Subcommittee

Dr. Eric Walsh reported on that morning's meeting of the Health Outcomes Subcommittee (HOSC).

A. Transplant algorithm

After an initial review of the algorithm by Drs. Walsh, Saha, and Little, and Mr. Coffman, the Subcommittee is recommending that the previous single algorithm be split into separate algorithms for bone marrow transplants (BMTs) and solid organ transplants. The following changes are being recommended to the algorithm dealing with BMTs as are reflected in page 1 of Attachment A:

- An asterisk indicating that non-myeloablative (mini) transplants and second transplants (except in the case of a planned tandem transplant for multiple myeloma) will not be covered.
- Change the previous requirement of studies involving 50 patients to randomized controlled trials (one or more) with a total of 50 patients in both arms (BMT vs. standard treatment).
- Require a 10% absolute improvement in survival due to BMT for malignancies (corresponding to a number needed to treat of 10) instead of a 30% graft survival and 20% patient survival
- Change the measurement end-point from 5-years to 3-years to coincide with the timeframe for most studies.

- Costs need to be the same or cheaper for BMT compared to standard treatment for non-malignant conditions when outcomes are similar.

A discussion occurred as to whether such a transplant algorithm could adversely affect one race over another. Dr. Walsh indicated that race has historically been given a great deal of significance in explaining differences of treatment outcome but that it is now known that genetic factors are really what is key. Dr. Saha added that even if the data existed to show a difference in outcomes, it wouldn't be appropriate to say that a particular treatment is covered for one ethnic group and not another. Instead, the physician should counsel the patient on the potential for poorer outcomes due to their ethnicity as part of the process for determining what is the best course of treatment. The Commission voted unanimously to accept the changes to the Bone Marrow Transplant Algorithm as recommended by the HOSC that appears as page 1 of Attachment A.

Turning to solid organ transplants, the HSC already decided that second transplants will not be covered except in the case of kidney transplants and transplants necessary due to an acute failure of the initial transplant. However, Mary Lou Hazelwood raised an issue that some cystic fibrosis patients may now start to outlive the life of the first lung transplant. *If at some point the Subcommittee sees evidence that there is no difference in outcomes for a second solid organ transplant for a particular condition, then an exception for coverage can be made to the algorithm at that point.*

It was clarified that the question of disease specific organ survival < 30% needs to be asked since there may be a difference in graft survival for different conditions even if the final common pathway is the same. In the case of solid organ transplants, it is stipulated that the transplant must be less expensive than conventional therapy to be covered because of the paucity of available organs.

No RCT stipulation is necessary in the case of solid organs because the outcome of no treatment is death within a relatively short period of time.

The Commission unanimously approved the revisions to the Solid Organ Transplant Algorithm as recommended by the HOSC that appears as page 2 of Attachment A.

Both sets of changes to the transplant algorithm will go into effect on October 1, 2005. Mr. Coffman noted that revisions don't translate well into list changes and discussions will need to take place as to how to document HSC intent in the biennial report and/or OMAP's transplant guide.

B. Childhood and testicular cancers

Dr. Walsh said the HOSC found no evidence to support BMT improves survival for neuroblastoma, Ewing's sarcoma, rhabdomyosarcoma, medulloblastoma, and extra-gonadal germ cell tumors according to the latest literature. Good evidence was found to support the inclusion of BMT for testicular cancer on the list.

As for non-malignant indications, BMT for sickle cell anemia resulted in an increase of 15.2 Quality Adjusted Life Years (QALYs) whereas transfusions provided an additional 14.7 QALYs (and up to 19.2 QALYs for those were compliant). In addition, BMT saw complication rates of 28% acquiring acute graft vs. host disease (aGVHD) and 7% with chronic graft vs. host disease (cGVHD). In the treatment of thalassemia, BMT clearly results in a higher risk of death, but in the 175 cases studied, 91% survived after three years, and 82% achieved event-free survival (cure). The HOSC was divided as to whether this level of treatment induced mortality out weighs the morbidity related to the alternative of twice-monthly transfusions, but as the one time cost of BMT would be a significant savings over the lifetime of the patient, it should remain paired on list.

<u>The Commission unanimously approved the removal of BMT as a paired treatment for neuroblastoma, Ewing's sarcoma, rhabdomyosarcoma, medulloblastoma, extra-gonadal germ cell tumors, and sickle cell anemia on the Prioritized List and the retention of BMT for testicular cancer and thalassemia.</u>

C. Coding issues

Coding issues were deferred until the May 2004 HOSC meeting when other interim modifications will need to be approved for October 1, 2004 implementation.

D. Treatment of advanced cancers

In revisiting the issue of a potential expansion of the advanced cancer line, Dr. Walsh began with an example of a service that would be affected by such a change. He noted that Ventricular Assist Devices (VADs) had just been approved by Medicare as end-stage care for heart failure. Previously they were only covered as a bridge to transplantation. The data for this new indication shows that median survival is improved by 8.5 months. Those that received a VAD spent more time in the hospital compared to those who received only medication management, but they also spent more time outside of hospital because of the increased length of survival. The cost-effectiveness of the VAD was reported as $125,000 per Life Year Saved (LYS) ($75,000 for the device and procedure X 8.5 additional months of life). The Subcommittee doesn't recommend adding it to the list as an end-stage treatment at this time because questions remain about the potential for serious side effects (e.g. strokes) and the question as to why the study only reported on the quality of life of those patients who survived at least 12 months, which is above the mean. The Subcommittee recommends that the HSC *continue to view VADs as a bridge to transplant for now*.

The question at hand is whether to move treatments for non-malignant conditions such as this out of the comfort care line and add them to an expanded advanced cancer line which would then include all conditions with a less than 5% 5-year survival. Donalda Dodson said that it was her impression that comfort care measures would be aimed at a CHF (chronic heart failure) patient's struggling for breath, not towards the functioning of the heart, which was assumed to fail at some point. Dr. Walsh said that the HOSC

recommended the HSC *not move non-cancer conditions into line 693 when their treatments were so in line with palliative care*.

Kathy Savicki want to make sure that if new treatments came along that fit our definition of palliative care that their codes would get added to the comfort care line. Mr. Coffman said he doubted that all procedures that could be considered palliative have their codes on the comfort care line as it is. He added that to be technically correct the comfort care line would have to include the ICD-9-CM codes of all potentially fatal diseases, when in fact it only includes the single code of V66.7, Comfort Care, which is not supposed to be used as a principle diagnosis.

Dr. Walsh suggested that it might be easier to indicate that VAD is only covered as a bridge to transplant as a guideline to the CHF line. *Dr. Little was asked to look at the comfort care guideline to see if any changes needed to be made based on this discussion*.

E. Biennial review responses

This item was deferred to the May meeting when all recommended changes to the list related to the Prioritized List would be presented at the same time.

VIII. Draft Methodology for Setting Benchmark Rates for the Oregon Health Plan

Dr. Goldberg said that the OHP benchmark rate project was proceeding along well and recapped the progress made to date. The goal of the project is to assess what health care costs are across different sectors of the industry, compare this to what is being paid by the state, and allow the legislature to use this information in either putting additional money into the OHP or taking some away, and doing so in an equitable fashion. He commented that the HSC Actuarial Advisory Group (AAG) that was formed is providing a forum to receive feedback from the stakeholders as intended. Dr. Goldberg then reminded the HSC of their role in acting as an expert panel in providing assistance in setting the benchmark rates. He believes the legislature chose the HSC because they have a working knowledge of the OHP and payment issues, are not a stakeholder group, but can work in a public forum to provide a report that can be understood on what is reasonable. Dr. Goldberg then introduced Stephanie Davies and Will Eichman from Mercer Human Resources Consulting.

Ms. Davis said that their presentation would involve a review of the data sources considered, the data sources being recommended at this point for use in benchmarking, and a discussion of some of the necessary modifications/adjustments that need to be made to the data sources. She noted that all of the work to date is preliminary work and changes may be made before next the next meeting.

She said that the recommended eligibility categories have not changed since the January presentation, although there was a clear desire from the AAG that the OHP Standard categories for OHP Families and OHP Adults/Couples are kept.

Ms. Davis concurred that equity is a big concern that needs to be addressed through this process. Ideally she said it would be best to have the same "stick in the sand" to use as a comparator. Medicare RBRVS (Resource-based relative value scale) is the best candidate for this, and Mercer is recommending that this be used where possible, but it will not work in all sectors. The positive attributes of RBRVS include the rigor that takes place in the development of fees and the fact that it is regularly updated. There are some criticisms, however, and more detail on what RBRVS is and how it works can be provided at the next meeting.

Ms. Davis explained that once you have chosen the measuring stick, you need to determine where cost falls. In order to do this Mercer suggests using a "market at equilibrium" concept. The basic assumption is that commercial plans pay more than their fair share to make up for Medicaid's low reimbursement and Medicare may or may not be paying at cost. The weighted average of these reimbursement levels approximates what the market will bear. Under this model it is assumed that most providers obtain sufficient reimbursement to stay in business -- which is borne out by the fact we aren't seeing a mass exodus of providers. A key to producing the benchmark rates in the timeframe specified in the legislation requires getting the necessary data in a timely manner. Getting commercial data will be a struggle but Mercer does have access to data from some large Oregon employers and from Ingenix. As it is not feasible to survey every provider group, there is no way to determine profit levels, as that information is largely proprietary.

Will Eichman then began an explanation of the data sources considered for each health care sector, and which are being recommended for use in determining the benchmark rates, starting with physician services.

Physician Services

The "measuring stick in the sand" being recommended for physician services is Medicare RBRVS. A "watermark on the stick" would then be determined using the market equilibrium approach to establish the benchmark for cost. This would be done using a blend of the following data sources:

1) Schedule of Usual, Customary, and Reasonable (UCR) fees for commercial population, supplemented by provider specific rates which reflect discounts and copays
2) Medicaid fee schedule
3) Oregon specific Medicare RBRVS

The next step in the process will be to obtain the data and assess what percentage of physician services is done in the Medicare, Medicaid, and commercial settings. These

percentages can be different for each service category and will be used to weight the total reimbursements calculated for each of these major payers. Data from other states and national studies can then be used through a triangulation method to see if the results make sense.

Hospital Services

The measuring tool recommended for use for hospital services is the Medicare rates. This would use the DRG fee schedule for inpatient services and ambulatory payment groups for outpatient services. The numbers would then be aggregated to arrive at a single hospital benchmark rate. The same process would be used to then estimate the percentage of services provided in each of the major settings, arrive at watermark and check the results against other data sources.

Prescription drugs

Mr. Eichman described the case of benchmarking prescription drugs as a different animal. An initial review suggests using an Oregon Secretary of State audited report on institutional drug costs. This involves only a segment of the prescription drugs provided in the state but should provide insight into the filling fees in Oregon.

The measuring stick recommended for prescription drugs is AWP (Average Wholesale Price). The issue here is that RBRVS represents a payer establishing what they will pay for a service whereas AWP is a distributor deciding what they should pay (before rebates are factored in).

In establishing the market equilibrium for this sector he broke the task into three "silos": 1) drugs for which only brand names are available, 2) drugs which have generics from a limited number of manufacturers, and 3) generics available from many manufacturers. Within each silo there will need to be an assessment of reasonable discounts off of AWP, with competition helping to establish true competition in last silo. These three amounts are then blended to get overall discount rate. Finally, rebates will be assessed as a percentage. Then an average for prescription filling will be factored in.

Dr. Glass estimated that 70% of all drugs have only brand name drugs available and maybe 1/3 of the remaining drugs have multiple generic forms. He also noted that the range of discounts can vary to 10-15 percentage points as it depends on which are the preferred drugs within a given plan. In the end he believes the cost estimate will simply come down to a guess.

Dr. Walsh was concerned that this methodology will reinforce the runaway spending on drugs prevalent now and does not capture the possibility for cost control. He suggests looking at plans with the most restrictive formularies that have done the best job at negotiating drug prices as a way to set the benchmark. He also suggested looking at the Veteran's Administration (VA). While they have much more leveraging power because of the number of people they cover, an option to present to the legislature

could be the pooling together of all of the drug purchasing that the state does, which could have a similar effect.

Ms. Davis noted that Mercer does audited financial statements for 35-40 Medicaid plans and they could come back with a range of what savings have been achieved in states that both have similar barriers on formularies as Oregon and those that don't. Mr. Eichman said one example is the state of Texas where Mercer is assisting them in developing a MAC list for all drugs. This will be a lengthy process and it will be interesting to see if they can truly establish the prices that they will pay for drugs as is hoped.

Dr. Glass gave two examples of how artificial the pricing of drugs is:

1) The price of Prozac decreased by 90% within in one year of it going generic,
2) A year's supply of Alendronate is $50 in India and a month's supply in the U.S. costs $110.

Durable Medical Equipment (DME)

Again, Mr. Eichman said Mercer is suggesting the use of the Medicare reimbursement rate as the measuring tool for DME services. There is a willingness from this industry's representatives to help provide additional information including the sharing of financial statements from at least some of the publicly traded DME providers. Ms. Savicki indicated that previous testimony on this subject pointed to potentially inflated prices in this sector. Mr. Eichman responded that the market equilibrium methodology should reflect reasonable rather than inflated profit levels.

Dr. Walsh wondered why a similar effort to obtain financial statements was not being done for prescription drugs and other sectors to get an idea on the magnitude of profits. Ms. Davis said that this information would be difficult to obtain at the state level in some instances, in which case nation figures would need to be used, but that this data could be included as part of the report.

Dan Williams stressed that the issue isn't so much what is the minimum amount that we can pay for a service, but rather what is equitable across all sectors.

Dental

Mr. Eichman noted that there is no Medicare payer for dental services so the measuring tool suggested is the Oregon Medicaid fee schedule. The benchmark watermark will then be a blend of commercial and Medicaid reimbursement. This result will again be compared to other states for reasonableness.

Mental Health and Chemical Dependency

The additional data sources suggested and issues surrounding the reimbursements of these two service types are largely similar so were addressed at the same time. Here,

the Medicaid fee schedule is also being suggested as the measuring tool. The primary reason is that the Medicare benefits in these areas are far more restricted than for Medicaid. The breadth of coverage for commercial products is also not as great. Those reimbursement rates will still be used to establish the benchmark rate, however.

Other Services

Mr. Eichman indicated that this category includes home health services, transportation, vision, and other miscellaneous services. Home health follows the typical pattern, with Medicare rates being the suggested measuring tool and the benchmark set by blending commercial, Medicare, and Medicaid rates. Home Health Cost Reports can be used to validate that figure in addition to other states data.

Medicaid fee schedules are the suggested measuring tool for both transportation and vision services as Medicare benefits do not mirror those provided by Medicaid in either case. While the usual process for establishing the benchmark will still be applied, it is very likely that the relative weight given to Medicaid in the blending process will be extremely high.

General Comments

Dr. Glass said he envisioned the benchmark rates as being what the ideal payment would be. However, it was agreed generally that the exercise is a means for establishing what is a fair distribution of the pie representing Medicaid funds. Ms. Davis said that the benchmark rates may in fact total more than the amount of money that is available. Dr. Goldberg explained that, if that were the case, the legislature could then use that benchmark to reallocate the dollars so that each provider was paid, for example, at 70% of the benchmark.

At this point Ms. Davis displayed how the benchmarking calculation would work, using fictitious numbers for physician office visits as an example. Suppose that Medicaid paid $25 per visit, Medicare $40, and commercial rates $50. The assumption is that $25 is too low and $50 is too high, but say the weighted average were calculated as $42. This blended rate represents the level of reimbursement that is keeping physicians in the marketplace and therefore would assume to be adequate. If Medicare is used as the measurement tool, then the benchmark rate would equal 42/40 = 105% of Medicare reimbursement. These numbers could be adjusted after looking at the data from other states, however. If, for example, Oregon physicians receive 20% of the Medicaid pie but that number was closer to 30% in all the other states, then that would be a reason to suggest choosing a number higher than $42 for the benchmark. Some of the other additional data sources suggested, such as the MGMA survey, will also serve as reasonableness checks and could serve as justification for making adjustments in arriving at the final benchmark rate.

Dr. Walsh concluded that, while a difficult process, it is much better to hold these discussions in a public forum than to have legislators have to rely on different lobbyists telling them behind closed doors why their costs are so much higher.

Dr. Saha felt that the equilibrium market assumption falls apart for those sectors where Medicaid is the only payer. Mr. Eichman suggested that non-emergency transportation is the only case where this really occurs.

Ms. Savicki wondered if the equilibrium assumption holds for all markets, as psychiatric units are closing in hospitals and the physician supply is dwindling. Ms. Davis explained that they will be relying on the AAC to tell them where special considerations need to be taken into account. It was noted by staff that the membership of the committee could be found in the meeting minutes in the packet materials.

Ms. Lowe hopes that the plans will use the benchmark rates for establishing the framework for the reimbursement they give to their various providers. She also hopes that this process will result in provider groups working together to make the pie bigger rather than trying to get a bigger piece of the pie for themselves.

Mr. Williams requested that a glossary of acronyms be included with the materials for the next meeting.

Dr. Glass is concerned about the danger that commercial plans may reduce payment levels based on the benchmark if they are shown to be paying at a higher rate. Dr. Mangum feels that physicians who are taking Medicaid patients are not doing so from a business perspective, but from a moral standpoint, and are likely losing money as a result. Similarly, those that take Medicare are likely breaking even at best. So he hopes that less weight is placed on the Medicaid reimbursement levels for this reason.

Dr. Glass suggested that the report not represent the benchmark as a cost of service, but rather as what is being paid in the system now. The report should then explain how these are relative measurements in an attempt to allow the legislature to make reimbursements more equitable.

Ms. Savicki thought that the report should refer to how much cost shift is occurring from public to private due to underpayment. Most of the discussion on cost shifting tends to focus on that due to the uninsured population.

As there was not enough time for the Mercer team to talk about the calculation of trend, this discussion will occur at the May meeting.

IX. Discussion on Revisions to the Methodology for Modifying the Prioritized List

This agenda item was postponed until a future meeting.

X. Other Business

No other business was identified at this time.

XI. Public Comment

No public comment was offered at this time.

XII. Executive Session to Discuss Membership Issues

The HSC briefly adjourned into executive session to discuss potential candidates for the current vacancy left by Jono Hildner as well as the vacancies to be left by the expired or near expiration of the terms of four additional members.

XIII. Adjournment

Dr. Glass adjourned the meeting of the Health Services Commission at 4:00 pm. The next meeting is scheduled for Thursday, May 27, 2004, 10:00 am , in room W112 of the Clackamas Community College, Wilsonville Training Center, 29353 SW Town Center Loop East, Wilsonville, Oregon.

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Andrew Glass, MD, Chair

MINUTES
HEALTH SERVICES COMMISSION
May 27, 2004

Members Present: Eric Walsh, MD, Chair; Andrew Glass, MD; Somnath Saha, MD; Bryan Sohl, MD; Susan McGough; Ellen Lowe; Donalda Dodson, RN, MPH; Dan Williams.

Members Absent: Kathy Savicki, LCSW; Daniel Mangum, DO.

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

Also Attending: Chris Barber, RN, Tom Turek, MD and MaryLou Hazelwood, RN, Office of Medical Assistance Programs (OMAP); Robert Gassner, National Psoriasis Foundation; Tina Kitchin, MD, Seniors and People with Disabilities (SPD); Ed Fischer, Carmelina Rivera, Stephanie Davis, Kevin Geurtson, Mercer Government Human Services Consulting; Bruce Goldberg, MD, Oregon Health Policy & Research (OHPR).

I. Call To Order and Roll Call

Dr. Andrew Glass, Chair, called the meeting of the Health Services Commission (HSC) to order at 10:09 a.m. in conference room W112 of the Clackamas Community College, Wilsonville Training Center, 29353 Town Center Loop East, Wilsonville, Oregon. Darren Coffman called roll.

II. Chair's Report

Dr. Glass noted he missed the January meeting due to a trip to India and that he received a one-month fellowship to return to India in July for setting up cancer registries. Therefore he would be missing the July HSC meeting. Also he informed the HSC that there were a few lame duck commissioners, Donalda Dodson, Ellen Lowe, Kathy Savicki and himself, who would need to be replaced on the commission because their terms are up. However, since they have yet to be replaced, they are still allowed to exercise their authority as commissioners.

III. Update on OHP Actuarial Benchmarking Services – Mercer

Dr. Bruce Goldberg introduced the Mercer Team to the Commission and briefly reviewed their task. The goal is to establish a benchmark across all the sectors that contribute to care in the Oregon Health Plan so that there is equity. In order to obtain input from stakeholders, the HSC Actuarial Advisory Committee was formed, which is comprised of representatives from pharmacists, physicians, hospitals, dentists, DME

providers, mental health providers, and providers of in-home health care. This group has met several times, including yesterday.

Dr. Goldberg explained that the Mercer representatives were here today to inform the HSC of the progress to date, as well as to receive input and guidance from the HSC. One of the issues that will be discussed is pharmaceuticals; there is a need to consider the actual cost of making, handling and selling them.

Another issue is methodology. Since it is difficult, if not impossible, to measure true cost, the Mercer team has adopted a "market equilibrium" model. Although it is not an optimum way of looking at costs, it is the best way available given the constraints of the project. This was discussed extensively in the HSC Actuarial Advisory Committee meeting yesterday, where it was noted that there was a lot of dysfunction in the current market. It was noted that the market is not in equilibrium, as there is significant cost shifting and problems with access. However, there is a need to come up with a stake in the sand for how to approximate cost. The Mercer team will explain the caveats and the difficulties with all these approaches knowing the outcome is not going to be ideal.

Stephanie Davis, from Mercer, distributed a draft report titled "Oregon Health Plan, Actuary Benchmarking Services," and gave an overview of what was to be discussed: 1) the work that had transpired since the last meeting; 2) the methodology -- what is meant by the market equilibrium concept -- and its limitations; 3) the context, which includes health care payors, health care costs by category of service and profits; and, 4) the categories of service, describing data sources and what the findings are to date.

Ms. Davis also brought up additional topics for discussion, such as recommended eligibility categories, recommended categories of service, and priorities for the project, including:

- Equity among the various provider groups;
- Determining the cost of providing services to OHP members vs. what is paid;
- Using a common measuring stick (currently it is Medicare since it is nationally supported); and,
- Being clear about cost vs. reimbursement.

Ms. Davis recommended utilizing a market equilibrium concept, even though the market was "dysfunctional", for most categories of service, and "benchmarking against better purchasing approaches" for prescription drugs.

Dr Andrew Glass was concerned about the institutionalization of this dysfunctional market through the benchmark and Dan Williams was concerned about how the report was going to be used. Dr. Goldberg responded that the report is primarily going to be used to bring transparency to the rate setting process. He does not think the HSC will be endorsing cost shifting or a dysfunctional marketplace.

Kevin Geurtsen, the lead actuary for the Mercer team, next addressed the methodology. He noted that the purpose of the project is to determine the cost of providing services to

Oregon Health Plan (OHP) members, with the benchmark period being from July 1, 2005 through June 30, 2007. Currently, although the market is dysfunctional, it is in equilibrium because there is not a mass exodus of providers from the state and people are still be served. The market equilibrium concept assumes an economic balance, with some downward pressure on costs. The prescription drugs portion of health care costs is not in equilibrium due to the escalating costs of drugs and no pressure to keep the costs down. For pharmacy a different approach is being used called Benchmarking Against Better Purchasing Approaches. This approach incorporates the retail structure, including production costs, dispensing fees, and discounts, but also considers the realities of the existing political and economic environment In addition, strategies to control costs that have been used in other states will be explored.

Mr. Geurtsen noted that the market equilibrium concept includes three payor sources; Medicaid, Medicare, and commercial insurance. The market equilibrium concept works best when payors include all three sources, and it assumes the uninsured do not significantly change the market equilibrium. However, other data sources need to be considered to validate market equilibrium, such as independent cost studies, market knowledge, excessive profit/loss experience and other state's experience. Mr. Geurtsen acknowledged that since Medicare and Medicaid are not paying enough, cost shifting is occurring. Mercer will be using primary and supplemental data sources. The primary data sources are Medicaid, Medicare, commercial insurance and the Mercer Maximum Allowable Cost (MAC) list, a national database of wholesaler cost information. The supplemental data sources are the Medicaid Actuarial Rating System (MARS), CMS Medicaid data for other states, health care organizations financial statements, provider financial statements, cost reports and/or discharge data.

Ms Davis added that, with regard to prescription drugs, each component (ingredient cost, dispensing fees, marketing cost etc) will be reviewed using Mercer's data sources to determine a reasonable benchmark. They hope to provide suggestions as to how to reduce the prescription costs to the OHP, even though some solutions may need legislative approval.

Further discussion of prescription drugs followed by Carmelina Rivera, a pharmacist from Mercer. Examples of Medicaid prescription drug best practices are:

- Mandatory Preferred Drug List (PDL)
- 340b Program Maximization
- Combined Data Set (Medical and Prescription Data)
- Dose Optimization
- Step Therapy Clinical Edits
- Quantity Limits
- Acquisition Cost Data
- Multi-state Purchasing Coalition

Ms. Rivera said that Kentucky, Louisiana and Missouri have implemented mandatory preferred drug lists (PDLs), which have resulted in cost savings. Currently the state of Oregon has a voluntary preferred drug list. When talking about unit cost savings from a

PDL, states in general are able to save about 2% to 4% of the drug spend. A mandatory PDL affords the opportunity to drive physician-prescribing patterns and to obtain supplemental rebates from manufacturers, but would require approval of the legislature. A PDL includes strict approval criteria and experienced call center representatives to enforce criteria. As of this year, there are a growing number of states that are implementing PDLs not only for cost savings, but also because they are based on clinically sound reviews of therapy classes. *At this point it was noted that the HSC would like to see a dollar figure instead of a percentage figure of cost savings.*

Ms. Rivera explained that the 340b Program allows eligible entities to purchase drugs at a lower price. For example, an eligible 340b program safety net clinic with a pharmacist can dispense the drugs. For those clinics that do not have a pharmacist on site, some have been able to work with a community pharmacy to dispense the drugs. The federal government is looking to maximize this program and is allowing states to craft pilot programs within the regulations;, however, Medicaid is not a 340b provider.

Ms. Rivera explained 'Combined Data Sets' as the power to use data. The Medicaid program has an abundance of good data regarding prescription drugs and medical services; however, many states do not have the resource to analyze it. Missouri is using the data for disease management and case management.

Another opportunity to aid in controlling costs is dose optimization. This occurs at the point of sale, when the pharmacist identifies drugs that can be consolidated from multiple smaller doses per day to an equivalent dose given once daily, when clinically appropriate. Significant savings can be found.

Ms Rivera explained step therapy clinical edits as a point-of-sale opportunity. This aims to drive the physicians prescribing patterns towards first-line therapy, when clinically appropriate, before trying the more expensive second or third line therapy. This is targeted to particular drug therapy classes.

Quantity limits follow best practice guidelines to prevent inappropriate prescribing and overmedication.

Acquisition cost data involves legislation that requires retail pharmacies to report acquisition costs for drugs on a frequent basis. The state then adds a reasonable margin of profit to the acquisition cost to determine their reimbursement to the pharmacies. The state will also reimburse the pharmacies for the actual cost of dispensing the drug. Acquisition cost data requires a lot of staff to receive and maintain volumes of information.

Multi-state purchasing coalitions involve CMS allowing states to pool their resources for their Medicaid fee-for-service program to purchase drugs collectively. States with high-managed care penetration appear to do well. This opportunity may not provide much-cost savings for states with a high percentage of fee-for-service membership. Each

participating state can implement their own preferred drug list. Ultimately, thought, what drives the market share is one preferred drug list for all the participating states.

Kevin Geurtsen explained that Mercer was still in the preliminary stages of gathering information regarding the various health care services in Oregon. They anticipate having a complete set of numbers sometime in July. They are focusing on the following strategies for benchmarking each health care service:

1) Cost development data which includes major payor sources,
   - Oregon Medicaid reimbursement and utilization data;
   - Medicare reimbursement and utilization data; and
   - Oregon commercial reimbursement and utilization data.
2) The measurement approach is the market equilibrium, blending the major payor sourcesto obtain average reimbursement on a unit cost and per member per month (PMPM) basis.
3) Supplemental data, which includes other states' payments for health care services.

Mr. Geurtsen stated that when changes are made in one service area there would be a shift in the equilibrium. Dr. Goldberg interjected that the equilibrium can work in a different way -- if the state pays more, then there are fewer people receiving services because the state has a finite budget, and if it doubles payment to the providers, it may create more uninsured. The whole reason for this project is to make clear the dynamics, and to be aware of the benefits and the consequences of any decisions made.

Susan McGough mentioned that the HSC was familiar with cost shifting. However cost shifting is very complicated and convoluted. It is recognized that pharmacies need some degree of profit margin. However, there needs to be some equality in profit margin by local providers (people in Oregon) vs. the multinational companies.
Dr. Goldberg remarked that there was discomfort around the terms "cost shifting" and "equilibrium". He thought it would be better to supplement "increase of non-reimbursed services" for cost shifting and "current market status" for equilibrium.

Stephanie Davis thought that renaming equilibrium to current market status was an excellent idea. She mentioned they would be using the new term in future drafts and ultimately the final report.

Mr. Coffman reviewed Mercer's next steps. Mercer will be meeting with members of the Actuarial Advisory Committee individually, and members will be providing further data. As Mercer develops the benchmark numbers, Mr. Coffman and Dr. Goldberg will be in contact with the providers to receive feedback.

IV. Approval of March 18, 2004 Minutes

MOTION: Approve the HSC Minutes from March 18, 2004 as written. MOTION CARRIES: 8-0.

V. Director's Report

Mr. Coffman informed the HSC that he and Laura Lanssens had attended training on Oregon Public Meetings Laws. The outcome of the training was that the HSC needs to be more cognizant of the way minutes are written. There will be more structure to minutes, and decisions will be underlined. Undecided issues, deferred decisions and future work will be italicized. The intent is to be able to glance over the minutes quickly, look at the underlined passages to see what took place, and for more detail one can then read the rest of the text. Motions need to be stated clearly, and the vote of each member needs to be documented. If a decision is unanimous, it can be so stated, but otherwise, each vote must be recorded by member. In addition, absences from the meeting or from an individual vote need to be documented. He also stated that discussions involving membership issues need to be conducted in the public part of the meeting, not in executive session. Examples of topics allowed in executive session are disciplinary action and discussion of a legal opinion that is exempt from public meetings laws.

As far as other issues, Mr. Coffman related that he had met with Dan Rubin, Deputy Director from CHOICE Regional Health Network with the 100% Access Project in Olympia, Washington. Mr. Rubin is interested in ways in which he can borrow from Oregon's process to expand coverage for their uninsured population in a five-county region in Washington.

VI. Report from the Mental Health Care and Chemical Dependency Subcommittee

Donalda Dodson stated there was little to report. Mr. Coffman recalled the MHCD Subcommittee had discussed and recommended moving Identity Disorder from Line 428 to Line 657. Ms. Dodson stated that the movement of this diagnosis would be a technical change; this disorder was not important enough to have a line all its own. After a brief discussion a motion was made. MOTION: Move and incorporate Line 428 (Identity Disorder) with Line 657 (Personality Disorders Excluding Borderline, Schizotypal and Anti-Social). MOTION CARRIES: 8-0.

Ms. Dodson and Mr. Coffman added that the MHCD Subcommittee had also made some wording revisions, but since they were not coding issues there was no need for further action.

VII. Medical Director's Report

Dr. Alison Little reported that HOSC has done a lot of work in the past two meetings. Much of the HOSC work that was done in April was taken to the OMAP Medical Directors this month. The feedback has been very positive. The Medical Directors appreciate the fact that the HSC is trying to define some difficult issues.

VIII. OHP Update

Dr. Goldberg informed the HSC that CMS was considering approval of a three-line movement within the next couple of weeks. They will also take action on a reconfigured OHP Standard benefit package, which will return coverage for outpatient mental health and chemical dependency. Included in the revised OHP Standard package is a limited hospital benefit of only those services that are urgent and life threatening. This results in a hospital benefit, which will cost about 85% of the current rates.

Dr. Goldberg mentioned that a workgroup had been formed to define urgent/emergent hospital services. They have developed a list of covered diagnoses, as well as services that may be in the gray zone. The list will be administered through prior authorization.

Regarding the Oregon Health Plan, Dr. Goldberg reported that Measure 30 eliminated $115 million of state funding. That amount, combined with a federal match of $200 million, means that approximately $300 million was lost to the health plan. The state has no general fund dollars to fund OHP Standard. There is, however, adequate funding to continue the current benefit for OHP Plus (categorical eligibles). In addition, Oregon will be able to cover between ¼ and ½ of the OHP Standard population with provider taxes. The Medicaid managed care provider tax has been approved, and an agreement has been reached with the hospitals about how to structure and use hospital provider assessments. Even though Oregon does not have federal approval, it is believed that the approval shall be forthcoming. Through the combination of these two revenue sources, it is believed that approximately 25,000 people would be covered.

Effective July 1, 2004, OHP Standard is closed to new enrollment. Currently there are 52,000 people in OHP Standard and the funds cannot support that large of group for the rest of the biennium. It is anticipated that attrition will occur to some degree. Enrollment needs to be down to 20-25,000 by July 1, 2005. If it is not, then DHS will need to disenroll people, most likely based on income level.

Dr. Sohl asked what became of all the work that the HSC did a year and half ago around cost sharing and benefit structure, and whether any data was available. Dr. Goldberg said that there was, but it was somewhat disappointing. The initial premise was that cost sharing was a way to expand enrollment. In fact, it has had the opposite affect. New requirements on premiums payments have resulted in disenrollment for

some of the most vulnerable people on the OHP and copays have meant that some people have not received needed services.
Ms Lowe recommended a briefing for the new commissioners take place. She suggested that they sit in on a meeting once they have been nominated.

Dr. Goldberg asked Dr. Glass to recommend potential HSC members, keeping in mind the governor's desire that the HSC reflect the diversity of the state in terms of geography, race and ethnicity.

Mr. Coffman explained the HSC needed to replace five members: one physician, one public health nurse, one social worker and two consumer representatives. Mr. Coffman urged the Commissioners to send their recommendations to him.

IX. Discussion on Revisions to the Methodology for Modifying the Prioritized List

Mr. Coffman reminded the Commission that they had asked for him to combine the old methodology approved by HCFA (now CMS) -- which was based on: 1) a treatment's ability to prevent death, 2) treatment cost, and 3) a set of subjective criteria -- with the new methodology that includes evidence-based reviews and cost effectiveness. Mr. Coffman referred to the document appearing in Attachment A. He said that Figure 1 represents an attempt to identify where services might be placed on the List using regression models. He further explained that Figure 2 shows the methodology that the HSC has been working on during the last year.

Dr. Little created an algorithm to determine if a treatment is effective, which would assist in the decision regarding whether it should be added to the Prioritized List or not. As one travels down the arms of the algorithm, cost effectiveness becomes a potential factor. Dr. Little proposed using Dr. Sohl's recommendation of cystic fibrosis screening to test the algorithm. She explained that there were approximately 20 studies looking at cost effectiveness, which were listed from the most recent to the oldest (see Attachment B). She mentioned the assumptions in these studies were highly variable, and the cost-effectiveness is very sensitive to the number of women carrying a cystic fibrosis (CF) fetus who decide to terminate. Dr. Sohl's clinical impression was, even though US families are properly counseled, they elect to continue the pregnancy. Dr. Little concurred with Dr. Sohl. She spoke with two genetic counselors. One has been a genetic counselor for fifteen years and has counseled three couples with CF fetuses, none of whom terminated. The other counselor has been counseling for 3 years. She has counseled one couple who also chose not to terminate. The US studies show approximately 50% of pregnant women choose to be screened for cystic fibrosis and the European studies show approximately 80% accept CF screening. This affects the cost effectiveness. Dr. Sohl stated that decisions about termination of a pregnancy affected by a genetic disease are cultural. Donalda Dodson added that a task force is being developed to look at many of these genetic issues and their cost-effectiveness. Dr. Little said her review included universally screening neonates, which was definitively

NOT cost-effective. Dr. Glass asked about the cost. Dr. Sohl said that private insurance companies pay for CF screening. Dr. Little replied that the cost to OMAP for CF screening, fee-for-service, is $142.00 per mother. Dr. Sohl noted that this would result in a cost of $12,000 per year just in Medford, if every pregnant woman covered by OHP were screened. Dr. Turek stated that it might not be cost effective for OMAP to administer if the Commission elected to limit this benefit to only those at high risk. Ms. Lowe felt it was premature to take action on this issue, since a task force was being formed that would incorporate public values on the subject. Ms. Dodson stated that the task force, convened by DHS, would be composed this summer, and would begin meeting in the fall. Dr. Sohl felt that eventually the Commission would need to create a general policy about which diseases genetic screening would be covered for, possibly limiting such coverage to diseases that are lethal or cause neurologic impairment. Dr. Saha pointed out the need to determine from which perspective the Commission approaches cost-effectiveness analyses; the societal perspective or the payor perspective. *The HSC decided to delay making a decision about this issue until feedback from the task force is available*

X. Biennial Review of Prioritized List

Since the HOSC meeting was prematurely concluded to accommodate the schedules of the Mercer team and Dr. Goldberg, Dr. Little continued with the remaining HOSC meeting agenda items.

Bone Marrow Transplants for Childhood Cancers

Dr. Little reminded the Commission that at a prior meeting, the decision had been made to remove all the childhood solid tumors from the bone marrow transplant line, as the evidence did not support its effectiveness over standard chemotherapy. However, to assure public input into this decision, it was decided to notify several pediatric oncologists of the Commission's intent, and ask for their feedback. To this end, Dr. Little sent a letter to 4 pediatric oncologists -- 2 who had responded to the biennial review letter and 2 who had served as consultants to the Commission in the past. She received one letter from Dr. Nicholson, citing the previously reviewed NEJM article on neuroblastoma showing an improvement in event-free survival, but not in overall survival. MOTION: Retain the decision to remove all childhood cancers from Line 182. MOTION CARRIES 8-0.

Physical Therapy Guidelines

Dr. Little informed the Commission that draft guidelines for limiting the number of physical therapy visits had been reviewed at the last meeting of the Health Outcomes Subcommittee. These were circulated to the OMAP Medical Directors, and she incorporated one change that they had recommended (see Attachment B). The goals for the current meeting are to determine if the visit limits are appropriate for the dysfunction lines, if the acute diagnoses listed are appropriate for unlimited acute

therapy for up to 3 months, and to decide if limits should be placed on speech therapy. Dr. Kitchen stated that she feels there are two categories of patients, those with general developmental delay, and those with specific speech impediments, with the latter being more susceptible to therapy. Chris Barber clarified that currently there are no limits on speech therapy for fee-for-service patients, as long as they are showing progress. Dr. Kitchen recommended a combined limit for physical, occupational and speech therapy, especially in very young children. Ms. Lowe questioned the age breakdown, suggesting that 4 – 12 years of age was overly broad, and that children at the lower end of that age range may have more needs than those at the upper end. Dr. Kitchen expressed concern that the discussion was moving too quickly and without adequate input from specialists. Dr. Walsh reminded her that this discussion began in September, and that the physical therapy community had testified in January. It was also clarified that this decision needed to be made now in order to be incorporated into the biennial review. Dr. Kitchen didn't feel that the physical therapists response had been very helpful. Ms. Lowe asked if staff had consulted CDRC. It was noted that an attempt had been made to get the guidelines from CDRC, but it was not thus far successful. Ms. McGough recommended starting with a conservative limit number that could be adjusted in the future, as it was likely an emotional issue. Dr. Kitchen recommended a combined total of 45 visits per year for 0-3 and 52 visits for speech therapy from 4-8. Dr. Glass felt most of the therapy should be aimed at the pre-school age. Dr. Kitchen was concerned that children with speech impediments will not get appropriate therapy. Dr. Sohl stated that he did not feel that any of the commissioners had adequate information to make a decision. Ms. McGough expressed concern that even with input from specialists, the Commission will still not have any data on outcomes or effectiveness. Other commissioners felt that it would be preferable to at least have professional opinion and an estimate of the standard of care. Dr. Walsh stated that the problem with professional judgment is that it tends to be self-serving. Dr. Saha stated that there was a danger in becoming too data-driven. Dr. Kitchen stated that there is some data showing effectiveness, but that it was soft, and that effectiveness tended to decrease over time. *It was ultimately agreed to defer the decision until input is received from CDRC. A conference call meeting will be arranged within the next two weeks.*

Dr. Walsh recommended at least making a determination about the therapies for acute conditions. Dr. Sohl felt that the guideline was too broad, and would allow wide variability in the number of visits allowed. Dr. Little clarified that the intent is to start generously, due to lack of time and expertise. Therapies would be limited based on diagnosis initially, and refinements can be made later. Dr. Glass asked if a visit limit could be administered by OMAP. Dr. Turek replied that they could, and that a dollar limit would be more difficult. There was discussion about whether or not 3 months was sufficient for acute conditions. MOTION: Adopt the portion of the guidelines in Attachment B that list the acute conditions for which physical therapy will be an indicated treatment. Change the introductory sentence that begins with "Diagnoses on the following lines….." and ends with "Other Complications Of A Procedure", with the revision to insert the word "physical" in the first sentence between "of" and "therapy". MOTION CARRIES: 5-1, Ayes: Walsh, Glass, Saha, McGough, Williams. Nays: Sohl. Abstentions: Dodson, Lowe.

Next discussed was the latter portion of the guideline pertaining to modalities. Dr. Little reminded the Commission that the literature had been reviewed, and no effectiveness identified. Ms. Dodson asked about the use of massage. Dr. Turek noted that paraffin baths are standard therapy for patients with burns. MOTION: Delete all physical therapy modalities listed in the last section of Attachment B from the Prioritized List. MOTION CARRIES: 8-0.

Psoriasis Guidelines

Dr. Little referred to the psoriasis guideline in the packet, and explained that at prior meetings, the Health Outcomes Subcommittee had received testimony from a dermatologist from OHSU, Dr. Eric Simpson, about psoriasis. He provided the Commissioners with an evidence-based tool for assessing the severity of psoriasis, and the Subcommittee has recommended moving the more severe forms of psoriasis to Line 363 where tinea infections currently reside, and moving tinea infections to Line 553 with the milder forms of psoriasis. Dr. Turek asked, from the standpoint of administration, whether or not dermatologists typically state the stage of the disease. No one was entirely sure, but it was felt that the guideline was specific enough that stage could be determined from the clinical presentation fairly easily. Mr. Williams asked why this disease had received so much organized public attention. It was explained that the diagnosis moved below the line in November, and that the Psoriasis Foundation organized a letter writing campaign. MOTION: Adopt the psoriasis guideline as it appears in Attachment C. MOTION CARRIES: 8-0.

Fetal Survivability

Dr. Sohl explained that the guidelines for resuscitation of extremely young infants developed and used at his institution were in the packets. They are 5 years old, and may be revised soon to reflect a lower age at which resuscitation should be offered. He stated that he could not support the suggestion from another neonatologist that was received during the biennial review process to limit resuscitation to infants greater than 600 grams. He felt a reasonable limit was 23 weeks or 450 grams. Dr. Walsh questioned whether the Commission should be involved in setting such limits. Ms. Dodson recalled that the Commission had originally set a limit of 500 grams, but that was removed because of public outcry. Dr. Little clarified that it was the attorneys for HCFA who were concerned that such a limit was in violation of the Baby Doe laws back in 1991 when the List was initially constructed. Dr. Turek reminded the Commission that fetuses from the moment of conception are citizens and are on the OHP, due to recent federal law. Dr. Walsh felt there was no need for the Commission to regulate this. Dr. Sohl explained that there are situations when a mother will request that everything be done for a 22-week fetus, and $40,000 can be spent in the first 2 days of life in a completely futile situation. Mr. Williams stated that spending money on futile care is contrary to the principles of the Oregon Health Plan. Dr. Saha asked whether the Commission needed to be determining at what date care is futile, or whether that should be left to the clinicians. There was general agreement that the decision should

be left to clinicians. Dr. Saha felt there was more risk to the Commission to adopt a guideline than to not adopt one. Dr. Sohl did not feel this was a significant clinical problem. He felt a much bigger concern was patients who has obtained infertility treatment on their own, but then qualified for the OHP once they were pregnant, and had complicated multiple pregnancies with very high NICU expenses. MOTION: The HSC will not change their policy on neonatal resuscitation, and no guideline will be adopted. MOTION CARRIES: 8-0.

Dr. Little asked if the Commission would approve moving all the codes for nerve blocks to the ancillary file, since they are essentially anesthetic procedures. This would allow them to be covered if the diagnosis is above the funding line, but they would be excluded for non-covered diagnoses. MOTION: Move all nerve blocks to the ancillary services file. MOTION CARRIES: 8-0.

Dr. Glass turned the meeting over to Dr. Eric Walsh to discuss guidelines that the HOSC has created. Dr. Walsh presented a number of new or revised guidelines and it was suggested that they be voted en bloc before moving on to other issues.

Cataract Guidelines

Dr. Walsh reported that the HOSC reviewed expert testimony and developed the following guideline: Cataract extraction is covered when binocular visual acuity is 20/50 or worse, or when monocular visual acuity is 20/50 or worse with the recent development of symptoms (such as headache) related to decreased visual acuity.

Spinal Stenosis Guidelines

Dr. Walsh related that the guideline for spinal stenosis originally had a phrase in the guideline that said "…or radicular symptomatology." Radicular symptomatology does not required findings on a nerve conduction test, which is an objective test. HOSC recommends removing this phrase in order to eliminate the purely subjective sense of a person who has pain down the leg without objective evidence of nerve damage qualifying for surgery. The guideline will now read, "Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication."

Breast/Colon Cancer Surveillance Guidelines (Oncology)

Dr. Walsh reported that the HOSC reviewed the surveillance guidelines for breast and colon cancer and there was discussion about how these guidelines would be implemented. Dr. Glass related that Dr. Little and he had met with two community oncologists to obtain input on these guidelines, as well as for the use of erythropoietin and granulocyte stimulating factor in cancer. Dr. Glass explained that the guidelines were developed by the American Society of Clinical Oncology and were evidence-based. They are generally accepted and conservative. The guideline for breast cancer surveillance is:

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

The guideline for colon cancer surveillance is:

1) History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.
2) Carcinoembryonic antigen (CEA) testing should be performed every 2-3 months after colon resection for at least 2 years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated.
3) Colonoscopy is indicated every 3 to 5 years.
4) No other surveillance testing is indicated.

Erythropoietin (EPO) Guidelines (Oncology)

Dr. Walsh said EPO guidelines were developed and are as follows:

1) Indicated for Hgb < 10 for anemia induced by cancer chemotherapy, or in the setting of myelodysplasia or renal failure.
2) Treatment should continue for 4-8 weeks, or until Hgb of 12 is reached. If no response by 4-8 weeks, treatment should be discontinued. If Hgb of 12 is reached, EPO should be titrated to maintain this level.

After much discussion it was suggested to add renal failure as an indication. There was discussion about the use of erythropoietin in Jehovah's Witnesses, but no action was taken.

Colony-stimulating Factors (CSF) Guidelines

Dr. Walsh reported that the CSF guidelines are as follows:

1) CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is potentially curative, and is known to produce febrile neutropenia at least 40% of the time. Even for these regimens, dose reduction should be considered instead of using CSF, as no improvement in survival has been documented by use of CSF.
2) For secondary prophylaxis, dose reduction should be considered the primary therapeutic option after an episode of severe or febrile neutropenia except in the setting of curable tumors (e.g., germ cell), as no disease free or overall survival benefits have been documented using dose maintenance and CSF.

3) CSF are not indicated in patients who are acutely neutropenic but afebrile.
4) CSF are not indicated in the treatment of febrile neutropenia except in high-risk patients, as no overall clinical benefit has been documented. High-risk patients include those with an absolute neutrophil count (ANC) < 100, uncontrolled primary disease, pneumonia, hypotension, multi-organ dysfunction and invasive fungal infection.
5) CSF are not indicated to increase chemotherapy dose-intensity or schedule, except in cases where improved outcome from such increased intensity has been documented in a clinical trial.
6) CSF are indicated in the setting of progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
7) CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.
8) There is no evidence of clinical benefit in the routine, continuous use of CSF in myelodysplastic syndromes. CSF may be indicated for some patients with severe neutropenia and recurrent infections, but should be used only if significant response is documented.

PET Scan Guidelines (Oncology)

Dr. Walsh stated that the HOSC recommends adopting the draft PET scan guideline as follows:

Indicated for Diagnosis and Staging of the following Cancers: Solitary pulmonary nodules and non-small cell lung cancer, Lymphoma, Melanoma. For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

- For staging, PET is covered in the following situations: The state of the cancer remains in doubt after standard diagnostic work OR
- PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient.

AND

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

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

Prevention Tables

Dr. Walsh reported that the prevention tables that are attached to the Prioritized List are derived from the US Preventative Services Task Force, and in conjunction with the biennial review, Dr. Little reviewed all the Task Force updates since 2002. The following are HOSC's recommendations:

- **Newborn hearing screening:** Currently on the table because of the state mandate. "I" recommendation. Action: <u>leave on table</u>.

- **Lipid screening:** "A" recommendation added for screening from age 20-35 (currently on the table for 25-65). Action: Add to table for age 20-25.
- **Chlamydia screening:** "A" recommendation. Action: leave on table.
- **Colon cancer screening:** Currently recommended, but has been updated to include colonoscopy as an option. Action: Add colonoscopy as a screening option.
- **Behavioral counseling to promote physical activity:** "I" recommendation. Action: leave on table.
- **Osteoporosis screening:** "B" recommendation. Currently not on the table. Action: add for women over 65.
- **Screening for depression:** "B" recommendation. Action: leave on table.
- **Screening for mammography age 40 and older:** "B" recommendation (was age 50 and older previously). Currently on the table due to Commission's decision to deviate from previous recommendation. Action: leave on table.
- **PAP smear in women over 65:** "D" recommendation. Currently on the table. Action: remove for women over 65.
- **PSA screening for prostate cancer:** "I" recommendation (previously was "D"). Currently not on the table. Action: leave off of table.
- **Skin cancer screening:** "I" recommendation. Currently not on the table. Action: leave off of table.
- **Testicular cancer screening:** "D" recommendation. Action: leave off of table.
- **Cardiac screening (EBCT, ETT, ECG):** "D" recommendation. Action: leave off of table.
- **Screening for high blood pressure:** "A" recommendation beginning at age 18. Current on the table starting at age 21. Action: change to begin at age 18.
- **Screening for asymptomatic bactiuria in pregnancy:** "A" recommendation. Currently not on the table. Action: add to maternity table.
- **Perimenopausal hormone replacement:** "D" recommendation. Currently table states "discuss perimenopausal hormone replacement". Action: remove from table.

After much review, Dr. Walsh called for a vote. MOTION: To accept the guidelines and prevention tables as presented. MOTION CARRIES: 8-0.

Bone marrow transplants – Thalassemia

Dr. Walsh reported that research shows that patients with thalassemia who are compliant with transfusion therapy do better than those who receive a bone marrow transplant, and patients who are non-compliant with transfusion therapy do worse. Since non-transplant therapy was superior to transplant therapy in some cases, the HOSC utilized the transplant algorithm to recommend not covering transplant therapy because it does not result in improved outcomes. MOTION: Remove thalassemia as an indication for BMT from Line 125. MOTION CARRIES: 8-0.

Bone marrow transplants – Testicular cancer

Dr. Glass provided the HOSC with the most recent literature on bone marrow transplantation for testicular cancer that morning, which found evidence that a subset of people with testicular cancer, who had multiple relapses after successful remissions with chemotherapy, benefit from bone marrow transplantation (15% response rate). The HOSC recommended approving bone marrow transplant for patients with two or more relapses. There is a clinical trial going on to determine if patients with poor prognosis testicular cancer who have not responded to chemotherapy do better with bone marrow transplant. However there is good data that shows that those patients with testicular cancer who initially respond to chemotherapy, relapse, respond to a second course, yet relapse again, have improved outcomes with a bone marrow transplant. It is for those individuals that the HOSC recommends a transplant. MOTION: Accept the recommendation to pair bone marrow transplant with multiply relapsed testicular cancer. MOTION CARRIES: 8-0.

Coding issues - Medical therapy codes and other miscellaneous coding changes for the biennial review and interim modifications

Dr. Walsh announced that the HOSC reviewed a long report of codes. They included: 1) errors, invalid codes, new codes that were not on the list yet that will be made as interim modifications effective October 1, 2004 (see Attachment D and E), and 2) changes to the coding ranges to appear in the medical therapy lines (see Attachment F) and other coding changes effecting mostly dental codes (see Attachment G) which will be made as a part of the biennial review process and won't go into effect until October 1, 2005. MOTION: To accept the submitted code changes appearing in Attachments D, E, F,and G. MOTION CARRIES: 8-0.

Coding issues - Radiation therapy codes

Dr. Walsh directed the HSC to the thirty pages of radiation oncology code changes from HOSC minutes dated April 22, 2004 (see Attachment H). The HOSC recommends the changes as written. MOTION: To accept the submitted radiation therapy code changes appearing in Attachment H. MOTION CARRIES: 8-0.

Coding issues - New HCPCS codes

Kyphoplasty: Dr. Walsh noted that the CPT codes for vertebroplasty (but not kyphoplasty) already appear on the List. It was explained that kyphoplasty is a procedure in which a balloon is used in an attempt to expand the height of the vertebra, prior to the instillation of cement. From the TEC assessment that the HOSC reviewed, it didn't appear that kyphoplasty offered any advantage over vertebroplasty, and it is significantly more expensive. MOTION: Leave vertebroplasty on the List and do not place kyphoplasty on the List. MOTION CARRIES: 8-0.

Fetal surgery: Dr. Walsh reported that Dr. Sohl sent a survey to 6 leading fetal surgeons in the country, a copy of which was distributed to the HOSC members in the

morning meeting, but has not received any responses yet. *Since expert testimony was still forthcoming, it was decided to delay the decision until response was received.*

Carotid artery stenting: Dr. Walsh related that there was good evidence that this procedure was as effective as carotid endarterectomy, and was possibly less expensive. In addition, the CPT code for carotid artery stenting is already on the List. MOTION: Add HCPCS code S2211 to Line 248. MOTION CARRIES: 8-0.

Minimally invasive CABG: Dr. Walsh described this procedure, noting that it is used when stenting cannot be done because the blockage is too long, and when the patient is not a good candidate for a full sternotomy. The HOSC reviewed the literature and recommends approval with a guideline indicating it is covered only for single vessel disease. MOTION: Add HCPCS code S2205 through S2209 to Line 264 with a guideline specifying that it is to be used only for single vessel disease. MOTION CARRIES: 8-0.

Ultrasound pachymetry: Dr. Walsh explained pachymetry is being used to screen for glaucoma, which is not an appropriate use, but using it to follow up glaucoma surgery is. It also is an appropriate test to confirm a questionable diagnosis of glaucoma, therefore eliminating false positives for glaucoma. MOTION: Place this HCPCS code S0830 on the medical glaucoma line (398). MOTION CARRIES: 8-0.

Corneal topography: Dr. Walsh explained that this procedure is useful in studying corneal diseases and diagnosing keratoconus, as well as before and after vision correction surgery. Since the HOSC was concerned about utilization for the latter, they recommend placement of the code on the keratoconus line, 416. MOTION: Place HCPCS code S0820 on Line 416, Corneal Opacity And Other Disorders Of Cornea. MOTION CARRIES: 8-0.

Lobar lung transplant: Dr. Walsh stated that this procedure has equivalent survival rates to cadaveric transplants, especially in children, and a lower incidence of bronchiolitis obliterans syndrome, the major long-term complication of lung transplant surgery. However, the reviewed articles were mainly from a single children's hospital in Los Angeles, with 128 patients reported on. The only data from a different center had significantly poorer survival (37%), and only contained 9 patients.

Dr. Walsh related an earlier discussion about whether this was an experimental surgery since only one medical center is doing this surgery. The subject of revising the transplant algorithm to take into account more than one center was also discussed. Dr. Glass pointed out that it is now quite common for cystic fibrosis patients to live long enough for them to have the transplant, where before it was not. Transplants from living donors have only become common in the last ten years. Ms. Hazelwood stated that Medicaid does not traditionally pay for donor services, and Mr. Coffman confirmed that the CPT codes for the donor are not on the List for this reason. MOTION: Add the HCPCS codes for lobar lung transplant (S2060 & S2061) to Lines 442 and 443. MOTION CARRIES: 8-0.

Coding issues - Miscellaneous changes

Fetoscopic laser therapy can correct twin- twin transfusion syndrome, a severe and often fatal complication that occurs as a result of a circulatory placental defect in monozygotic twins. Dr. Sohl recommended adding this code with a guideline. MOTION: Add the HCPCS code for fetoscopic laser therapy (S2411) to the pregnancy line (Line 55) with a guideline that it should only be covered for stages III and IV twin-twin transfusion syndrome. MOTION CARRIES: 8-0.
The HOSC recommended that cord blood harvesting should not be added because a specific donor is not attached to specific transplant in these cases and coverage would mean payment for storage. However, there is significant evidence that cord blood transplantation is as effective as stems cells from an unrelated donor. Dr. Walsh declared the transplant algorithm would not be applied because BMT was paired with these diseases before the creation of the algorithm. MOTION: Add S2140 (cord blood harvesting) to the never covered list and S2142 (cord blood transplantation) to all bone marrow transplant lines. MOTION CARRIES: 8-0.

LDL apheresis is used for anyone for whom drugs were incapable of decreasing their LDL to less than 100 who has coronary disease. Dr. Little found no existing outcome data in her research. MOTION: Add this code to the never covered list. MOTION CARRIES: 8-0.

Chemodenervation of muscle of vocal cord is used to treat spastic dysphonia, which is below the funding line. MOTION: Add S2340 and S2341 (chemodenervation of muscle of vocal cord) to Line 729. MOTION CARRIES: 8-0.

Note: Dr. Bryan Sohl and Dan Williams were excused from the meeting at this time.

Other Biennial Review Provider Responses - Sinus surgery

Dr. Walsh mentioned an ENT physician/OHP medical director presented a revised guideline, which allows surgery in the case of multiple episodes of acute sinusitis, chronic sinusitis when there is endoscopic evidence of significant disease, and additional absolute indications. The guideline reads as follows:

> Sinus surgery indicated in the following circumstances:
> 1. 4 or more episodes of acute rhinosinusitis in one year
>
> OR
> 2. Failure of medical therapy of chronic sinusitis including all of the following:
>
> Several courses of antibiotics AND
> - Trial of inhaled and/or oral steroids AND
> - Allergy assessment and treatment when indicated
>
> AND one or more of the following:
> - Findings of obstruction of active infection on CT scan

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

OR
3. Bilateral extensive and massive obstructive nasal polyposis with complications

OR

4. Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis

OR
5. Invasive or allergic fungal sinusitis

OR
6. Tumor of nasal cavity or sinuses

OR
7. CSF rhinorrhea

MOTION: To approve the aforementioned guidelines for sinus surgery. MOTION CARRIES: 6-0, Ayes: Walsh, Glass, Saha, McGough, Lowe, Dodson.

Other Biennial Review Provider Responses - UPPP for Sleep Apnea

Dr. Walsh and Dr. Glass explained that uvulopalatopharyngoplasty (UPPP) is a laser-assisted procedure for the treatment of obstructive sleep apnea. In UPPP, soft tissue in back of the throat and soft palate is removed. Even though the literature states that it works only about 50% of the time, it was recommended that it remain an option for some patients who fail CPAP. MOTION: UPPP should remain on the List for sleep apnea. MOTION CARRIES: 6-0.

Other Biennial Review Provider Responses – Synagis

Dr. Walsh stated that Synagis is a vaccine against respiratory syncytial virus (RSV) that is given to premature infants, or infants and young children that are at high risk for complications from RSV infection. This is standard of care and does not appear to be misused by the OMAP population. MOTION: No guideline or further action regarding Synagis is needed. MOTION CARRIES: 6-0, Ayes: Walsh, Glass, Saha, McGough, Lowe, Dodson.

Treatment of advanced cancers

Dr. Glass reminded Dr. Walsh that the issue was whether to expand the 5% 5-year survival requirement to other conditions besides cancer on Line 693, CANCER OF VARIOUS SITES WHERE TREATMENT WILL NOT RESULT IN A 5% FIVE-YEAR

SURVIVAL. Mr. Coffman stated that he thought this change would have very little effect on practice because, in reality, palliative care for these diagnoses mirrors curative care.

Dr. Walsh stated that aggressive treatment of the symptoms of heart failure fits on the comfort care line. There was some concern that if a terminal patient had an emergency trauma, they would not receive treatment for that trauma. The consensus was that such treatment would be covered, because the trauma would be the covered diagnosis, not the terminal illness. Dr. Glass noted that when the Prioritized List was originally put together, this line (693) was reserved for all incurable cancers. Ten years later, the feeling is that there are other conditions that are equally as incurable as cancer and they should all be considered the same. MOTION: Change the diagnosis title of Line 693 to "Conditions Where Treatment Of The Condition Will Not Result In A 5% Five-Year Survival" and to change the treatment title to "Medical And Surgical Treatment". MOTION CARRIES: 6-0, Ayes: Walsh, Glass, Saha, McGough, Lowe, Dodson.

Public Comment

There was no public comment.

Approval of Prioritized List of Health Services for 2005-07 biennium

Since all the issues had been brought forth and were approved, Mr. Coffman saw no need for a motion to separately approve the Prioritized List of Health Services for the 2005-07 biennium.

XI. Other Business

Ms. Lowe questioned whether there is anything in writing concerning the degree to which the Jehovah's Witnesses religious desires need to be accommodated. This was discussed at some length, but no action was taken.

Mr. Coffman mentioned that HSC is coming up on its 15th year anniversary and he is considering putting together an anniversary celebration. Currently he is looking at holding the celebration in the Portland area in the evening, coinciding with the HOSC/HSC meeting scheduled for Thursday, September 23, 2004. This would be more convenient for those who travel a distance for the meetings. This would be a send-off party for the members who are leaving and a mixer for the new members coming in. He asked everyone to check their schedules and hold the date and staff will provide the commissioners with more information later.

XII. Adjournment

Dr. Glass adjourned the meeting at 3:50 pm. Staff will arrange a conference call to be held Thursday, June 17, 2004.

_____

Andrew Glass, MD, Chair

ATTACHMENT A

OVERVIEW OF THE OREGON HEALTH SERVICES COMMISSION'S PRIORITIZATION PROCESS

Placement of a New ICD-9-CM Code

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

Placement of a New CPT-4 Code

Use the criteria described in Figure 2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If not, use the process described in Figure 1 to determine where the pairing should be placed. This will be done as an interim modification effective April 1.

Placement of a Previously Non-paired CPT-4 Code

Use the criteria described in Figure 2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If not, use the process described in Figure 1 to determine where the pairing should be placed. This will be done as an interim modification unless a significant fiscal impact results.

Deletion of an Existing CPT-4 Code

Use the criteria described in Figure 2 to determine whether the use of the procedure is experimental or if evidence dictates that the code should be removed for a line or the list in general. This can be done as either be done as an interim modification or, if public or provider input is desired, as a biennial review change.

Movement of an Existing Line Item

This can only be done during the biennial review process. Use the process described in Figure 1 to determine new placement.

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

This can be done either during the biennial review process or as an interim modification if there is no significant fiscal impact. Use the process described in Figure 1 to determine placement.

Creation of a New Guideline

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

Revision of an Existing Guideline

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

FIGURE 1
DETERMINING PLACEMENT OF NEW OR REPRIORITIZED SERVICES

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

1) Ability of Treatment to Prevent Death

Where d>0 use the following formula as an initial attempt at ranking:

$r_d = -4.452*d + 366.7$ where

r_d = the results of the ranking using the prevention of death

d = 100*[(probability of death w/o treatment) - (probability of death w/tx)]

Note: when d>82, ranking should be in top 25

2) Lifetime Cost of Treatment Per Patient (in case of ties under #1)

Where d=0, use the following formula as an initial attempt at ranking:

$r_c = 0.01308*c + 471.2$ where

r_c = the results of the ranking using cost

c = lifetime cost of treatment for average patient using cost cohorts

Note: when c>$32,500, ranking should be in bottom 25

3) Adjustment According to Public Values (if #1 and #2 do not result in appropriate ranking).

After identifying first appropriate category, skip to #4.

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

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

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

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

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

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

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

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

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

Early Treatment Prevents Serious Complications/Future Costs (move up 50 percentile points if *d*>0 and 25 percentile points if *d*=0 from the ranking determined by #1 and #2)

e.g. depression, glaucoma

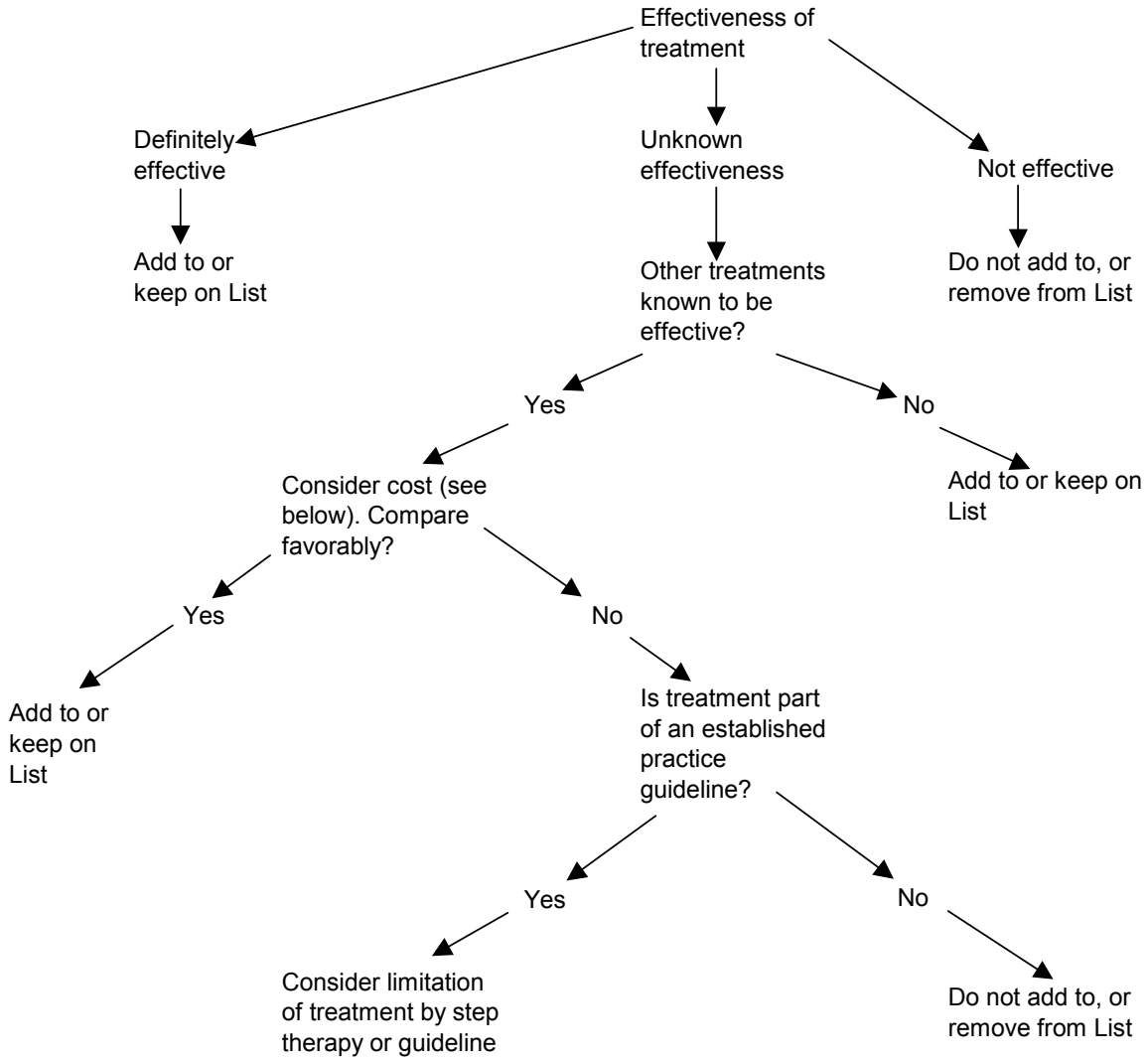
4) Place Within Range of 5 Percentile Points from #1-#3 Based On Similarity of Organ System, Etiology, and/or Treatment Outcomes (congruency)

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

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

FIGURE 2
PROCESS FOR INCORPORATING EVIDENCE-BASED HEALTH TECHNOLOGY ASSESSMENT AND COST-EFFECTIVENESS INTO THE PRIORITIZED LIST

- The HSC will examine pooled data from one of the recognized sources/websites (see Attachment 1)
- Exceptions may be made for rare diseases
- The HSC will consider new sources/websites as they are identified
- Evidence regarding the effectiveness of a treatment will be used according to the following algorithm:



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

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

ATTACHMENT 1
SOURCES OF INFORMATION FOR EVIDENCE-BASED HEALTH TECHNOLOGY ASSESSMENT

Sources of evidence must have the following characteristics:

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

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

First Priority

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

Other Sites Which May Be Considered

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

ATTACHMENT B

DRAFT

PHYSICAL THERAPY GUIDELINES

The following number of combined physical and occupational therapy visits are allowed per year for any combination of diagnoses on Lines 219, 336, 455 and 456:

Ages 0-3: 24
Ages 4-12: 12
Age > 12: 2

Diagnoses on the following lines are allowed visits not subject to the above limits but depending on medical necessity, for up to 3 months after the initiation of therapy:

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

ACUTE BACTERIAL MENINGITIS

SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN

ACUTE OSTEOMYELITIS

PYOGENIC ARTHRITIS

BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE

BURN, PARTIAL THICKNESS WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE

DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL

CONGENITAL DISLOCATION OF HIP; COXA VARA & VALGA

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

FRACTURE OF PELVIS, OPEN AND CLOSED

FRACTURE OF JOINT, OPEN

FRACTURE OF SHAFT OF BONE, OPEN

OPEN FRACTURE OF EPIPHYSIS OF LOWER EXTREMITIES

DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

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

BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE

FRACTURE OF HIP, CLOSED

BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE

TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) W/ & W/O COMPLICATION

TRAUMATIC AMPUTATION OF ARM(S), HAND(S) THUMB(S) AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION

ACUTE POLIOMYELITIS

INTRACEREBRAL HEMORRHAGE

STROKE

DISLOCATION KNEE & HIP, OPEN

DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND SHOULDER, OPEN

TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) W/ & W/O COMPLICATION

RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE

RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES

RHEUMATIC FEVER

GUILLAIN-BARRE SYNDROME

LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES

FRACTURE OF SHAFT OF BONE, CLOSED

CLOSED FRACTURE OF PHYSIS OF LOWER EXTREMITIES

CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

DISLOCATION / DEFORMITY KNEE & HIP

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

CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY

DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III

PERIPHERAL NERVE INJURY WITH OPEN WOUND

GOUT AND CRYSTAL ARTHROPATHIES

FRACTURE OF JOINT, CLOSED (EXCEPT HIP)

DISORDERS OF SHOULDER

MALUNION & NONUNION OF FRACTURE

OSTEOARTHRITIS AND ALLIED DISORDERS

INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II AND III

CHONDROMALACIA

INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE

PERIPHERAL ENTHESOPATHIES

ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I

SYNOVITIS AND TENOSYNOVITIS

COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

OTHER COMPLICATIONS OF A PROCEDURE

The Commission is also considering eliminating coverage for some modalities. Possible deletions include the following:

Vasopneumatic devices
Paraffin baths
Microwave
Diathermy
Infrared
Ultraviolet
Iontophoresis
Contrast baths
Ultrasound
Massage

ATTACHMENT C

DRAFT

PSORIASIS GUIDELINE

Stage III psoriasis is defined as involvement of 20% to 90% of body surface area, or hand, foot or mucous membrane involvement resulting in moderate functional limitation (not requiring external mechanical or human assistance). This line includes treatments for stage III psoriasis with topical agents, ultraviolet light therapy and methotrexate.

Stage IV psoriasis is defined as involvement of > 90% of body surface area, or hand, foot or mucous membrane involvement resulting in severe functional limitation requiring external mechanical or human assistance. This line includes all non-experimental treatments for stage IV psoriasis.

ATTACHMENT D

Proposed Interim Modifications to October 1, 2003 Prioritized List of Health Services; Reviewed by the Health Outcomes Subcommittee April 22, 2004.

Delete the following code from all medical therapy lines:

DELETE	99025	Initial (new patient) visit when starred surgical procedure constitutes major service at that visit	
		Deleted Code	*HSC Staff*

Add to never covered list:

ADD	S2054	Transplantation of multivisceral organs	
		New HCPCS Code	*OMAP - HPU*
ADD	S2055	Harvesting of multivisceral organs for transplant	
		New HCPCS Code	*OMAP - HPU*
ADD	S2102	Islet cell tissue transplant from pancreas, allogeneic	
		New HCPCS Code	*OMAP - HPU*
ADD	S2103	Adrenal tissue transplant to brain	
		New HCPCS Code	*OMAP - HPU*
ADD	S2202	Echosclerotherapy	
		New HCPCS Code	*OMAP - HPU*
ADD	S2235	Implantation of auditory brainstem implant	
		New HCPCS Code	*OMAP - HPU*
ADD	S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	
		New HCPCS Code	*OMAP - HPU*
ADD	S2362	Kyphoplasty, one vertebral body, unilateral or bilateral injection	
		New HCPCS Code	*OMAP - HPU*
ADD	S2363	Kyphoplasty, one vertebral body, unilateral or bilateral injection, each additional vertebral body	
		New HCPCS Code	*OMAP - HPU*
ADD	S2370	Intradiscal electrothermal sclerotherapy, single interspace	
		New HCPCS Code	*OMAP - HPU*
ADD	S2371	Intradiscal electrothermal sclerotherapy, each additional interspace	
		New HCPCS Code	*OMAP - HPU*
ADD	S2140	Cord blood harvesting for transplantation, allogeneic	
		New HCPCS Code	*OMAP - HPU*
ADD	S2120	LDL apheresis	
		New HCPCS Code	*OMAP - HPU*

Proposed Interim Modifications to October 1, 2003 Prioritized List of Health Services; Reviewed by the Health Outcomes Subcommittee April 22, 2004.

Diagnosis PREGNANCY
Treatment MATERNITY CARE
Line: 55

ADD	S2411	Fetoscopic laser therapy for treatment of twin-twin transfusion syndrome	
		New HCPCS Code	*OMAP - HPU*
DELETE	V27.0	Single liveborn	
		Error	*OMAP - HPU*
DELETE	V27.1	Single stillborn	
		Error	*OMAP - HPU*
DELETE	V27.2	Twins, both liveborn	
		Error	*OMAP - HPU*
DELETE	V27.3	Twins, one liveborn, one stillborn	
		Error	*OMAP - HPU*
DELETE	V27.4	Twins, both stillborn	
		Error	*OMAP - HPU*
DELETE	V27.5	Other multiple birth, all liveborn	
		Error	*OMAP - HPU*
DELETE	V27.6	Other multiple birth, some liveborn	
		Error	*OMAP - HPU*
DELETE	V27.7	Other multiple birth, all stillborn	
		Error	*OMAP - HPU*
DELETE	V27.9	Unspecified outcome of delivery	
		Error	*OMAP - HPU*

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

ADD	S2142	Cord blood-derived stem cell transplantation, allogeneic	
		New HCPCS Code	*OMAP - HPU*

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

ADD	S2142	Cord blood-derived stem cell transplantation, allogeneic	
		New HCPCS Code	*OMAP - HPU*

Proposed Interim Modifications to October 1, 2003 Prioritized List of Health Services; Reviewed by the Health Outcomes Subcommittee April 22, 2004.

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

ADD S2142 Cord blood-derived stem cell transplantation, allogeneic
New HCPCS Code *OMAP - HPU*

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

ADD S2142 Cord blood-derived stem cell transplantation, allogeneic
New HCPCS Code *OMAP - HPU*

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

ADD S2142 Cord blood-derived stem cell transplantation, allogeneic
New HCPCS Code *OMAP - HPU*

Diagnosis SHORT BOWEL SYNDROME - AGE 5 OR UNDER
Treatment INTESTINE AND INTESTINE/LIVER TRANSPLANT
Line: 128

ADD S2053 Transplantation of small intestine and liver allografts
New HCPCS Code *OMAP - HPU*

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

ADD 27513 Open treatment of femoral supracondylar or transcondylar fracture
Non-Pairing *OMAP - MD*

Diagnosis DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 143

DELETE	63250	Laminectomy for excision or occlusion of AVM of spinal cord; cervical	
		Non-Pairing	*HSC Staff*
DELETE	63251	Laminectomy for excision or occlusion of AVM of spinal cord;thorasic	
		Non-Pairing	*HSC Staff*
DELETE	63252	Laminectomy for excision or occlusion of AVM of spinal cord; thoracolumbar	
		Non-Pairing	*HSC Staff*
DELETE	747.82	Spinal vessel anomoly	
		Non-Pairing	*HSC Staff*
ADD	S2350	Discectomy, anterior, with decompression of spinal cord/ nerve roots; lumbar, single interspace	
		New HCPCS Code	*OMAP - HPU*
ADD	S2351	Discectomy, anterior, with decompression of spinal cord/ nerve roots; lumbar, each additional interspace	
		New HCPCS Code	*OMAP - HPU*

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

ADD	21627	Sternal debridement	
		Non-Pairing	*OMAP - MD*
ADD	21750	Closure of median sternotomy separation with or without debridement	
		Non-Pairing	*OMAP - MD*

Diagnosis PEDIATRIC SOLID MALIGNANCIES, SEMINOMA
Treatment BONE MARROW TRANSPLANT
Line: 182

ADD	S2142	Cord blood-derived stem cell transplantation, allogeneic	
		New HCPCS Code	*OMAP - HPU*

Diagnosis CHRONIC NON-LYMPHOCYTIC LEUKEMIA
Treatment BONE MARROW TRANSPLANT
Line: 183

ADD	S2142	Cord blood-derived stem cell transplantation, allogeneic	

New HCPCS Code *OMAP - HPU*

Proposed Interim Modifications to October 1, 2003 Prioritized List of Health Services; Reviewed by the Health Outcomes Subcommittee April 22, 2004.

Diagnosis AGRANULOCYTOSIS
Treatment BONE MARROW TRANSPLANT
Line: 200

ADD S2142 Cord blood-derived stem cell transplantation, allogeneic
New HCPCS Code *OMAP - HPU*

Diagnosis GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES
Treatment MEDICAL THERAPY
Line: 205

ADD 054.10 Genital Herpes, unspecified
Omission *Provider*

Diagnosis MULTIPLE MYELOMA
Treatment BONE MARROW TRANSPLANT
Line: 213

ADD S2142 Cord blood-derived stem cell transplantation, allogeneic
New HCPCS Code *OMAP - HPU*

Diagnosis OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES
Treatment THROMBOENDARTERECTOMY
Line: 248

DELETE 92961 Internal cardioversion
Error *HSC Staff*

ADD S2211 Transcatheter placement of intravascular stent, carotid artery, percutaneous
New HCPCS Code *OMAP - HPU*

Diagnosis ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment MEDICAL THERAPY INCLUDING DIALYSIS
Line: 249

ADD 49422 Removal of permanent intraperitoneal cannula or catheter
Non-Pairing *OMAP - MD*

Proposed Interim Modifications to October 1, 2003 Prioritized List of Health Services; Reviewed by the Health Outcomes Subcommittee April 22, 2004.

Diagnosis ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 264

ADD	S2205	Minimally-invasive direct coronary artery bypass surgery involving mini-thoracatomy, under direct vision, using arterial graft; single	
		New HCPCS Code	*OMAP – HPU*
ADD	S2206	Minimally-invasive direct coronary artery bypass surgery involving mini-thoracatomy, under direct vision, using arterial graft; two grafts	
		New HCPCS Code	*OMAP – HPU*

Diagnosis ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 264 (CONT'D)

ADD	S2207	Minimally-invasive direct coronary artery bypass surgery involving mini-thoracatomy, under direct vision, using venous graft; single graft	
		New HCPCS Code	*OMAP – HPU*
ADD	S2208	Minimally-invasive direct coronary artery bypass surgery involving mini-thoracatomy, under direct vision, using venous graft; two grafts	
		New HCPCS Code	*OMAP – HPU*
ADD	S2209	Minimally-invasive direct coronary artery bypass surgery involving mini-thoracatomy, under direct vision, using two arterial and single venous	
		New HCPCS Code	*OMAP – HPU*

Diagnosis CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 273

ADD	44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	
		Non-Pairing	*OMAP – MD*

Diagnosis SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 327

DELETE	63250	Laminectomy for excision or occlusion of AVM of spinal cord; cervical	
		Non-Pairing	*HSC Staff*
DELETE	63251	Laminectomy for excision or occlusion of AVM of spinal cord;thorasic	
		Non-Pairing	*HSC Staff*
DELETE	63252	Laminectomy for excision or occlusion of AVM of spinal cord; thoracolumbar	

Diagnosis DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 341

ADD 63250 Laminectomy for excision or occlusion of AVM of spinal cord; cervical
Non-Pairing *HSC Staff*
ADD 63251 Laminectomy for excision or occlusion of AVM of spinal cord;thorasic
Non-Pairing *HSC Staff*

Diagnosis DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 341 (CONT'D)

ADD 63252 Laminectomy for excision or occlusion of AVM of spinal cord; thoracolumbar
Non-Pairing *HSC Staff*

Diagnosis CHRONIC ULCER OF SKIN
Treatment MEDICAL AND SURGICAL THERAPY
Line: 354

ADD 29580 Unna boot
Non-Pairing *OMAP - MD*

Diagnosis ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 355

ADD 27603 Incision and drainage, leg or ankle; deep abscess or hematoma
Non-Pairing *OMAP - MD*
ADD 67700 Blepharotomy, drainage of abscess, eyelid
Non-Pairing *OMAP - MD*

Diagnosis GLAUCOMA
Treatment MEDICAL THERAPY
Line: 398

ADD S0830 Ultrasound pachymetry to determine corneal thickness, with interp and report
New HCPCS Code *OMAP - HPU*

Diagnosis CORNEAL OPACITIES AND OTHER DISORDERS OF CORNEA
Treatment KERATOPLASTY
Line: 416

ADD S0820 Computerized corneal topography, unilateral
New HCPCS Code OMAP – HPU

Diagnosis DEFICIENCIES OF CIRCULATING ENZYMES; CYSTIC FIBROSIS, EMPHYSEMA
Treatment HEART-LUNG AND LUNG TRANSPLANT
Line: 442

ADD S2060 Lobar lung transplant
New HCPCS Code OMAP – HPU
ADD S2061 Donor lobectomy for transplantation
New HCPCS Code OMAP – HPU

Diagnosis RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S SYNDROME
Treatment HEART-LUNG AND LUNG TRANSPLANT
Line: 443

ADD S2060 Lobar lung transplant
New HCPCS Code OMAP – HPU
ADD S2061 Donor lobectomy for transplantation
New HCPCS Code OMAP – HPU

Diagnosis HEREDITARY IMMUNE DEFICIENCY
Treatment BONE MARROW TRANSPLANT
Line: 445

ADD S2142 Cord blood-derived stem cell transplantation, allogeneic
New HCPCS Code OMAP – HPU

Diagnosis CONSTITIONAL APLASTIC ANEMIAS
Treatment BONE MARROW TRANSPLANT
Line: 446

ADD S2142 Cord blood-derived stem cell transplantation, allogeneic
New HCPCS Code OMAP – HPU

Diagnosis CLOSED DISLOCATIONS/ FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 485

ADD	22520	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thorasic	
		Omission	*HSC Staff*
ADD	22521	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar	
		Omission	*HSC Staff*
ADD	22522	Percutaneous vertebroplasty, each additional vertebral body	
		Omission	*HSC Staff*
ADD	S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection	
		New HCPCS Code	*OMAP - HPU*
ADD	S2361	Percutaneous vertebroplasty, each additional vertebral body, unilateral or bilateral injection	
		New HCPCS Code	*OMAP - HPU*

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

ADD	29240	Strapping, shoulder	
		Non-Pairing	*OMAP - MD*

Diagnosis RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment REMOVAL
Line: 531

DELETE	23040	Arthrotomy, glenohumeral joint, including exploration, drainage or removal of foreign body	
		Non-Pairing	*HSC Staff*
DELETE	23044	Arthrotomy, acromioclavicular or sternoclavicular, including exploration, drainage or removal of foreign body	
		Non-Pairing	*HSC Staff*
DELETE	23107	Arthrotomy, glenohumeral joint, with exploration, with or without removal of foreign body	
		Non-Pairing	*HSC Staff*
DELETE	23331	Removal of foreign body, shoulder; deep (hemiarthroplasty removal)	
		Non-Pairing	*HSC Staff*

Diagnosis RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment REMOVAL
Line: 531 (CONT'D)

DELETE	23332	Removal of foreign body, shoulder; complicated (total shoulder removal) *Non-Pairing* *HSC Staff*
DELETE	24000	Arthrotomy, elbow, including exploration, drainage or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	24101	Arthrotomy, elbow, with exploration, with or without biopsy, with or without removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	25040	Arthrotomy, radiocarpal or midcarpal joint, including exploration, drainage or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	25101	Arthrotomy, wrist joint, with exploration, with or without biopsy, with or without removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	26070	Arthrotomy, carpo-metacarpal joint, including exploration, drainage or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	26075	Arthrotomy, metacarpophalangeal joint, including exploration, drainage or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	25080	Arthrotomy, interphalageal joint, including exploration, drainage or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	27033	Arthrotomy, hip, including exploration or removal of loose or foreign body *Non-Pairing* *HSC Staff*
DELETE	27310	Arthrotomy, knee, including exploration, drainage or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	27331	Arthrotomy, knee, with exploration, biopsy, or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	27620	Arthrotomy, ankle, with exploration, with or without biopsy, with or without removal of foreign body *Non-Pairing* *HSC Staff*
DELETE	28020	Arthrotomy, intertarsal or tarsometatarsal joint, including exploration, drainage or removal of foreign body *Non-Pairing* *HSC Staff*

Diagnosis RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment REMOVAL
Line: 531 (CONT'D)

DELETE	28022	Arthrotomy, metatarsophalangeal joint, including exploration, drainage or removal of foreign body	
		Non-Pairing	*HSC Staff*
DELETE	28024	Arthrotomy, interphalangeal joint, including exploration, drainage or removal of foreign body	
		Non-Pairing	*HSC Staff*
DELETE	41806	Removal of embedded foreign body from bony dentoalveolar structures	
		Non-Pairing	*HSC Staff*

Diagnosis CERVICAL RIB
Treatment SURGICAL TREATMENT
Line: 661

DELETE	92961	Internal cardioversion	
		Error	*HSC Staff*

Diagnosis SPASTIC DYSPHONIA
Treatment MEDICAL THERAPY
Line: 729

ADD	S2340	Chemodenervation of abductor muscle of vocal cord	
		New HCPCS Code	*OMAP - HPU*
ADD	S2341	Chemodenervation of adductor muscle of vocal cord	
		New HCPCS Code	*OMAP - HPU*

ATTACHMENT E

Proposed Interim Modification of Prioritized List of Health Services Reviewed on May 27, 2004 for Implementation October 1, 2004.

ADD TO NEVER COVERED LIST:

ADD V01.82 Exposure to SARS-associated corona virus
New ICD-9 Code *HSC Staff*

Diagnosis BIRTH CONTROL
Treatment MEDICAL THERAPY
Line: 54

DELETE T1015 Clinic visit/encounter, all-inclusive
Error *OMAP - HPU*

Diagnosis STERILIZATION
Treatment VASECTOMY
Line: 93

DELETE 55200 Vasotomy, cannulization with or without incision of vas
Move *OMAP - HPU*
ADD 55450 Ligation (percutaneous) of vas deferens
Omission *OMAP - HPU*

Diagnosis CONSTITUTIONAL APLASTIC ANEMIA
Treatment MEDICAL THERAPY
Line: 121

ADD S9355 Home infusion therapy; chelation therapy
Omission *OMAP - HPU*

Diagnosis NON-HODGKIN'S LYMPHOMA
Treatment MEDICAL THERAPY, INCL CHEMO AND RADIATION
Line: 123

ADD S9355 Home infusion therapy; chelation therapy
Omission *OMAP - HPU*

Proposed Interim Modification of Prioritized List of Health Services Reviewed on May 27, 2004 for Implementation October 1, 2004. (Cont'd)

Diagnosis ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL
Treatment MEDICAL THERAPY
Line: 129

ADD	079.82	SARS-associated corona virus	
		New ICD-9 Code	*HSC Staff*

Diagnosis CONGENITAL PULMONARY VALVE ATRESIA
Treatment SHUNT/REPAIR
Line: 155

ADD	33918	Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries, w/ or w/o CPB	
		Omission	*Vendor*
ADD	33919	Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries, w/ CPB	
		Omission	*Vendor*
DELETE	33928	Invalid code	
		Invalid Code	*Vendor*

Diagnosis HEREDITARY ANEMIAS, HEMAGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN
Treatment MEDICAL THERAPY
Line: 176

ADD	S9355	Home infusion therapy; chelation therapy	
		Omission	*OMAP - HPU*

Diagnosis NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, ETC
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 219

DELETE	53670	Invalid code	
		Invalid Code	*Vendor*

Diagnosis CANCER OF THE BLADDER AND URETER, TREATABLE
Treatment MEDICAL AND SURGICAL THERAPY, INCL CHEMO AND RADIATION
Line: 235

DELETE	53670	Invalid code	
		Invalid Code	*Vendor*

Proposed Interim Modification of Prioritized List of Health Services Reviewed on May 27, 2004 for Implementation October 1, 2004. (Cont'd)

Diagnosis ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment MEDICAL THERAPY INCLUDING DIALYSIS
Line: 249

ADD	90918	HEMODIALYSIS SERVICES	
		Error	*OMAP - HPU*
ADD	90919	HEMODIALYSIS SERVICES	
		Error	*OMAP - HPU*
ADD	90920	HEMODIALYSIS SERVICES	
		Error	*OMAP - HPU*
ADD	90921	HEMODIALYSIS SERVICES	
		Error	*OMAP - HPU*
ADD	90922	ESRD RELATED SERVICES, DAY	
		Error	*OMAP - HPU*
ADD	90923	ESRD RELATED SERVICES, DAY	
		Error	*OMAP - HPU*
ADD	90924	ESRD RELATED SERVICES, DAY	
		Error	*OMAP - HPU*
ADD	90925	ESRD RELATED SERVICES, DAY	
		Error	*OMAP - HPU*
ADD	90935	HEMODIALYSIS, ONE EVALUATION	
		Error	*OMAP - HPU*

Diagnosis NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment MEDICAL THERAPY INCL DIALYSIS
Line: 250

ADD	S9355	Home infusion therapy; chelation therapy	
		Omission	*OMAP - HPU*

Diagnosis POISINING BY INGESTION, INJECTION AND NON-MEDICINAL AGENTS
Treatment MEDICAL THERAPY
Line: 252

ADD	S9355	Home infusion therapy; chelation therapy	
		Omission	*OMAP - HPU*

Proposed Interim Modification of Prioritized List of Health Services Reviewed on May 27, 2004 for Implementation October 1, 2004. (Cont'd)

Diagnosis PERNICIOUS AND SIDEROBLASTIC ANEMIA
Treatment MEDICAL THERAPY
Line: 257

ADD S9355 Home infusion therapy; chelation therapy
Omission *OMAP - HPU*

Diagnosis CANCER OF THE KIDNEY AND OTHER URINARY ORGANS
Treatment MEDICAL AND SURGICAL THERAPY, INCL CHEMO AND RADIATION
Line: 278

DELETE 53670 Invalid code
Invalid Code *Vendor*

Diagnosis DISORDERS OF MINERAL METABOLISM
Treatment MEDICAL THERAPY
Line: 285

ADD S9355 Home infusion therapy; chelation therapy
Omission *OMAP - HPU*

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

ADD S0199 Induced abortion by oral ingestion of medication including all services & supplies except drugs
Omission *HSC Staff*

Diagnosis ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 355

ADD 11765 Wedge resection of skin of nail fold
Omission *OMAP - MD*

ADD 67700 Blepharotomy, drainage of abscess, eyelid
Omission *OMAP - HPU*

Proposed Interim Modification of Prioritized List of Health Services Reviewed on May 27, 2004 for Implementation October 1, 2004. (Cont'd)

Diagnosis AFTER CATARACT
Treatment DISCISSION, LENS CAPSULE
Line: 415

DELETE V43.1 Organ or tissue replaced by other means: Lens (Psuedophakos)
Error *OMAP - HPU*

Diagnosis FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 440

DELETE 53675 Invalid code
Invalid Code *Vendor*

Diagnosis GUILLAIN-BARRE SYNDROME
Treatment MEDICAL THERAPY
Line: 441

DELETE 36520 Invalid code
Invalid Code *Vendor*

Diagnosis VESICULAR FISTULA
Treatment MEDICAL AND SURGICAL THERAPY
Line: 448

DELETE 53670 Invalid code
Invalid Code *Vendor*

Diagnosis MULTIPLE SCLEROSIS
Treatment MEDICAL THERAPY
Line: 451

DELETE 36520 Invalid code
Invalid Code *Vendor*

Diagnosis FEMALE INFERTILITY, MALE INFERTILITY
Treatment ARTIFICIAL INSEMINATION, MEDICAL THERAPY
Line: 596

ADD 55200 Vasotomy, cannulization with or without incision of vas
Error *OMAP - HPU*

Proposed Interim Modification of Prioritized List of Health Services Reviewed on May 27, 2004 for Implementation October 1, 2004. (Cont'd)

Diagnosis MORBID OBESITY
Treatment GASTROPLASTY
Line: 640

DELETE 44209 Invalid code
Invalid Code *Vendor*

Diagnosis OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUR TO rsv IN PERSONS UNDER 3
Treatment MEDICAL THERAPY
Line: 671

ADD 480.3 Pneumonia due to SARS-associated corona virus
New ICD-9 Code *HSC Staff*

2005-07 Medical therapy coding changes

Add to line 243 (Physical and sexual abuse)

99170	ANOGENITAL EXAM W/COLPO FOR CHILD SEX ABUSE

Add to all medical therapy lines

99024	POST-OP F/U VISIT, SEPARATE E&M SERVICE

Delete from all lines except 2 (Type I Diabetes)

95250	GLUCOSE MONITORING, CONTINUOUS, 72 HOURS

Delete from all lines except 23 (Intussception, Volvulus, Intestinal Obstruction, FB of stomach, intestines, colon & rectum)

91123	PULSED IRRIGATION OF FECAL IMPACTION

Delete from all lines except 56, 144, 302, 511 (Hearing loss)

92586	AUDITORY EVOKED POTENTIAL, LIMITED

Delete from all lines except 60,71 (Respiratory conditions of fetus and newborn/Low birth weight)

94772	BREATH RECORDING, INFANT

Delete from all lines except 97 (Ventricular septal defect)

93581	PERC CLOSURE CONGEN VSD W/IMPLANT

Delete from all lines except 170 (HIV disease)

94642	AEROSOL INHALATION TREATMENT

Delete from all lines except 177 and 323 (Cardiac arryhthmias)

93600	BUNDLE OF HIS RECORDING
93602	INTRA-ATRIAL RECORDING
93603	RIGHT VENTRICULAR RECORDING
93609	MAPPING OF TACHYCARDIA
93610	INTRA-ATRIAL PACING
93612	INTRAVENTRICULAR PACING
93613	INTRACARDIAC EP 3-D MAPPING
93615	ESOPHAGEAL RECORDING
93616	ESOPHAGEAL RECORDING
93618	HEART RHYTHM PACING

Delete from all lines except 177 and 323 (Cardiac arryhthmias) **Cont'd**

93619	ELECTROPHYSIOLOGY EVALUATIONZ
93620	ELECTROPHYSIOLOGY EVALUATION
93621	ELECTROPHYSIOLOGY EVALUATION
93622	ELECTROPHYSIOLOGY EVALUATION
93623	STIMULATION, PACING HEART
93624	ELECTROPHYSIOLOGIC STUDY
93631	HEART PACING, MAPPING
93640	EVALUATION HEART DEVICE
93641	ELECTROPHYSIOLOGY EVALUATION
93642	ELECTROPHYSIOLOGY EVALUATION
93650	ABLATE HEART DYSRHYTHM FOCUS
93651	ABLATE HEART DYSRHYTHM FOCUS
93652	ABLATE HEART DYSRHYTHM FOCUS

Delete from all lines except 177, 209,264 and 323 (Cardiac arryhthmias)

93724	ANALYZE PACEMAKER SYSTEM
93727	ANALYZE IMPLANTABLE LOOP RECORDER
93731	ANALYZE PACEMAKER SYSTEM
93732	ANALYZE PACEMAKER SYSTEM
93733	TELEPHONE ANALYSIS, PACEMAKER
93734	ANALYZE PACEMAKER SYSTEM
93735	ANALYZE PACEMAKER SYSTEM
93736	TELEPHONE ANALYSIS, PACEMAKER

Delete from all lines except 197 (Ulcers, GI hemorrhage)

91100	PASS INTESTINE BLEEDING TUBE

Delete from all lines except 219 (Dysfunction in breathing, eating, etc)

92526	ORAL FUNCTION THERAPY

Delete from all lines except 252 (Poisining by ingestion, injection, non-medicinal agents)

91105	GASTRIC INTUBATION TREATMENT

Delete from all lines except 299, 307, 515, 588, 590 (those including neurostimulators)

95970	NEUROSTIM ANALYZE, NO PROGRAM
95971	SIMPLE NEUROSTIM ANALYZE
95972	COMPLEX NEUROSTIM ANALYZE
95973	COMPLEX NEUROSTIM ANALYZE
95974	COMPLEX CRANIAL NEUROSTIM

Delete from all lines except 299, 307, 515, 588, 590 (neurostimulators) **Cont'd**

95975	COMPLEX CRANIAL NEUROSTIM

Delete from all lines except 302, 511 (Hearing loss)

92562	LOUDNESS BALANCE TEST
92563	TONE DECAY HEARING TEST
92564	SISI HEARING TEST
92565	STENGER TEST, PURE TONE
92567	TYMPANOMETRY
92568	ACOUSTIC REFLEX TESTING
92569	ACOUSTIC REFLEX DECAY TEST
92571	FILTERED SPEECH HEARING TEST
92572	STAGGERED SPONDAIC WORD TEST
92573	LOMBARD TEST
92575	SENSORINEURAL ACUITY TEST
92576	SYNTHETIC SENTENCE TEST
92577	STENGER TEST, SPEECH
92579	VISUAL AUDIOMETRY (VRA)
92582	CONDITIONING PLAY AUDIOMETRY
92583	SELECT PICTURE AUDIOMETRY
92584	ELECTROCOCHLEOGRAPHY
92585	AUDITORY EVOKED POTENTIAL, COMPREHENSIVE
92587	EVOKED AUDITORY TEST
92588	EVOKED AUDITORY TEST
92589	AUDITORY FUNCTION TEST(S)
92590	HEARING AID EXAM, ONE EAR
92591	HEARING AID EXAM, BOTH EARS
92592	HEARING AID CHECK, ONE EAR
92593	HEARING AID CHECK, BOTH EARS
92594	ELECTRO HEARING AID TEST, ONE
92595	ELECTRO HEARING AID TEST, BOTH
92596	EAR PROTECTOR EVALUATION
92597	ORAL SPEECH DEVICE EVAL

Delete from all lines except 303, 513 (Sensorineural hearing loss)

92510	AURAL REHAB FOLLOWING COCHLEAR IMPLANT
92601	DIAGNOSTIC ANAL OF COCHLEAR IMPLANT, PT AGE <7
92602	DIAGNOSTIC ANAL OF COCH IMPL, PT AGE <7, REPROGRAM

Delete from all lines except 318 (Atrial septal defect, secundum)

93580	PERC CLOSURE CONGEN ASD W/IMPLANT

Delete from all lines except 336,477,549 (Dysfunction in posture & movement/Meniere's disease/Vertiginous syndromes)

92531	SPONTANEOUS NYSTAGMUS STUDY
92532	POSITIONAL NYSTAGMUS STUDY
92533	CALORIC VESTIBULAR TEST
92534	OPTOKINETIC NYSTAGMUS
92541	SPONTANEOUS NYSTAGMUS TEST
92542	POSITIONAL NYSTAGMUS TEST
92544	OPTOKINETIC NYSTAGMUS TEST
92545	OSCILLATING TRACKING TEST
92546	SINUSOIDAL ROTATIONAL TEST
92548	POSTUROGRAPHY

Delete from all lines except 371(Atherosclerosis, peripheral)

93668	PERIPHERAL ARTERIAL DISEASE REHAB

Delete from all lines except 456 (Dysfunction in communication)

92605	EVAL FOR RX OF NON-SPEECH, AUGMENT COMM DEVICE
92606	THERAPUETIC SERVICE FOR USE OF NON-SPEECH DEVICE
92607	EVAL FOR RX OF SPEECH-GENERATING DEVICE, 1ST HOUR
92608	EVAL FOR RX OF SPEECH-GENERATING DEVICE, ADTL 30 M
92609	THERAPUETIC SERVICE FOR USE OF SPEECH-GEN DEVICE

Delete from all lines except 513 (Sensorineural hearing loss, age 5 or over)

92603	DIAGNOSTIC ANAL OF COCHLEAR IMPLANT, PT AGE >7
92604	DIAGNOSTIC ANAL OF COCH IMPL, PT AGE >7, REPROGRAM

Delete from all lines except 529 (Urinary incontinence)

90911	BIOFEEDBACK PERI/URO/RECTAL

Delete from all lines except 563 (Sexual dysfunction)

93980	PENILE VASCULAR STUDY
93981	PENILE VASCULAR STUDY

Delete from all medical therapy lines except allergy lines and Line 159

95004	ALLERGY SKIN TESTS
95010	SENSITIVITY SKIN TESTS
95015	SENSITIVITY SKIN TESTS

Delete from all medical therapy lines except allergy lines

95024	ALLERGY SKIN TESTS
95027	SKIN END POINT TITRATION
95028	ALLERGY SKIN TESTS
95044	ALLERGY PATCH TESTS
95052	PHOTO PATCH TEST
95056	PHOTOSENSITIVITY TESTS
95060	EYE ALLERGY TESTS
95065	NOSE ALLERGY TEST
95070	BRONCHIAL ALLERGY TESTS
95071	BRONCHIAL ALLERGY TESTS
95075	INGESTION CHALLENGE TEST
95115	IMMUNOTHERAPY, ONE INJECTION
95117	IMMUNOTHERAPY INJECTIONS
95120	IMMUNOTHERAPY, ONE INJECTION
95125	IMMUNOTHERAPY, MANY ANTIGENS
95130	IMMUNOTHERAPY, INSECT VENOM
95131	IMMUNOTHERAPY, INSECT VENOMS
95132	IMMUNOTHERAPY, INSECT VENOMS
95133	IMMUNOTHERAPY, INSECT VENOMS
95134	IMMUNOTHERAPY, INSECT VENOMS
95144	ANTIGEN THERAPY SERVICES
95145	ANTIGEN THERAPY SERVICES
95146	ANTIGEN THERAPY SERVICES
95147	ANTIGEN THERAPY SERVICES
95148	ANTIGEN THERAPY SERVICES
95149	ANTIGEN THERAPY SERVICES
95165	ANTIGEN THERAPY SERVICES
95170	ANTIGEN THERAPY SERVICES
95180	RAPID DESENSITIZATION
95199	ALLERGY IMMUNOLOGY SERVICES

Delete from all medical therapy lines except cardiac lines

92960	HEART ELECTROCONVERSION
92961	CARDIOVERSION, ELECTIVE, INTERNAL
92971	CARDIOASSIST, EXTERNAL
92973	PTC THROMBECTOMY
92974	PLACEMENT RAD DELIVERY DEVICE FOR CORONARY BRACHYT
92975	DISSOLVE CLOT, HEART VESSEL
92977	DISSOLVE CLOT, HEART VESSEL
92978	INTRAVASC US CORONARY VESSEL; INTERP; 1ST VESSEL
92979	INTRAVASC US CORONARY VESSEL; INTERP; ADD'L VESSEL
92980	TRANSCATH PLACEMENT INTRACORONAR STENT, 1ST VESSEL
92981	TRANSCATH PLACEMENT INTRACORO STENT, ADD'L VESSEL
92982	PTCA, SINGLE VESSEL
92984	PTCA, ADD'L VESSEL
92986	PERCUT BALLOON VALVULOPLASTY, AORTIC
92987	PERCUT BALLOON VALVULOPLASTY, MITRAL
92990	PERCUT BALLOON VALVULOPLASTY, PULMONARY
92992	ATRIAL SEPTOSTOMY,TRANSVENOUS, BALLOON
92993	ATRIAL SEPTOSTOMY,TRANSVENOUS, BLADE
92995	PERCUT TRANLUM CORONARY ATHERECTOMY, 1ST VESSEL
92996	PERCUT TRANLUM CORONARY ATHERECTOMY, ADD'L VESSEL
92997	PERCUT TRANLUM PULM ART BALLOON ANGIO, 1ST VESSEL
92998	PERCUT TRANLUM PULM ART BALLOON ANGIO, ADDL VESSEL
93797	CARDIAC REHAB
93798	CARDIAC REHAB/MONITOR

Delete from all medical therapy lines

92700	UNLISTED ENT SERVICE OR PROCEDURE

Delete from all medical therapy lines except eye lines and Lines 144 and 184

92002	EYE EXAM, NEW PATIENT
92004	EYE EXAM, NEW PATIENT
92012	EYE EXAM, ESTABLISHED PATIENT
92014	EYE EXAM, ESTABLISHED PATIENT

Delete from all medical therapy lines except eye lines

92015	DETERMINE REFRACTIVE STATE
92018	NEW EYE EXAM & TREATMENT
92019	EYE EXAM & TREATMENT
92020	SPECIAL EYE EVALUATION
92060	SPECIAL EYE EVALUATION
92070	FITTING OF CONTACT LENS
92081	VISUAL FIELD EXAMINATION(S)
92082	VISUAL FIELD EXAMINATION(S)
92083	VISUAL FIELD EXAMINATION(S)
92100	SERIAL TONOMETRY EXAM(S)
92120	TONOGRAPHY & EYE EVALUATION
92130	WATER PROVOCATION TONOGRAPHY
92135	OPTHALMIC DX IMAGING
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFERO
92140	GLAUCOMA PROVOCATIVE TESTS
92225	SPECIAL EYE EXAM, INITIAL
92226	SPECIAL EYE EXAM, SUBSEQ
92230	EYE EXAM WITH PHOTOS
92235	EYE EXAM WITH PHOTOS
92240	ICG ANGIOGRAPHY
92250	EYE EXAM WITH PHOTOS
92260	OPHTHALMOSCOPY/DYNAMOMETRY
92265	EYE MUSCLE EVALUATION
92275	ELECTRORETINOGRAPHY
92283	COLOR VISION EXAMINATION
92284	DARK ADAPTATION EYE EXAM
92285	EYE PHOTOGRAPHY
92287	INTERNAL EYE PHOTOGRAPHY
92310	CONTACT LENS FITTING
92311	CONTACT LENS FITTING
92312	CONTACT LENS FITTING
92313	CONTACT LENS FITTING
92314	PRESCRIPTION OF CONTACT LENS
92315	PRESCRIPTION OF CONTACT LENS
92316	PRESCRIPTION OF CONTACT LENS
92317	PRESCRIPTION OF CONTACT LENS
92325	MODIFICATION OF CONTACT LENS
92326	REPLACEMENT OF CONTACT LENS

Delete from all medical therapy lines except eye lines **Cont'd**

92330	FITTING OF ARTIFICIAL EYE
92335	FITTING OF ARTIFICIAL EYE
92340	FITTING OF SPECTACLES
92341	FITTING OF SPECTACLES
92342	FITTING OF SPECTACLES
92352	SPECIAL SPECTACLES FITTING
92353	SPECIAL SPECTACLES FITTING
92358	EYE PROSTHESIS SERVICE
92370	REPAIR & ADJUST SPECTACLES
92371	REPAIR & ADJUST SPECTACLES

Delete from all lines except lines with implantable pumps on them

95990	REFILL & MAINT IMPLANTABLE PUMP
95991	REFILL & MAINT IMPLANTABLE PUMP, ADMIN BY MD

Delete from all medical therapy lines except oncology lines

96400	CHEMOTHERAPY, (SC)/(IM)
96405	INTRALESIONAL CHEMO ADMIN
96406	INTRALESIONAL CHEMO ADMIN
96408	CHEMOTHERAPY, PUSH TECHNIQUE
96410	CHEMOTHERAPY, INFUSION METHOD
96412	CHEMOTX INFUSE METHOD ADD-ON
96414	CHEMOTHERAPY, INFUSION METHOD
96420	CHEMOTHERAPY, PUSH TECHNIQUE
96422	CHEMOTHERAPY, INFUSION METHOD
96423	CHEMOTX INFUSE METHOD ADD-ON
96425	CHEMOTHERAPY, INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96520	PUMP REFILLING, MAINTENANCE
96530	PUMP REFILLING, MAINTENANCE
96542	CHEMOTHERAPY INJECTION
96545	PROVIDE CHEMOTHERAPY AGENT
96549	CHEMOTHERAPY, UNSPECIFIED
96567	PHOTODYNAMIC THERAPY, EXT APPLICATION OF LIGHT
96570	PHOTODYNAMIC THERAPY, INT APPL OF LIGHT,1ST 30 MIN
96571	PHOTODYNAMIC THERAPY, INT APPL LIGHT, ADD'L 15 MIN

Delete from all medical therapy lines except dermatology lines and Line 82

96900	ULTRAVIOLET LIGHT THERAPY

Delete from all medical therapy lines except dermatology lines

96900	ULTRAVIOLET LIGHT THERAPY
96902	TRICHOGRAM
96910	PHOTOCHEMOTHERAPY WITH UV-B
96912	PHOTOCHEMOTHERAPY WITH UV-A
96913	PHOTOCHEMOTHERAPY, UV-A OR B
96920	LASER RX INFLAM SKIN DISEASE, <250 SQ CM
96921	LASER RX INFLAM SKIN DISEASE, 250-500 SQ CM
96922	LASER RX INFLAM SKIN DISEASE, >500 SQ CM

Delete from all medical therapy lines except pulmonary lines and Line 219

94640	AIRWAY INHALATION TREATMENT
94656	INITIAL, VENTILATOR MANAGEMENT
94657	CONT. VENTILATOR MANAGEMENT
94660	POS AIRWAY PRESSURE, CPAP
94662	NEG PRESSURE VENTILATION, CNP
94664	AEROSOL OR VAPOR INHALATIONS
94667	CHEST WALL MANIPULATION
94668	CHEST WALL MANIPULATION

Delete from all medical therapy lines except renal lines and Lines 166 and 252

90918	HEMODIALYSIS SERVICES
90919	HEMODIALYSIS SERVICES
90920	HEMODIALYSIS SERVICES
90921	HEMODIALYSIS SERVICES
90922	ESRD RELATED SERVICES, DAY
90923	ESRD RELATED SERVICES, DAY
90924	ESRD RELATED SERVICES, DAY
90925	ESRD RELATED SERVICES, DAY
90935	HEMODIALYSIS, ONE EVALUATION
90937	HEMODIALYSIS, REPEATED EVAL.
90939	HEMODIALYSIS ACCESS FLOW STUDY;HOOKUP,MEAS & DISCO
90940	HEMODIALYSIS ACCESS FLOW STUDY;MEASURE & DISCONNEC
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL.
90989	DIALYSIS TRAINING/COMPLETE
90993	DIALYSIS TRAINING/INCOMPLETE

Delete from all medical therapy lines except renal lines and Lines 166 and 252 **Cont'd**

90997	HEMOPERFUSION
93990	DOPPLER FLOW TESTING

Delete from all medical therapy lines as they are already in diagnostic file

91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS
91133	ELECTROGASTROGRAPHY, DIAG, TRANSCUT, W/ PROVA TEST

Delete from all medical therapy lines and move to ancillary file

92506	SPEECH & HEARING EVALUATION
92507	SPEECH/HEARING THERAPY
92508	SPEECH/HEARING THERAPY
92950	HEART/LUNG/RESUSCITATION/CPR
92953	TEMPORARY EXTERNAL PACING
90780-90799	INJECTIONS AND IV INFUSIONS

Delete from all medical therapy lines and move to diagnostic file

91000	ESOPHAGEAL INTUBATION
91010	ESOPHAGUS MOTILITY STUDY
91011	ESOPHAGUS MOTILITY STUDY
91012	ESOPHAGUS MOTILITY STUDY
91020	GASTRIC MOTILITY
91030	ACID PERFUSION OF ESOPHAGUS
91032	ESOPHAGUS, ACID REFLUX TEST
91033	PROLONGED ACID REFLUX TEST
91052	GASTRIC ANALYSIS TEST
91055	GASTRIC INTUBATION FOR SMEAR
91060	GASTRIC SALINE LOAD TEST
91065	BREATH HYDROGEN TEST
91122	ANAL PRESSURE RECORD
92502	EAR AND THROAT EXAMINATION
92504	EAR MICROSCOPY EXAMINATION
92511	NASOPHARYNGOSCOPY
92512	NASAL FUNCTION STUDIES
92516	FACIAL NERVE FUNCTION TEST
92520	LARYNGEAL FUNCTION STUDIES
92543	CALORIC VESTIBULAR TEST
92551	PURE TONE HEARING TEST, AIR
92552	PURE TONE AUDIOMETRY, AIR
92553	AUDIOMETRY, AIR & BONE

Delete from all medical therapy lines and move to diagnostic file **Cont'd**

92556	SPEECH AUDIOMETRY, COMPLETE
92557	COMPREHENSIVE HEARING TEST
92559	GROUP AUDIOMETRIC TESTING
92560	BEKESY AUDIOMETRY, SCREEN
92561	BEKESY AUDIOMETRY, DIAGNOSIS
92610	EVAL OF ORAL & PHARYNGEAL SWALLOWING FUNCTION
92611	FLOURO EVAL OF SWALLOWING FUNCTION BY CINE/VIDEO
92612	FLEX FIBEROPTIC ENDOSCOPIC EVAL OF SWALLOWING FUNC
92613	FLEX FIBER ENDO EVAL OF SWALLOWING FUNC;,MD INTERP
92614	FLEX FIBEROPTIC ENDO EVAL, LARYNGEAL SENSORY TEST
92615	FLEX FIBER ENDO EVAL, LARYNG SENS TEST;MD INTERP
92616	FLEX FIBER ENDO EVAL, SWALLOW & LARYNG SENS TEST
92617	FLEX FIB ENDO EVAL, SWAL & LARYNG SENS TEST;MD INT
93000	ELECTROCARDIOGRAM, COMPLETE
93005	ELECTROCARDIOGRAM, TRACING
93010	ELECTROCARDIOGRAM REPORT
93012	TRANSMISSION OF ECG
93014	REPORT ON TRANSMITTED ECG
93015	CARDIOVASCULAR STRESS TEST, MD SUPV & INTERP
93016	CARDIOVASCULAR STRESS TEST, MD SUPV ONLY
93017	CARDIOVASCULAR STRESS TEST, TRACING ONLY
93018	CARDIOVASCULAR STRESS TEST, MD INTERP ONLY
93024	CARDIAC DRUG STRESS TEST
93025	MICROVOLT T-WAVE ALTERANS (ASSESS VENT ARRYTHMIA)
93040	RHYTHM ECG WITH REPORT
93041	RHYTHM ECG, TRACING
93042	RHYTHM ECG, REPORT
93224	ECG MONITOR/REPORT, 24 HRS
93225	ECG MONITOR/RECORD, 24 HRS
93226	ECG MONITOR/REPORT, 24 HRS
93227	ECG MONITOR/REVIEW, 24 HRS
93230	ECG MONITOR/REPORT, 24 HRS
93231	ECG MONITOR/RECORD, 24 HRS
93232	ECG MONITOR/REPORT, 24 HRS
93233	ECG MONITOR/REVIEW, 24 HRS
93235	ECG MONITOR/REPORT, 24 HRS
93236	ECG MONITOR/REPORT, 24 HRS
93237	ECG MONITOR/REVIEW, 24 HRS
93268	ECG RECORD/REVIEW

Delete from all medical therapy lines and move to diagnostic file **Cont'd**

93270	ECG RECORDING
93271	ECG/MONITORING AND ANALYSIS
93272	ECG/REVIEW, INTERPRET ONLY
93278	ECG/SINGLE-AVERAGED
93303	ECHO TRANSTHORACIC
93304	ECHO TRANSTHORACIC
93307	ECHO EXAM OF HEART
93308	ECHO EXAM OF HEART
93312	ECHO TRANSESOPHAGEAL, PROBE, IMAGE & INTERP
93313	ECHO TRANSESOPHAGEAL, PROBE ONLY
93314	ECHO TRANSESOPHAGEAL, IMAGE & INTERP ONLY
93315	ECHO TRANSESOPHAGEAL,PROBE,IMAGE,INTERP;CONG ANOM
93316	ECHO TRANSESOPHAGEAL,PROBE ONLY;CONG ANOMALIES
93317	ECHO TRANSESOPHAGEAL,IMAGE & INTERP;CONG ANOM
93318	ECHO TRANSESOPHAGEAL, IMMEDIATE TIME
93320	DOPPLER ECHO EXAM, HEART
93321	DOPPLER ECHO EXAM, HEART
93325	DOPPLER COLOR FLOW ADD-ON
93350	ECHO TRANSTHORACIC
93501	RIGHT HEART CATHETERIZATION
93503	INSERT/PLACE HEART CATHETER
93505	BIOPSY OF HEART LINING
93508	CATH PLACEMENT, ANGIOGRAPHY
93510	LEFT HEART CATHETERIZATION
93511	LEFT HEART CATHETERIZATION
93514	LEFT HEART CATHETERIZATION
93524	LEFT HEART CATHETERIZATION
93526	RT & LT HEART CATHETERS
93527	RT & LT HEART CATHETERS
93528	RT & LT HEART CATHETERS
93529	RT, LT HEART CATHETERIZATION
93530	RT HEART CATH, CONGENITAL
93531	R & L HEART CATH, CONGENITAL
93532	R & L HEART CATH, CONGENITAL
93533	R & L HEART CATH, CONGENITAL
93539	INJECTION, CARDIAC CATH
93540	INJECTION, CARDIAC CATH
93541	INJECTION FOR LUNG ANGIOGRAM
93542	INJECTION FOR HEART X-RAYS

Delete from all medical therapy lines and move to diagnostic file **Cont'd**

93543	INJECTION FOR HEART X-RAYS
93544	INJECTION FOR AORTOGRAPHY
93545	INJECTION FOR CORONARY X-RAYS
93555	IMAGING, CARDIAC CATH
93556	IMAGING, CARDIAC CATH
93561	CARDIAC OUTPUT MEASUREMENT
93562	CARDIAC OUTPUT MEASUREMENT
93571	HEART FLOW RESERVE MEASURE
93572	HEART FLOW RESERVE MEASURE
93660	TILT TABLE EVALUATION
93662	INTRACARDIAC ECHO DURING INTERVENTION
93701	BIOIMPEDANCE, THORASIC, ELECTRICAL
93720	TOTAL BODY PLETHYSMOGRAPHY
93721	PLETHYSMOGRAPHY TRACING
93722	PLETHYSMOGRAPHY REPORT
93740	TEMPERATURE GRADIENT STUDIES
93741	ANALYZE CARDIOVERT-DEFIB, SINGLE CHAMB, W/O REPROG
93742	ANALYZE CARDIOVERT-DEFIB, SINGLE CHAMB, W/ REPROG
93743	ANALYZE CARDIOVERT-DEFIB, DUAL CHAMB, W/O REPROG
93744	ANALYZE CARDIOVERT-DEFIB, DUAL CHAMB, W/ REPROG
93760	CEPHALIC THERMOGRAM
93762	PERIPHERAL THERMOGRAM
93770	MEASURE VENOUS PRESSURE
93784	AMBULATORY BP MONITORING
93786	AMBULATORY BP RECORDING
93788	AMBULATORY BP ANALYSIS
93790	REVIEW/REPORT BP RECORDING
93875	EXTRACRANIAL STUDY
93880	EXTRACRANIAL STUDY
93882	EXTRACRANIAL STUDY
93886	INTRACRANIAL STUDY
93888	INTRACRANIAL STUDY
93922	EXTREMITY STUDY
93923	EXTREMITY STUDY
93924	EXTREMITY STUDY
93925	LOWER EXTREMITY STUDY
93926	LOWER EXTREMITY STUDY
93930	UPPER EXTREMITY STUDY

Delete from all medical therapy lines and move to diagnostic file **Cont'd**

93931	UPPER EXTREMITY STUDY
93965	EXTREMITY STUDY
93970	EXTREMITY STUDY
93971	EXTREMITY STUDY
93975	VISCERAL VASCULAR STUDY
93976	VISCERAL VASCULAR STUDY
93978	VISCERAL VASCULAR STUDY
93979	VISCERAL VASCULAR STUDY
94010	BREATHING CAPACITY TEST
94014	PATIENT RECORD SPIROMETRY
94015	PATIENT RECORD SPIROMETRY
94016	REVIEW PATIENT SPIROMETRY
94060	EVALUATION OF WHEEZING
94070	EVALUATION OF WHEEZING
94150	VITAL CAPACITY TEST
94200	LUNG FUNCTION TEST (MBC/MVV)
94240	RESIDUAL LUNG CAPACITY
94250	EXPIRED GAS COLLECTION
94260	THORACIC GAS VOLUME
94350	LUNG NITROGEN WASHOUT CURVE
94360	MEASURE AIRFLOW RESISTANCE
94370	BREATH AIRWAY CLOSING VOLUME
94375	RESPIRATORY FLOW VOLUME LOOP
94400	CO2 BREATHING RESPONSE CURVE
94450	HYPOXIA RESPONSE CURVE
94620	PULMONARY STRESS TEST/SIMPLE
94621	PULM STRESS TEST/COMPLEX
94680	EXHALED AIR ANALYSIS: O2
94681	EXHALED AIR ANALYSIS: O2, CO2
94690	EXHALED AIR ANALYSIS
94720	MONOXIDE DIFFUSING CAPACITY
94725	MEMBRANE DIFFUSION CAPACITY
94750	PULMONARY COMPLIANCE STUDY
94760	MEASURE BLOOD OXYGEN LEVEL
94761	MEASURE BLOOD OXYGEN LEVEL
94762	MEASURE BLOOD OXYGEN LEVEL
94770	EXHALED CARBON DIOXIDE TEST
94772	BREATH RECORDING, INFANT
95805	MULTIPLE SLEEP LATENCY TEST

Delete from all medical therapy lines and move to diagnostic file **Cont'd**

95806	SLEEP STUDY, UNATTENDED
95807	SLEEP STUDY, ATTENDED
95808	POLYSOMNOGRAPHY, 1-3
95810	POLYSOMNOGRAPHY, 4 OR MORE
95811	POLYSOMNOGRAPHY W/CPAP
95812	ELECTROENCEPHALOGRAM (EEG)
95813	ELECTROENCEPHALOGRAM (EEG)
95816	ELECTROENCEPHALOGRAM (EEG)
95819	ELECTROENCEPHALOGRAM (EEG)
95822	SLEEP ELECTROENCEPHALOGRAM
95824	ELECTROENCEPHALOGRAPHY
95827	NIGHT ELECTROENCEPHALOGRAM
95829	SURGERY ELECTROCORTICOGRAM
95830	INSERT ELECTRODES FOR EEG
95857	TENSILON TEST
95858	TENSILON TEST & MYOGRAM
95860	MUSCLE TEST, ONE LIMB
95861	MUSCLE TEST, TWO LIMBS
95863	MUSCLE TEST, THREE LIMBS
95864	MUSCLE TEST, FOUR LIMBS
95867	MUSCLE TEST, HEAD OR NECK
95868	MUSCLE TEST, HEAD OR NECK
95872	MUSCLE TEST, ONE FIBER
95875	LIMB EXERCISE TEST
95900	MOTOR NERVE CONDUCTION TEST
95903	MOTOR NERVE CONDUCTION TEST
95904	SENSE NERVE CONDUCTION TEST
95920	INTRAOP NERVE TEST ADD-ON
95921	AUTONOMIC NERVOUS FUNCTION TEST
95922	AUTONOMIC NERVOUS FUNCTION TEST
95923	AUTONOMIC NERVOUS FUNCTION TEST
95925	SOMATOSENSORY TESTING
95926	SOMATOSENSORY TESTING
95927	SOMATOSENSORY TESTING
95930	VISUAL EVOKED POTENTIAL TEST
95933	BLINK REFLEX TEST
95934	H-REFLEX, AMPLITUDE,LATENCY STUDY; GASTROC/SOLEUS
95936	H-REFLEX, AMPLITUDE,LATENCY; NOT GASTROC/SOLEUS
95937	NEUROMUSCULAR JUNCTION TEST

Delete from all medical therapy lines and move to diagnostic file **Cont'd**

95950	AMBULATORY EEG MONITORING
95951	EEG MONITORING/VIDEORECORD
95953	EEG MONITORING/COMPUTER
95954	EEG MONITORING/GIVING DRUGS
95955	EEG DURING SURGERY
95956	EEG MONITORING/CABLE/RADIO
95957	EEG DIGITAL ANALYSIS
95958	EEG MONITORING/FUNCTION TEST
95961	ELECTRODE STIMULATION, BRAIN
95962	ELECTRODE STIMULATION, BRAIN
95965	MAGNETOENCEPHALOGRAPHY;SPONT MAGNETIC ACTIVITY
95966	MAGNETOENCEPHALOGRAPHY;EVOKED MAGN FIELD,SINGL MOD
95967	MAGNETOENCEPHALOGRAPHY;EVOKED MAGN FIELD,ADD'L MOD
95999	NEUROLOGICAL PROCEDURE
96100	PSYCHOLOGICAL TESTING
96105	ASSESSMENT OF APHASIA
96110	DEVELOPMENTAL TEST, LIM
96111	DEVELOPMENTAL TEST, EXTEND
96115	NEUROBEHAVIOR STATUS EXAM
96117	NEUROPSYCH TEST BATTERY

Delete from all medical therapy lines and move to never covered file

95831	LIMB MUSCLE TESTING, MANUAL
95832	HAND MUSCLE TESTING, MANUAL
95833	BODY MUSCLE TESTING, MANUAL
95834	BODY MUSCLE TESTING, MANUAL
95851	RANGE OF MOTION MEASUREMENTS
95852	RANGE OF MOTION MEASUREMENTS
95869	MUSCLE TEST, THOR PARASPINAL
95870	MUSCLE TEST, NON-THOR PARASPINAL
96000	COMP MOTION ANAL BY VIDEO/3-D KINEMATICS
96001	COMP MOTION ANAL BY VIDEO W/PLANTAR PRESS MEASURE
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY
96004	MD INTERP & REPORT OF MOTION ANALYSIS
99050	POST-OP FOLLOW-UP VISIT
99052	MEDICAL SERVICES AT NIGHT
99054	MEDICAL SERVICES, UNUSUAL HRS
99058	OFFICE EMERGENCY CARE

Delete from all medical therapy lines and move to never covered file **Cont'd**

99071	PATIENT EDUCATION MATERIALS
99075	MEDICAL TESTIMONY
90901	BIOFEEDBACK TRAINING ANY METHOD
97537	COMMUNITY/WORK REINTEGRATION
99025	INITIAL SURGICAL EVALUATION (DELETED CODE)

ATTACHMENT G

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004.

MAKE THE FOLLOWING CHANGES TO THE MEDICAL THERAPY LINES:

DELETE	90471	Immunization administration, one vaccine Delete from all except Lines 144 and 184
DELETE	90472	Immunization administration, each additional vaccine Delete from all except Lines 144 and 184
DELETE	92970	Cardio-assist method of circulatory assist; internal Delete from all except the cardiac lines
DELETE	97601	Selective debridement without anaesthesia Delete from all lines except 15,45,52,113,114,116,132,133,134,148,149,165,199,218,240,241,289,290,299,312,325,354,355,380,431,498
DELETE	97602	Non-selective debridement without anaesthesia Delete from all lines except 15,45,52,113,114,116,132,133,134,148,149,165,199,218,240,241,289,290,299,312,325,354,355,380,431,498
ADD	97750	Physical performance test or measurement move to never covered
DELETE	97750	Physical performance test or measurement move to never covered
DELETE	99175	Ipecac or similar administration for individual emesis Delete from all lines except 252
ADD	99185	Hypothermia; regional move to ancillary file
DELETE	99185	Hypothermia; regional move to ancillary file
DELETE	99186	Hypothermia; total body move to ancillary file
ADD	99186	Hypothermia; total body move to ancillary file
DELETE	99190	Assembly and operation of pump with oxegenator or heat exchanger, each hour move to ancillary file

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

MAKE THE FOLLOWING CHANGES TO THE MEDICAL THERAPY LINES (Cont'd):

DELETE 99191 Assembly and operation of pump with oxegenator or heat exchanger, 3/4 hour
move to ancillary file

DELETE 99192 Assembly and operation of pump with oxegenator or heat exchanger, 1/2 hour
move to ancillary file

DELETE 99195 Phlebotomy, therapuetic
Delete from all lines except 137 and 285

DELETE 99199 Unlisted special service
Classify as PAC 5

Diagnosis PREVENTIVE DENTAL SERVICES (See Guideline Note)
Treatment CLEANING AND FLUORIDE
Line: 301

DELETE 520.0 ANODONTIA
Darren worked with Deborah Cateora on all dental related changes

DELETE 520.1 SUPERNUMERARY TEETH

DELETE 520.2 ABNORMALITIES OF SIZE & FORM OF TEETH
Also remains on Line 726, Cosmetic Dentistry

DELETE 520.3 MOTTLED TEETH
Also remains on Line 726, Cosmetic Dentistry

DELETE 520.5 HEREDITARY DISTURBANCES IN TOOTH STRUCTURE-NEC
Also remains on Line 726, Cosmetic Dentistry

DELETE 520.6 DISTURBANCES IN TOOTH ERUPTION

DELETE 520.8 OTH SPEC DISORDERS OF TOOTH DEVELOPMENT-ERUPTION
Also remains on Line 726, Cosmetic Dentistry

DELETE 520.9 UNS DISORDER OF TOOTH DEVELOPMENT & ERUPTION
Also remains on Line 726, Cosmetic Dentistry

DELETE 521.0 DENTAL CARIES

DELETE 521.1 EXCESSIVE ATTRITION OF TEETH
Also remains on Line 726, Cosmetic Dentistry

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

Diagnosis PREVENTIVE DENTAL SERVICES (See Guideline Note)
Treatment CLEANING AND FLUORIDE
Line: 301 (Cont'd)

DELETE	521.2	ABRASION OF TEETH Also remains on Line 726, Cosmetic Dentistry
DELETE	521.3	EROSION OF TEETH
DELETE	521.4	PATHOLOGICAL RESORPTION OF TEETH Move to "Signs & Symptoms" List
DELETE	521.5	HYPERCEMENTOSIS
DELETE	521.6	ANKYLOSIS OF TEETH
DELETE	521.7	POSTERUPTIVE COLOR CHANGES OF TEETH Also remains on Line 726, Cosmetic Dentistry
DELETE	521.9	UNS DISEASE OF HARD TISSUES OF TEETH Also remains on Line 726, Cosmetic Dentistry
DELETE	522	DISEASES OF PULP & PERIAPICAL TISSUES Will remain on Line 359, Urgent & Emergent Dentistry
DELETE	523	GINGIVAL & PERIODONTAL DISEASES

Diagnosis DENTAL CARIES (PERIAPICAL INFECTION)
Treatment SURGERY
Line: 358

DELETE	521.0	DENTAL CARIES
DELETE	523.3	ACUTE PERIODONTITIS
DELETE	523.9	UNS GINGIVAL & PERIODONTAL DISEASE

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

Diagnosis DENTAL SERVICES (EG. INFECTIONS) (See Guideline Note)
Treatment URGENT AND EMERGENT DENTAL SERVICES
Line: 359

ADD	520.1	SUPERNUMERARY TEETH Also remains on Line 726, Cosmetic Dentistry
ADD	520.6	DISTURBANCES IN TOOTH ERUPTION
DELETE	521.0	DENTAL CARIES
ADD	521.6	ANKYLOSIS OF TEETH
ADD	521.8	OTH SPEC DISEASES OF HARD TISSUES OF TEETH Also remains on Line 301, Preventive Dentistry
ADD	522.2	DENTAL PULP DEGENERATION
ADD	522.3	ABNORMAL HARD TISSUE FORMATION IN DENTAL PULP
DELETE	523.0	ACUTE GINGIVITIS
DELETE	523.1	CHRONIC GINGIVITIS
DELETE	523.2	GINGIVAL RECESSION
DELETE	523.3	ACUTE PERIODONTITIS
DELETE	523.4	CHRONIC PERIODONTITIS
DELETE	523.5	PERIODONTOSIS
DELETE	523.8	OTH SPEC PERIODONTAL DISEASES
ADD	525.11	LOSS OF TEETH DUE TO TRAUMA

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

Diagnosis DENTAL SERVICES (EG. INFECTIONS) (See Guideline Note)
Treatment URGENT AND EMERGENT DENTAL SERVICES
Line: 359 (Cont'd)

ADD	525.3	RETAINED DENTAL ROOT
DELETE	526.0	DEVELOPMENTAL ODONTOGENIC CYSTS
DELETE	526.1	FISSURAL CYSTS OF JAW
DELETE	526.2	OTH CYSTS OF JAWS
DELETE	526.3	CENTRAL GIANT CELL (REPARATIVE) GRANULOMA
DELETE	526.8	OTH SPEC DISEASES OF THE JAWS
DELETE	526.9	UNS DISEASE OF THE JAWS

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

ADD	521.0	DENTAL CARIES
ADD	521.3	EROSION OF TEETH
ADD	526.0	DEVELOPMENTAL ODONTOGENIC CYSTS
ADD	526.1	FISSURAL CYSTS OF JAW
ADD	526.2	OTH CYSTS OF JAWS

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

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

ADD	526.3	CENTRAL GIANT CELL (REPARATIVE) GRANULOMA
ADD	526.8	OTH SPEC DISEASES OF THE JAWS
ADD	526.9	UNS DISEASE OF THE JAWS

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

ADD	521.5	HYPERCEMENTOSIS
ADD	523	GINGIVAL & PERIODONTAL DISEASES
ADD	525.0	EXFOLIATION OF TEETH D/T SYSTEMIC CAUSES
ADD	525.8	OTH SPEC DISORDERS-TEETH-SUPPORTING STRUCTURES

Diagnosis SYMPTOMATIC IMPACTED TEETH
Treatment SURGERY
Line: 524

DELETE	520.6	DISTURBANCES IN TOOTH ERUPTION Entire line being deleted and merged into dental lines
DELETE	524.3	ANOMALIES OF TOOTH POSITION
DELETE	524.4	UNS MALOCCLUSION

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

Diagnosis UNSPECIFIED DISEASE OF HARD TISSUES OF TEETH (AVULSION)
Treatment INTERDENTAL WIRING
Line: 525

DELETE 525.9 UNS DISORDER OF THE TEETH-SUPPORTING STRUCTURES
Delete entire line and move code to 'Never Covered' list

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

ADD 520.0 ANODONTIA
Also remains on Line 726, Cosmetic Dentistry

Diagnosis EXFOLICATION OF TEETH DUE TO SYSTEMIC CAUSES; SPECIFIC DISORDERS OF THE TEETH AND SUPPORTING STRUCTURES
Treatment EXCISION OF DENTOALVEOLAR STRUCTURE
Line: 533

DELETE 525.0 EXFOLIATION OF TEETH D/T SYSTEMIC CAUSES

DELETE 525.11 LOSS OF TEETH DUE TO TRAUMA

DELETE 525.8 OTH SPEC DISORDERS-TEETH-SUPPORTING STRUCTURES

Diagnosis RETAINED DENTAL ROOT
Treatment EXCISION OF DENTOALVEOLAR STRUCTURE
Line: 536

DELETE 525.3 RETAINED DENTAL ROOT
Delete entire line

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

Diagnosis DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment PERIODONTICS AND COMPLEX PROSTHETICS
Line: 560

DELETE 522.6 CHRONIC APICAL PERIODONTITIS

DELETE 522.8 RADICULAR CYST OF DENTAL PULP

Diagnosis OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH W/O COMPLICATION
Treatment REPAIR SOFT TISSUES
Line: 677

DELETE 525.10 UNSPECIFIED ACQUIRED ABSENCE OF TEETH
Add to 'Never Covered' list as a secondary diagnosis
DELETE 525.12 LOSS OF TEETH DUE TO PERIDONTAL DISEASE
Add to 'Never Covered' list as a secondary diagnosis
DELETE 525.13 LOSS OF TEETH DUE TO CARIES
Add to 'Never Covered' list as a secondary diagnosis
DELETE 525.19 OTHER LOSS OF TEETH
Add to 'Never Covered' list as a secondary diagnosis

Diagnosis DENTAL CONDITIONS (EG. ORTHODONTICS)
Treatment COSMETIC DENTAL SERVICES
Line: 726

DELETE 520.4 DISTURBANCES OF TOOTH FORMATION
Also remains on Line 301, Preventive Dentistry
DELETE 521.3 EROSION OF TEETH

DELETE 521.4 PATHOLOGICAL RESORPTION OF TEETH

DELETE 521.5 HYPERCEMENTOSIS

DELETE 521.6 ANKYLOSIS OF TEETH

Proposed Biennial Review Changes for 2005-07 Prioritized List of Health Services Reviewed May 27, 2004. (Cont'd)

Diagnosis DENTAL CONDITIONS (EG. ORTHODONTICS)
Treatment COSMETIC DENTAL SERVICES
Line: 726 (Cont'd)

DELETE	521.8	OTH SPEC DISEASES OF HARD TISSUES OF TEETH
DELETE	522.3	ABNORMAL HARD TISSUE FORMATION IN DENTAL PULP
ADD	524.3	ANOMALIES OF TOOTH POSITION
ADD	524.4	UNS MALOCCLUSION

ATTACHMENT H

2005-07 Radiation oncology code changes

FOR ALL LINES ON LIST INCLUDING RADIATION ONCOLOGY CODES:

DELETE	77299	RADIATION THERAPY PLANNING
DELETE	77399	EXTERNAL RADIATION DOSIMETRY
DELETE	77499	RADIATION THERAPY MANAGEMENT
DELETE	77799	RADIUM/RADIOISOTOPE THERAPY

Line: 27 HODGKIN'S DISEASE

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 118 ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME/BONE MARROW TRANSPLANT

DELETE	77xxx	RADIATION THERAPY CODES

Line: 119 ACUTE LYMPHOCYTIC LEUKEMIA (CHILD)

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE

Line: 119 ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (Cont'd)

DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 120 HODGKIN'S DISEASE/BONE MARROW TRANSPLANT

DELETE	77xxx	RADIATION THERAPY CODES

Line: 123 NON-HODGKIN'S LYMPHOMAS

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

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

DELETE	77xxx	RADIATION THERAPY CODES

Line: 137 CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 139 BENIGN NEOPLASM OF THE BRAIN

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY

Line: 140 MALIGNANT MELANOMA OF SKIN, TREATABLE

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 140 MALIGNANT MELANOMA OF SKIN, TREATABLE (Cont'd)

DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 167 THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77370	RADIATION PHYSICS CONSULT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
ADD	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 180 FRACTURE OF HIP, CLOSED

ADD	77261	RADIATION THERAPY PLANNING
ADD	77262	RADIATION THERAPY PLANNING
ADD	77263	RADIATION THERAPY PLANNING
ADD	77280	SET RADIATION THERAPY FIELD
ADD	77285	SET RADIATION THERAPY FIELD
ADD	77290	SET RADIATION THERAPY FIELD

Line: 180 FRACTURE OF HIP, CLOSED (Cont'd)

ADD	77295	SET RADIATION THERAPY FIELD
ADD	77300	RADIATION THERAPY DOSE PLAN
ADD	77305	RADIATION THERAPY DOSE PLAN
ADD	77310	RADIATION THERAPY DOSE PLAN
ADD	77315	RADIATION THERAPY DOSE PLAN
ADD	77331	SPECIAL RADIATION DOSIMETRY
ADD	77332	RADIATION TREATMENT AID(S)
ADD	77333	RADIATION TREATMENT AID(S)
ADD	77334	RADIATION TREATMENT AID(S)
ADD	77336	RADIATION PHYSICS CONSULT
ADD	77401	RADIATION TREATMENT DELIVERY
ADD	77402	RADIATION TREATMENT DELIVERY
ADD	77403	RADIATION TREATMENT DELIVERY
ADD	77404	RADIATION TREATMENT DELIVERY
ADD	77406	RADIATION TREATMENT DELIVERY
ADD	77407	RADIATION TREATMENT DELIVERY
ADD	77408	RADIATION TREATMENT DELIVERY
ADD	77409	RADIATION TREATMENT DELIVERY
ADD	77411	RADIATION TREATMENT DELIVERY
ADD	77412	RADIATION TREATMENT DELIVERY
ADD	77413	RADIATION TREATMENT DELIVERY
ADD	77414	RADIATION TREATMENT DELIVERY
ADD	77416	RADIATION TREATMENT DELIVERY
ADD	77417	RADIOLOGY PORT FILM(S)
ADD	77427	RADIATION TX MANAGEMENT, X5
ADD	77470	SPECIAL RADIATION TREATMENT

Line: 182 PEDIATRIC SOLID MALIGNANCIES, SEMINOMA/BONE MARROW TRANSPLANT

DELETE	77xxx	RADIATION THERAPY CODES

Line: 183 CHRONIC NON-LYMPHOCYTIC LEUKEMIA/BONE MARROW TRANSPLANT

DELETE	77xxx	RADIATION THERAPY CODES

Line: 193 CANCER OF THYROID, TREATABLE

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION

Line: 193 CANCER OF THYROID, TREATABLE (Cont'd)

DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 194 CANCER OF TESTIS, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 195 CANCER OF UTERUS, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE

Line: 195 CANCER OF UTERUS, TREATABLE (Cont'd)

DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 196 CANCER OF EYE & ORBIT, TREATABLE

DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 212 ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY

Line: 212 ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (Cont'd)

DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 227 CANCER OF SOFT TISSUE, TREATABLE

DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 228 CANCER OF BREAST, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX

Line: 229 CANCER OF OVARY, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION

Line: 229 CANCER OF OVARY, TREATABLE (Cont'd)

DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION

Line: 231 CANCER OF PENIS AND OTHER MALE GENITAL ORGAN, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77789	RADIOELEMENT APPLICATION

Line: 232 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT

Line: 233 CHORIOCARCINOMA, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT

Line: 233 CHORIOCARCINOMA, TREATABLE (Cont'd)

DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 234 CANCER OF BONES, TREATABLE

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 235 CANCER OF BLADDER AND URETER, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE

Line: 235 CANCER OF BLADDER AND URETER, TREATABLE (Cont'd)

DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 236 CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM & MESENTERY, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 237 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, TREATABLE

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT

Line: 273 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT

Line: 273 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE (Cont'd)

DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 274 CANCER OF CERVIX, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 275 CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM & OTHER RESPIRATORY ORGANS, TREATABLE

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 276 CANCER OF PROSTATE GLAND, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 276 CANCER OF PROSTATE GLAND, TREATABLE (Cont'd)

DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 277 CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, TREATABLE; CARCINOID SYNDROME

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 278 CANCER OF KIDNEY AND OTHER URINARY ORGANS, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE

Line: 278 CANCER OF KIDNEY AND OTHER URINARY ORGANS, TREATABLE (Cont'd)

DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 279 CANCER OF STOMACH, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION

Line: 279 CANCER OF STOMACH, TREATABLE (Cont'd)

DELETE	77790	RADIOELEMENT HANDLING

Line: 280 CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE

DELETE	77321	RADIATION THERAPY PORT PLAN

Line: 282 BENIGN NEOPLASM OF PITUITARY GLAND

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 287 STROKE

ADD	77261	RADIATION THERAPY PLANNING
ADD	77262	RADIATION THERAPY PLANNING
ADD	77263	RADIATION THERAPY PLANNING
ADD	77280	SET RADIATION THERAPY FIELD
ADD	77285	SET RADIATION THERAPY FIELD
ADD	77290	SET RADIATION THERAPY FIELD
ADD	77295	SET RADIATION THERAPY FIELD
ADD	77300	RADIATION THERAPY DOSE PLAN
ADD	77301	RADIOTHERAPY DOSE PLAN, IMRT
ADD	77336	RADIATION PHYSICS CONSULT
ADD	77370	RADIATION PHYSICS CONSULT
ADD	77417	RADIOLOGY PORT FILM(S)
ADD	77418	RADIATION TX DELIVERY, IMRT
ADD	77427	RADIATION TX MANAGEMENT, X5
ADD	77431	RADIATION THERAPY MANAGEMENT
ADD	77432	STEREOTACTIC RADIATION TRMT

Line: 329 ACUTE NON-LYMPHOCYTIC LEUKEMIAS

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT

Line: 329 ACUTE NON-LYMPHOCYTIC LEUKEMIAS (Cont'd)

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77470	SPECIAL RADIATION TREATMENT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 339 WEGENER'S GRANULOMATOSIS

ADD	77261	RADIATION THERAPY PLANNING
ADD	77262	RADIATION THERAPY PLANNING
ADD	77263	RADIATION THERAPY PLANNING
ADD	77280	SET RADIATION THERAPY FIELD
ADD	77285	SET RADIATION THERAPY FIELD
ADD	77290	SET RADIATION THERAPY FIELD
ADD	77295	SET RADIATION THERAPY FIELD
ADD	77300	RADIATION THERAPY DOSE PLAN
ADD	77301	RADIOTHERAPY DOSE PLAN, IMRT
ADD	77305	RADIATION THERAPY DOSE PLAN
ADD	77310	RADIATION THERAPY DOSE PLAN
ADD	77315	RADIATION THERAPY DOSE PLAN
ADD	77331	SPECIAL RADIATION DOSIMETRY
ADD	77332	RADIATION TREATMENT AID(S)
ADD	77333	RADIATION TREATMENT AID(S)
ADD	77334	RADIATION TREATMENT AID(S)
ADD	77336	RADIATION PHYSICS CONSULT
ADD	77401	RADIATION TREATMENT DELIVERY
ADD	77402	RADIATION TREATMENT DELIVERY
ADD	77403	RADIATION TREATMENT DELIVERY
ADD	77404	RADIATION TREATMENT DELIVERY
ADD	77406	RADIATION TREATMENT DELIVERY

Line: 339 WEGENER'S GRANULOMATOSIS (Cont'd)

ADD	77407	RADIATION TREATMENT DELIVERY
ADD	77408	RADIATION TREATMENT DELIVERY
ADD	77409	RADIATION TREATMENT DELIVERY
ADD	77411	RADIATION TREATMENT DELIVERY
ADD	77412	RADIATION TREATMENT DELIVERY
ADD	77413	RADIATION TREATMENT DELIVERY
ADD	77414	RADIATION TREATMENT DELIVERY
ADD	77416	RADIATION TREATMENT DELIVERY
ADD	77417	RADIOLOGY PORT FILM(S)
ADD	77418	RADIATION TX DELIVERY, IMRT
ADD	77427	RADIATION TX MANAGEMENT, X5
ADD	77470	SPECIAL RADIATION TREATMENT

Line: 346 BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY

Line: 349 CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE

DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 375 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE

ADD	77261	RADIATION THERAPY PLANNING
ADD	77262	RADIATION THERAPY PLANNING
ADD	77263	RADIATION THERAPY PLANNING
ADD	77280	SET RADIATION THERAPY FIELD

Line: 375 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (Cont'd)

ADD	77285	SET RADIATION THERAPY FIELD
ADD	77290	SET RADIATION THERAPY FIELD
ADD	77295	SET RADIATION THERAPY FIELD
ADD	77300	RADIATION THERAPY DOSE PLAN
ADD	77305	RADIATION THERAPY DOSE PLAN
ADD	77310	RADIATION THERAPY DOSE PLAN
ADD	77315	RADIATION THERAPY DOSE PLAN
ADD	77331	SPECIAL RADIATION DOSIMETRY
ADD	77332	RADIATION TREATMENT AID(S)
ADD	77333	RADIATION TREATMENT AID(S)
ADD	77334	RADIATION TREATMENT AID(S)
ADD	77336	RADIATION PHYSICS CONSULT
ADD	77401	RADIATION TREATMENT DELIVERY
ADD	77402	RADIATION TREATMENT DELIVERY
ADD	77403	RADIATION TREATMENT DELIVERY
ADD	77404	RADIATION TREATMENT DELIVERY
ADD	77406	RADIATION TREATMENT DELIVERY
ADD	77407	RADIATION TREATMENT DELIVERY
ADD	77408	RADIATION TREATMENT DELIVERY
ADD	77409	RADIATION TREATMENT DELIVERY
ADD	77411	RADIATION TREATMENT DELIVERY
ADD	77412	RADIATION TREATMENT DELIVERY
ADD	77413	RADIATION TREATMENT DELIVERY
ADD	77414	RADIATION TREATMENT DELIVERY
ADD	77416	RADIATION TREATMENT DELIVERY
ADD	77417	RADIOLOGY PORT FILM(S)
ADD	77427	RADIATION TX MANAGEMENT, X5
ADD	77470	SPECIAL RADIATION TREATMENT

Line: 432 ACROMEGALY & GIGANTISM, OTHER & UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND & OTHER ENDOCRINE GLANDS

DELETE	77xxx	RADIATION THERAPY CODES

Line: 500 CANCER OF ESOPHAGUS, TREATABLE

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT

Line: 500 CANCER OF ESOPHAGUS, TREATABLE (Cont'd)

DELETE	77750	INFUSE RADIOACTIVE MATERIALS

Line: 501 CANCER OF LIVER, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 502 CANCER OF PANCREAS, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION

Line: 502 CANCER OF PANCREAS, TREATABLE (Cont'd)

DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 503 CANCER OF GALLBLADDER AND OTHER BILIARY, TREATABLE

DELETE	77301	RADIOTHERAPY DOSE PLAN, IMRT
DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77401	RADIATION TREATMENT DELIVERY
DELETE	77418	RADIATION TX DELIVERY, IMRT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 510 CENTRAL PTERYGIUM

ADD	77326	RADIATION THERAPY DOSE PLAN
ADD	77336	RADIATION PHYSICS CONSULT
ADD	77370	RADIATION PHYSICS CONSULT
ADD	77427	RADIATION TX MANAGEMENT, X5
ADD	77789	RADIOELEMENT APPLICATION

Line: 515 TRIGEMINAL AND OTHER NERVE DISORDERS

ADD	77261	RADIATION THERAPY PLANNING
ADD	77262	RADIATION THERAPY PLANNING
ADD	77263	RADIATION THERAPY PLANNING
ADD	77280	SET RADIATION THERAPY FIELD
ADD	77285	SET RADIATION THERAPY FIELD
ADD	77290	SET RADIATION THERAPY FIELD
ADD	77295	SET RADIATION THERAPY FIELD
ADD	77300	RADIATION THERAPY DOSE PLAN

Line: 515 TRIGEMINAL AND OTHER NERVE DISORDERS (Cont'd)

ADD	77301	RADIOTHERAPY DOSE PLAN, IMRT
ADD	77336	RADIATION PHYSICS CONSULT
ADD	77370	RADIATION PHYSICS CONSULT
ADD	77417	RADIOLOGY PORT FILM(S)
ADD	77418	RADIATION TX DELIVERY, IMRT
ADD	77427	RADIATION TX MANAGEMENT, X5
ADD	77431	RADIATION THERAPY MANAGEMENT
ADD	77432	STEREOTACTIC RADIATION TRMT

Line: 562 BENIGN NEOPLASM BONE & ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE

ADD	77261	RADIATION THERAPY PLANNING
ADD	77262	RADIATION THERAPY PLANNING
ADD	77263	RADIATION THERAPY PLANNING
ADD	77280	SET RADIATION THERAPY FIELD
ADD	77285	SET RADIATION THERAPY FIELD
ADD	77290	SET RADIATION THERAPY FIELD
ADD	77295	SET RADIATION THERAPY FIELD
ADD	77300	RADIATION THERAPY DOSE PLAN
ADD	77301	RADIOTHERAPY DOSE PLAN, IMRT
ADD	77305	RADIATION THERAPY DOSE PLAN
ADD	77310	RADIATION THERAPY DOSE PLAN
ADD	77315	RADIATION THERAPY DOSE PLAN
ADD	77331	SPECIAL RADIATION DOSIMETRY
ADD	77332	RADIATION TREATMENT AID(S)
ADD	77333	RADIATION TREATMENT AID(S)
ADD	77334	RADIATION TREATMENT AID(S)
ADD	77336	RADIATION PHYSICS CONSULT
ADD	77401	RADIATION TREATMENT DELIVERY
ADD	77402	RADIATION TREATMENT DELIVERY
ADD	77403	RADIATION TREATMENT DELIVERY
ADD	77404	RADIATION TREATMENT DELIVERY
ADD	77406	RADIATION TREATMENT DELIVERY
ADD	77407	RADIATION TREATMENT DELIVERY
ADD	77408	RADIATION TREATMENT DELIVERY
ADD	77409	RADIATION TREATMENT DELIVERY
ADD	77411	RADIATION TREATMENT DELIVERY
ADD	77412	RADIATION TREATMENT DELIVERY
ADD	77413	RADIATION TREATMENT DELIVERY
ADD	77414	RADIATION TREATMENT DELIVERY
ADD	77416	RADIATION TREATMENT DELIVERY
ADD	77417	RADIOLOGY PORT FILM(S)
ADD	77418	RADIATION TX DELIVERY, IMRT
ADD	77427	RADIATION TX MANAGEMENT, X5
ADD	77470	SPECIAL RADIATION TREATMENT

Line: 643 KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE

DELETE	77321	RADIATION THERAPY PORT PLAN
DELETE	77326	RADIATION THERAPY DOSE PLAN
DELETE	77327	RADIATION THERAPY DOSE PLAN
DELETE	77328	RADIATION THERAPY DOSE PLAN
DELETE	77370	RADIATION PHYSICS CONSULT

Line: 643 KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE (Cont'd)

DELETE	77431	RADIATION THERAPY MANAGEMENT
DELETE	77432	STEREOTACTIC RADIATION TRMT
DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS
DELETE	77761	RADIOELEMENT APPLICATION
DELETE	77762	RADIOELEMENT APPLICATION
DELETE	77763	RADIOELEMENT APPLICATION
DELETE	77776	RADIOELEMENT APPLICATION
DELETE	77777	RADIOELEMENT APPLICATION
DELETE	77778	RADIOELEMENT APPLICATION
DELETE	77781	HIGH INTENSITY BRACHYTHERAPY
DELETE	77782	HIGH INTENSITY BRACHYTHERAPY
DELETE	77783	HIGH INTENSITY BRACHYTHERAPY
DELETE	77784	HIGH INTENSITY BRACHYTHERAPY
DELETE	77789	RADIOELEMENT APPLICATION
DELETE	77790	RADIOELEMENT HANDLING

Line: 693 CANCER OF VARIOUS SITES WITH DISTANT METASTASES WHERE TREATMENT WILL NOT RESULT IN A 5% 5 YEAR SURVIVAL

DELETE	77520	PROTON BEAM DELIVERY, SIMPLE
DELETE	77522	PROTON BEAM DELIVERY, SIMPLE
DELETE	77523	PROTON BEAM DELIVERY, INT
DELETE	77525	PROTON BEAM DELIVERY, COMPLEX
DELETE	77600	HYPERTHERMIA TREATMENT
DELETE	77605	HYPERTHERMIA TREATMENT
DELETE	77610	HYPERTHERMIA TREATMENT
DELETE	77615	HYPERTHERMIA TREATMENT
DELETE	77620	HYPERTHERMIA TREATMENT
DELETE	77750	INFUSE RADIOACTIVE MATERIALS

MINUTES
HEALTH SERVICES COMMISSION
Conference Call
June 17, 2004

Members Present: Eric Walsh, MD, Chair; Andrew Glass, MD; Donalda Dodson, RN; Daniel Mangum, DO; Dan Williams; Ellen Lowe; Somnath Saha, MD; Susan McGough; Kathy Savicki, LCSW; Bryan Sohl, MD.

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

Also Attending: Tom Turek, MD and Chris Barber, RN, Office of Medical Assistance Programs (OMAP); Tina Kitchin, MD, Seniors and People with Disabilities (SPD).

I. Call to Order

Dr. Eric Walsh called the Health Services Commission (HSC) meeting to order at 9:03 am in the OHPR small conference room of the Public Service Building, 5th floor, 255 Capitol Street NE, Salem, Oregon. Darren Coffman noted roll. All were present except for Dr. Bryan Sohl. He arrived on the conference call at 9:37 am.

II. Director's Report

A. Revised timelines for Benchmark Report

Darren Coffman reported that Mercer did not receive the necessary data from OMAP so that they could meet the timelines for their work on benchmark rates. Therefore the draft report Mercer was expecting to present to the HSC Actuarial Advisory Committee and to the HSC in early July will not be forthcoming. The timeline of August 1, 2004 for the final report will not be achievable as well.

B. July 22nd meetings

Mr. Coffman stated that after some discussion with Dr. Bruce Goldberg, OHPR Administrator, it appears the HSC will need to finalize the report at their September 23, 2004 meeting. The plan is to get the new members confirmed by the Senate in early September and their term should start at the beginning of October. This report needs to be finished before the new Commissioners arrive. It would be quite a process to get the new Commissioners up to speed with what has transpired so far. The only thing that was carried over from the last meeting was the discussion on melding the old methodology and the new evidence-based methodologies together. He felt that could be put on hold until the September meeting. Mr. Coffman and Dr. Alison Little thought that the HOSC/HSC meetings for July could be cancelled if the HSC could get through the entire agenda for this conference call, particularly item number six with the new ICD-

9-CM codes. Mr. Coffman asked if there was any opposition to this plan. No opposition was heard.

III. Physical Therapy Guidelines

Dr. Little informed the HSC she had sent out three documents on the topic of physical therapy: 1) a revision to the previously reviewed guidelines (See Attachment A, Draft Physical Therapy Guidelines for Patients with Chronic Disease), 2) guidelines from William Curran at the Child Development & Rehabilitation Center (CDRC), and 3) an article from the American Academy of Pediatrics about prescribing physical therapy for disabled children (which she indicated includes a good review of the literature on the second page). Dr. Little had also contacted a pediatric physiatrist from Central Oregon to receive her input on the general guidelines. The revisions came from her suggestions. The physiatrist was hesitant about putting any limits on the guidelines. However, if she had to, she felt that therapy is most needed up until children get established in elementary school. That is why the visit limit was pushed from age 0-3 with 24 visits/yr to age 0-7 with 24 visits/yr. Likewise with speech therapy, she felt that therapy would be needed from the time that the child was learning to talk (basically age three) until the time the child is well into elementary school (age 3-7 with 24 visits/yr).

Dr. Walsh commented that the CDRC article had so much variation and so many exceptions, he wondered if the guideline for the Prioritized List could be as simple as the draft indicates. He thought the draft would be fine if the appeals process could handle problems that are not anticipated.

Dr. Glass said that he felt that the paper from the American Academy of Pediatrics puts the therapy programs in a more sober context, where they questioned how beneficial therapy programs are due to poor evidence and lack of research. Dr. Glass further mentioned that he receives many requests for sensory integration and is unsure of what it is.

Dr. Tina Kitchin spoke about her concerns with the draft guidelines, especially how speech therapy would not be covered after the age of 12. She feels that it does not address chronic conditions. Feeding/swallowing studies for dysphasia and assessment/training for assistive communicative devices are examples of necessary services that wouldn't be covered. Individuals with cerebral palsy and muscular dystrophy would be examples where ongoing evaluation and training would be required as the disease progressed. She requested that the HSC exempt these two aspects of speech therapy from the guideline. Mr. Coffman indicated that there are separate codes for evaluation and treatment of swallowing function and assistive communicative devices, so guideline limits could be handled differently for those codes.

Dr. Daniel Mangum asked Dr. Kitchen whether a limit on the number of these types of visits (e.g., 2 visits per year) would be appropriate since this would be consistent with the visit limitations for other services in this guideline. Dr. Kitchen said that two per year for people that are stable is sufficient; however, those whose condition is unstable will

likely need intense services for a short period of time, almost like an acute event, then go into a stable phase where 2 visits per year would be adequate.

Ms. Savicki stated she was reluctant to apply visit limits because of the individualized nature of these complex conditions. She would much rather have the visits be preauthorized by the health plan, OMAP or by physician discretion.

Dr. Tom Turek added that it is the concern of the plans that therapies are being asked for without any evidence that there has been progress. Dr. Glass agreed and added that if one reads the physical therapy notes, patients are always described as making progress; however, and after looking back at the chart from the year before it doesn't seem like the patient had made progress at all. He thought that this was truer with the disabled population because the acute population does not keep asking for more therapy. Dr. Dan Mangum said he thought there were tendencies in chronic cases where the doctor, family/patient, and even the therapist develop a relationship and there is a push for the maximum number of visits with very little documentation showing long-term benefits. Dr. Walsh thinks the HSC needs to accept the lack of evidence as a given in this case and try to figure out what is meant by progress, whether that would include a lack of decline or a slower grade of decline. At the same time, if there are limits with an appeals process. Dr. Kitchin explained that the appeals process is for seeing if the rules or guidelines are fairly applied and the exception process is for seeing which way is less costly or if there is a comorbid condition involved.

Dr. Kitchin suggested a guideline for those over 12 years old whereby they should not be covered unless there is a need due to an acute event, assistive communicated devices, or a swallowing disorder, with a maximum of six therapy visits a year in those cases. Dr. Kitchen wanted to go on record that she was not an activist for limits, but she understood that limits were better than not having benefits available.

Dr. Walsh clarified that that these guidelines only apply to chronic conditions residing on the dysfunction lines. He confirmed that the language "after an acute event" in these cases refers to an exacerbation of the patient's chronic condition. Dr. Little said that the modifications being discussed would also apply if the patient had surgery or a contracture release. Dr. Saha felt that physical and occupation therapies should be thought in the same context. Dr. Walsh and Ms. Dodson agreed. Therefore the motion is stated as "up to six visits per year for speech, physical and occupational therapies."

MOTION: Regarding physical and occupational therapy, for age > 12, allow up to six visits per year for an acute exacerbation of an underlying chronic condition. Regarding speech therapy, for age > 12, allow two visits per year for maintenance therapy and up to six additional visits per year for an acute exacerbation of an underlying chronic condition, a progressive swallowing disorder and/or evaluation/training for speech aids. VOTES: Ayes, 9; Abstained, 1-Sohl. MOTION CARRIES 9-0.

Dr. Glass felt these were good modifications but his concern was for the big numbers of speech therapy visits for the 3 years to 7 years range. Dr. Turek indicated that prior authorization is required by both the fully capitated health plans and OMAP individual health plans do prior authorize, as well as, the Oregon Health Plan.

Dr. Glass further mentioned his concern that there are patients within the 3 - 7 age range that are not physically disabled but are mentally retarded and have desperate parents who throw their children into speech therapy in the hopes of improvement of the retardation. He does not think that is appropriate therapy and wonders how other health plans deal with these cases. Dr. Turek said it would be unusual for these visits to be denied under OHP.

Dr. Saha wanted to know what was meant by "consideration should be given to an increased number of visits after a procedure, such as botox or baclofen pump placement." Dr. Little replied that was her comment for what the physiatrist had told her. However she thought is was essentially the same as the acute exacerbation. Dr. Walsh asked if the phrase should be deleted from the guideline. Dr. Little answered with a yes and the "acute event" language would replace it. Therefore Dr. Walsh asked for a motion. Dr. Saha moved to delete the phrase, since the "acute event" language had already been voted upon. Ellen Lowe seconded.

MOTION: Remove, "…after a procedure, …" and replace with "after an acute event ". VOTES: Ayes, 9, Abstained, 1- Sohl. MOTION CARRIES 9-0.

Mr. Coffman asked if there was any public comment. No further changes or comments were made.

The final guideline will read as follows:

ADD THE FOLLOWING GUIDELINE TO LINES 219,336,455,45

The following number of combined physical and occupational therapy visits are allowed per year for any combination of diagnoses on these lines:

- Ages 0-7: 24*
- Ages 8-12: 12*
- Age > 12: 2*

The following numbers of speech therapy visits are allowed per year for any combination of diagnoses on these lines:

- Age 0-2: 0*
- Age 3-7: 24*
- Age 8-12: 12*
- Age > 12: 2*

*An additional 6 visits of speech, physical or occupational therapy are allowed whenever there is a change in status, such as surgery, injection, or an acute exacerbation, OR for evaluation and treatment of swallowing.

IV. PET Guidelines for Non-oncologic Conditions

A. Neurology

Dr. Little referred the HSC to Attachment B, Pet Scan Review, which includes an ICES technology assessment reviewing the use of PET scans in both neurology and cardiology. In neurology they show that it may well be helpful to patients prior to surgery for intractable epilepsy. It may decrease the need for invasive diagnostic procedures and may also facilitate localizing the seizure focus, thus improving surgical outcomes. Even though the data was not great, Dr. Little thought it was good enough to include PET scans for this indication.

Dr. Walsh asked if the HSC could propose a guideline for neurologic indications only in the case for preoperative assessment for intractable seizures. Dr. Little affirmed that could be done. Dr. Mangum was concerned over the report's wording "may decrease the need" and "may facilitate". With very little data, Dr. Mangum wondered if this was something that the HSC really wanted to approve. Dr. Saha thought the report used the word "maybe" because the studies were not of high quality.

Dr. Little thought this was a narrow indication that that utilization would be minimal for the few patients who are going to have surgery for epilepsy. That being said, she thought coverage should not be added if the HSC is uncomfortable with the data. Dr. Mangum would like to see a proven in this area even though it may be a very small percent of the cost of surgery for epilepsy.

Dr. Saha added that the evidence that was reviewed suggest that it does decrease the need for invasive procedures, which provides for better health outcomes. This is how his colleagues rationalized the recommendation of PET scans for lung nodules. Dr. Mangum stated that he had only read the review, not the full report, and was not aware that there was really a reduction in invasive procedures.

Dr. Walsh pointed out that the tech assessment showed relatively small numbers of 358 people from Canada per year. Furthermore, he noted there will be difficulty in getting much larger numbers when a condition is so rare. He wonders if the HSC needs to change the level of evidence (as was previously discussed for the transplant algorithm), particularly when the evidence is based intermediate points, such as a decrease utilization of invasive procedures, rather than end points.

Dr. Little's concern is if this treatment does improve the localization of seizure focus and HSC recommends not covering it, then are we going to end up with worse outcomes. Dr. Walsh reflected that if there were worse outcomes then there would be more chronic disability and dysfunction, but that it is all speculative.

MOTION: Adopt a guideline for PET scans for the preoperative workup of surgically treated intractable epilepsy and no other neurologic conditions.
VOTES: Ayes, 9, Nays, 1-Mangum. MOTION CARRIES: 9-1.

B. Cardiology

Dr. Little related that there were essentially two uses for PET Scans in cardiology: 1) diagnosing cardiovascular disease, which has been shown to be cost ineffective in a good quality study and 2) identifying viable myocardium in patients with heart failure who are considering revascularization. The technology assessment does not recommend PET scan in the latter case, and of course there is the added expense to consider as well.

MOTION: Insert into PET scan guideline that they are **not approved** for cardiac indications. MOTION CARRIES: 10-0.

V. Other Biennial Changes

Mr. Coffman suggested that for this section of the meeting the next six topics (A-F) would be voted *en block.*

A. Peripheral vascular disease & cardiac rehabilitation codes

Dr. Little reported that when the medical therapy code ranges were modified as part of the biennial review, the HSC had looked at vascular and cardiac rehabilitation, but limits were not discussed at that time. She asked if the HSC wanted to put limits to on them similar to the other therapies for acute illness or injury, which would be limit coverage to three months upon initiation of therapy. Dr. Walsh and Dr. Glass agreed that this would provided people enough time to set up their own exercise program after receiving appropriate training.

B. Histiocytosis

Line 386 has only Histiocytosis on it. The code has recently been changed and this disease fits in better with Line 253, OTHER METABOLIC DISORDERS. Therefore Dr. Little suggested that Line 386 be deleted and Histiocytosis moved.

Mr. Coffman noted that he had found the new code on Line 253, so the line only needs to be deleted.

Dr. Glass said this is an orphan disease and it is finally becoming elucidated. It use to be linked with cancers and now it is considered a metabolic disorder. He felt the move would be quite appropriate as histiocytosis is not a common enough disease to justify having a line by itself.

C. Deficiencies of Circulating Enzymes and Metabolic Disorders

Line 351 consists of a single code representing alpha-1 antitrypsin deficiency. Dr. Little suggested moving this code to Line 253, OTHER METABOLIC DISORDERS, because it fits better. This means that Line 351, DEFICIENCIES OF CIRCULATING ENZYMES,

would merge with Line 253 and Line 351 would be deleted. Ms. Dodson and Dr. Walsh said that would be appropriate.

D. Closed Fracture Lines

Dr. Little reported that in a previous meeting the open fracture lines had been discussed and merged, but the closed fracture lines had not. Currently they sit within close proximity of each other on lines 469,470,471,and 486. She suggests that the four lines would merge into one line at 469.

E. Prevention Table Revisions

Dr. Little reminded the HSC that at the last meeting they had requested her to add postpartum glucose screening at the six-week visit. When Dr. Little looked at the US Preventative Services Task Force (USPSTF) 2003 update, they do not even recommend glucose screening for gestational diabetes at all. It shows up as an "I" recommendation. She was uncomfortable adding it without another discussion. Dr. Walsh expressed surprise and Dr. Sohl and Ms. Dodson said it was standard of care. Dr. Walsh stated that the HSC has picked up some specialty society guidelines on occasion where it seems to be reasonable. ACOG and the American Academy of Family Physicians are clearly behind screening for diabetes.

Dr. Saha informed the HSC that an "I" recommendation basically means there is insufficient evidence, which in the face of standard of care means that there is no change, usually the standard of care is continued. Dr. Walsh asked if this would make people rethink the recommendation to screen women who do have gestational diabetes, including the false positives, at postpartum, as the USPSTF does not address this. There was no desire to change the recommendation.

Dr. Little said she heard that the HSC wants to have screening for gestational diabetes in the prevention tables as well as postpartum screening for diabetic mothers. The members agreed that this was an accurate interpretation.

F. Radiation therapy revisions

Dr. Little said there were some non-specific codes that were previously approved as part of the bulk changes made to the radiation therapy lines. Normally non-specific codes are not put on the list. She suggested to the HSC to:

- Delete 77399 & 77499 from all radiation therapy lines.
- Delete 77xxx (all radiation therapy codes) from all bone marrow transplant lines because they are covered on other lines for the same conditions.
- Delete 77xxx from line 432, ACROMEGALY & GIGANTISM, OTHER & UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND & OTHER ENDOCRINE GLAND. There is no diagnosis included on this line for which the provider consultants suggested pairing would be appropriate for.

- Delete 77xxx & 79xxx from line 601, CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS/LIVER TRANSPLANT because these codes are included and covered on higher medical and surgical line for cancer of the liver.

MOTION: Accept items A-F as discussed and restated here. All changes will go into effect with implementation of the 2005-07 Prioritized List. MOTION CARRIES: 10-0.

A. Include a guideline with the lines that peripheral vascular disease & cardiac rehabilitation codes was retained on at the 4/22/04 meeting, stating they will be subject to a 3-month limitation.

B. Delete line 386, HISTIOCYTOSIS.

C. Merge line 351, DEFICIENCIES OF CIRCULATING ENZYMES into line 253, OTHER METABOLIC DISORDERS.

D. Merge lines 470, 471, and 486 into line 469 to represent all closed fractures of the extremities (except toes).

E. Add screening for gestational diabetes at six-weeks postpartum in the prevention tables and retain diabetes screening for pregnant women.

F. 1) Delete 77399 & 77499 from all radiation therapy lines;
2) Delete 77xxx from all bone marrow transplant lines;
3) Delete 77xxx from line 432; and
4) Delete 77xxx & 79xxx from line 601.

VI. New ICD-9-CM Codes

Mr. Coffman informed the HSC that the majority of the new codes represent fifth-digit ICD-9-CM codes that are being broken out of existing fourth-digits codes. Approving the placement of these fifth-digit codes will not result in a physical change to the list. This is just a confirmation that they will appear where their parent fourth-digit codes already appear.

Dr. Little led the HSC through the document titled “Proposed Placement of New ICD-9-CM Codes on Prioritized List of Health Services” appearing as Attachment C.

MOTION: Accept the placement of new ICD-9-CM codes on the Prioritized List as they appear in Attachment C with the following changes:

- Add code V01.79, Contact with or exposure to communicable diseases, other viral diseases to prevention lines (144 & 184) instead of the Never Covered List.
- Add code 530.86, Infection of esophagostomy, to complication line 299 instead of Line 379.
- Add code 788.38, Overflow incontinence, to incontinence line 529 instead of Line 440.
- Add codes 528.71, Minimal keratinized residual ridge mucosa, and 528.72, Excessive keratinized residual ridge mucosa, to Line 224, ERYTHROPLAKIA, LEUKODERMA OF MOUTH OR TONGUE instead of Line 564.*

*Exception: The HSC requested staff to check for the most appropriate line to which these dental codes 528.71 and 528.72 should be added. Until the line is found, these codes will reside on Line 564.

VOTE: Ayes, 6, Excused, 4-Dodson, Glass, McGough, Sohl. MOTION CARRIES: 6-0.

Dr. Walsh gave his thanks to everyone for taking the extra time from their day to make it through the entire agenda.

VII. Other Business

Darren Coffman recognized that this was Kathy Savicki's last meeting because she will be in Europe in September. He also requested for the members to block out the whole day and evening of September 23, 2004 for the HSC/HOSC meetings and the HSC 15th Year Anniversary Celebration.

VIII. Public Comment

No public comment was offered.

IX. Adjournment

Dr. Walsh adjourned the meeting of the Health Services Commission at 10:30 am. The next meeting of the Health Services Commission will be September 23, 2004. Time and venue is still to be determined.

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Eric Walsh, MD, Chair

REVISED MINUTES
HEALTH SERVICES COMMISSION
September 23, 2004

Members Present: Eric Walsh, MD, Chair; Daniel Mangum, DO; Andrew Glass, MD; Somnath Saha, MD; Donalda Dodson, RN, MPH; Susan McGough; Dan Williams; Ellen Lowe.

Members Absent: Bryan Sohl, MD; Kathy Savicki, LCSW.

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

Also Attending: Tom Turek, MD, Chris Barber, RN, and Deborah Cateora, RN, Office of Medical Assistance Programs (OMAP); Mary Lou Hazelwood, Hazelwood Consultants and Department of Justice (DOJ); Deborah Loy, Capitol Dental Care; Thomas J. Coogan, Care Medical Equipment.

I. Call to Order

Dr. Eric Walsh, Chair, called the Health Services Commission (HSC) meeting to order at 11:15 a.m. in room W112 of the Clackamas Community College, Wilsonville Training Center, 29353 Town Center Loop East, Wilsonville, Oregon. Darren Coffman called roll.

II. Chair's Report

Dr. Eric Walsh did not have a report to give other than he was happy that Dr. Daniel Mangum took over the role as Chair of the Health Outcomes Subcommittee (HOSC).

III. Approval of Minutes (May 27, 2004 & June 17, 2004)

The HSC briefly reviewed the minutes from May 27, 2004 and June 17, 2004. They asked that some minor corrections be made to the May 27, 2004 Minutes. They are as follows:

- Page 3, fourth line down "…are still be served." It should read as, *"…are still <u>being</u> served."*
- Page 7, first word at bottom of page, change "affect " to *"<u>effect</u>".*

The HSC also requested some minor corrections be made to the June 17, 2004 Minutes. They are as follows:

- Bottom of page 4 (in the box), change, "…whenever there is a change in status, such as surgery, injection, or an acute exacerbation…" to *"…whenever there is a change in status, such as surgery, botox injection, or an acute exacerbation,…"* .
- Page 7, first word in the third line of section E. Change the spelling of "Preventative to *"Preventive".*

MOTION: Approve the HSC Minutes from May 27, 2004 and June 17, 2004 with the recommended corrections. MOTION CARRIES: 8-0.

IV. Director's Report

Darren Coffman reported that he and Dr. Goldberg are still working on getting replacements for the Commissioners whose terms have expired. Currently they are looking at the November E-board for Senate confirmations to take place. Names of the new commissioners will need to go over to the Governor's office by mid-October to meet the deadline.

Mr. Coffman explained that the HSC Actuarial Advisory Committee had their last meeting yesterday with Mercer regarding the benchmark report. Mr. Coffman further explained the Mercer team would be giving their report to the HSC shortly. Afterwards, Mr. Coffman would like to hear how the HSC would like to handle the finalization of the Mercer report. Mercer has some edits to make to the draft report, and will be sending a final report to the HSC within the next couple of weeks.

Mr. Coffman said he was going to meet with some South Africans tomorrow regarding the HSC's prioritization process.

V. Medical Director's Report

Dr. Alison Little informed the HSC she had begun to work on the Health Services Biennial Report for 2005–2007.

VI. Report from Health Outcomes Subcommittee

A. Coding Issues

Composite Fillings for Posterior Teeth

Dr. Daniel Mangum reported the HOSC looked at coding changes during the first part of the morning meeting. The great majority that was reviewed was technical, a few new codes, and some non-pairing codes. There was very little significant discussion on most of what was reviewed, the exception being the subject dealing with a dental issue. Dr. TenPas from the ODS and Jane Myers from the ODA gave testimony. They asked

the HOSC to consider moving composite fillings from Line 700, Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT, Treatment: ELECTIVE DENTAL SERVICES to Line 507, Diagnosis: DENTAL CONDITIONS (E.G. DENTAL CARIES, FRACTURED TOOTH), Treatment: BASIC RESTORATIVE. Line 507 is where amalgams now sit.

Dr. Mangum reported that Dr. TenPas and Jane Myers testified that amalgams and composites used to sit on the same line and they both were reimbursed at the amalgam rate. Sometime prior to October 2003, the HOSC moved composites to below the funding line. Historically, since dentists were able to do composites and bill the amalgam rate, some of them have continued to do so even though composites are more technically difficult and are more costly. Hence, some dentists are still billing for amalgams and getting paid, when in fact they are doing composites, which opens the door to ethical and legal ramifications. Currently with composites below the line, it leaves the dentists not doing them at all and the OHP patient without a choice or the dentists doing them and not getting paid. By putting the composites back on the line with amalgams (Line 507), it would be consistent with what the HSC has done in the past with other issues. Dr. Mangum further reported that if the HSC did not allow for this, it is feared that some dentists, particularly the limited number of pediatric dentists that provide services to OHP patients, would no longer provide services for the OHP and drop off the plan.

Prior to the motion being made, Deborah Loy from Capitol Dental Care spoke up and asked to give testimony against moving composites to a line above the funding level. Dr. Walsh explained that the dental testimony was given at the HOSC meeting earlier in the morning. Ms. Loy said she was unaware that the time allotted to give testimony regarding dental issues was at the HOSC meeting. Darren Coffman noted that an e-mail addressed to her that had been distributed to the Commission members indicated the earlier time. Dr. Walsh said if Ms. Loy were brief, she was welcome to give testimony.

Ms. Loy explained that Capitol Dental Care insures 100,000 people on the OHP and, jointly with other dental care organizations, insure 400,000 under the OHP. She reported that all 17 dental directors objected to moving the composites above the funding line because of their extremely high failure rate. Even though the composite materials have improved, it is a highly technique-sensitive service. The concern is that most composites eventually lead to more expensive dentistry, which the OHP does not cover. Since the investment is high, Ms. Loy recommends not covering composites, at least for the adult population.

Susan McGough asked Ms. Loy if she had brought data on the failure rate. Ms. Loy replied she had not. However, Ms. Loy further reported that there are many dentists that will not do composites because they are more expensive. These dentists refer the OHP client to another dentist that will do them at the amalgam rate. Dr. Walsh stated the HSC does not get involved in utilization issues. Other HSC Commissioners agreed.

Ellen Lowe asked if she was adverse to a possible age demarcation. Ms. Loy said she felt that there was no issue with providing composites for children 18 years and under. However she felt providing composites for adults was unnecessary because of the high failure rate and the OHP limited funds. Dr. Walsh thanked Ms. Loy for her testimony and asked Ms. Loy to bring data to a future HOSC meeting to substantiate her claims for the high failure rate. Also he asked Dr. Little do some research on this subject including contacting Dr. Ferracane, a local expert at OHSU dental school. The HSC will look at the data at the next meeting.

Dr. Walsh felt that the HSC should continue with the motion to accept the recommendation from the HOSC so as to reduce the potential for fraudulent billing and provide dentists and OHP clients with a choice.

MOTION: Move composite fillings from Line 700, Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT, Treatment: ELECTIVE DENTAL SERVICES to Line 507, Diagnosis: DENTAL CONDITIONS (E.G. DENTAL CARIES, FRACTURED TOOTH), Treatment: BASIC RESTORATIVE with a guideline to pay composites at the amalgam rate. MOTION CARRIES: 8-0.

Prioritized List

Dr. Mangum explained Dr. Little had reviewed with the HOSC codes from the Proposed Interim Modifications of the Prioritized List of Health Services. The implementation of these changes will be April 1, 2005.

Dr. Mangum reported that a situation arose regarding Line 35, ACUTE OSTEOMYELITIS, where a foot was amputated and the procedure code did not pair. HOSC recommended changing the title of Line 35 to ACUTE OSTEOMYELITIS OF EXTREMITIES.

Other recommendations by the HOSC are as follows:

Line 37, PYOGENIC ARTHRITIS, surgery to open the joints was added.

Line 380, DEEP OPEN WOUND, include CPT-4 codes from Line 37 to this line.

Line 414, CATARACT, remove congenital cataracts from this line because there is already a separate line that they sit on, which is Line 473, STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE. Also it is recommended to change the title of Line 414 to CATRACT, EXCLUDING CONGENTIAL.

With regards to Line 688, VARICOSE VEINS, Dr. Mangum stated that an issue was raised by the medical directors. They expressed concern that varicose veins were covered on Line 354, CHRONIC ULCER OF SKIN, unless they are asymptomatic. He reported that the HOSC's goal was to provide treatment, not surgery; therefore they

recommended moving 454.1, varicose veins with inflammation, to Line 355, ABCESS AND CELLULITIS, and moving 454.8 to line 688, VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION. For consistency, the HOSC also recommended moving similar venous diagnoses with inflammation to the cellulitis line, keeping those diagnoses with ulceration on Line 354 and leaving those diagnoses with "other" complications on Line 688.

MOTIONApprove all changes recommended by the Health Outcomes Subcommittee, as described above and detailed in Attachment A. MOTION CARRIES: 8-0.

Erythropoietin (EPO)

Dr. Walsh reported the final guideline approved by the full Commission at the May meeting included renal failure as an indication for guideline application, which was a change from previous discussions which had limited the guideline to use in cancer chemotherapy only. The HOSC recommended amending the guideline to say *"…indicated for Hgb < 10 for anemia"*. Dr. Tom Turek was concerned about inappropriate use. He felt that the leaving the guidelines for EPO unchanged was beneficial. After some discussion the HSC decided not to accept the HOSC's recommendation. MOTION: To accept the HOSC's recommendation for amending the guideline. MOTION FAILS: 0-8.

B. Technology Issues

LDL Apheresis

Dr. Mangum reported that LDL Apheresis had been reviewed before and at that time it was added to the never covered list because of the lack of a randomized trial to support its effectiveness. Recently a representative of the manufacturer contacted Dr. Little and provided several more published articles. The HOSC reviewed these articles and decided there still was not enough data to suggest this was an appropriate procedure. It was agreed to make no change in the coverage of this procedure.

Fetal Surgery

Dr. Mangum reported that Dr. Sohl was a good source for providing information from perinatal specialists for fetal surgery. The HOSC divided their recommendations into three different areas.

1) What should be covered:
    a. Twin-twin transfusion syndrome for all stages
    b. TRAP (a syndrome in which one twin does not develop above the level of the sternum, resulting in high output heart failure in the viable twin)
    c. Lower obstructive uropathy with placement of a urethral shunt
    d. Treatment of fetal anemia with intrauterine transfusion

2) Coverage with prior authorization
   a. Amniotic bands
   b. Cystic adenomatoid malformation of the lung and extra pulmonary sequestration
   c. Sacrococcygeal teratoma

3) No coverage recommended
   a. Diaphragmatic hernia
   b. Fetal surgery for spina bifida
   c. Obliteration of posterior urethral valves

MOTION: To accept the following recommendations: 1) Needing prior authorization: Amniotic bands, cystic adenomatoid malformation of the lung, and sacrococcygeal teratoma; 2) Not covered: Spina bifida and diaphragmatic hernia; 3) Covered: Lower obstructive uropathy (shunt only); TRAP sequence; twin-twin transfusion syndrome of all stages; intrauterine transfusion for fetal anemia. MOTION CARRIES: 8-0.

D. Coordination Disorder Guideline

Dr. Mangum reported that it had been brought to the HOSC's attention that the guideline for Line 336 had been attached to that line for many years. The diagnosis, 315.4, is also known as developmental coordination disorder, clumsiness syndrome, dyspraxia syndrome and specific motor development disorder. The current guideline for physical therapy is in conflict with this guideline. MOTION: Delete the Coordination Disorder guideline from Line 336. MOTION CARRIES: 8-0.

VII. OHP Update

Dr. Bruce Goldberg reported OHP Standard is closed to enrollment as of July 1, 2004 and enrollment is now capped and needs to be reduced to 24,000 people by June 30, 2005. Current OHP Standard enrollment is approximately 50,000 people. He personally believes that disenrollment may be necessary, because he is not optimistic that the goal can be reach by natural attrition. If the state disenrolls people it will be based on poverty, most likely people above 50% or 75% of the federal poverty level (FPL).

Dan Williams asked whether or not the provider tax money receives federal match, and Dr. Goldberg explained that it does. There are winners and losers on the hospital side. The rates are increased in the aggregate in order to get the tax back. However the hospitals with many more Medicaid admissions will receive more dollars than they will have paid in tax, and the hospitals with fewer Medicaid admissions will pay more tax and will have less of an opportunity to get the dollars back. In the aggregate, the dollars come back to the hospitals statewide, and the dollar amount above and beyond that is what can support 24,000 people. This does not affect A/B (rural) hospitals because they are exempt from the tax. The funds from these taxes are dedicated to OHP.

Dr. Glass felt this was a dubious maneuver and asked if anyone was challenging this action. Dr. Goldberg replied that no one has posed a challenge and the action has been above board and in step with CMS in a legal and open manner.

Dr. Goldberg further reported that from the federal perspective there needs to be some expansion. The state can show it is covering an additional 24,000 people on OHP Standard, approximately 15,00 people in FHIAP, and 50,000 individuals (25,000 children and 25,000 aged, blind and disabled that are above the mandatory levels). Therefore Oregon is covering approximately 85,000 people above rock bottom mandatory. However CMS considers these children and the aged, blind and disabled more like a mandatory population instead of an expansion population.

The premise of OHP was not to ration people but to ration services. Oregon has about bottomed out in the rationing of services to the line and still meet the federal regulations. Hopefully with the assistance of the HSC, the state will be looking at the utility of prioritizing health services in a cost effective manner. With the growing costs of healthcare, Dr. Goldberg stated he felt the health care costs are becoming unsustainable. The ability to make health care sustainable is to look at prioritizing services based on cost effectiveness and value. The State's ability to diminish benefit is limited; based on federal statute, there is no cost sharing since it is the population with the lowest income that is being serviced and they are unable to pay.

Dan Williams asked whether there is any leadership being exercised about this issue. Dr. Goldberg answered that the Governor has convened a small group of legislators and individuals with experience in the health care arena to look at some of these issues. In the near future they will meet with and provide recommendations to the stakeholder groups such as the Medicaid plans, advocates, business and labor leaders, and health care providers. Dr. Walsh stated that when times get tough there is the potential for the most leadership. There is statute that directs the HSC to look at costs, to bring evidence to bear, make sensible decisions of what works and what doesn't, and possibly decide how much should be paid for these services. This is the time to be a role model.

Ms. Lowe asked Dr. Goldberg to inform the Commission about the elimination of the 10 cent tobacco tax that resulted from the passage of measure 30. He believes that the legislature will eventually bring that tax back. While it is a part of OMAP's budget, it is not a part of the Governor's. He believes it will likely be one of the few revenue measures to pass.

VIII. Draft Report on the Cost Benchmark Study

Stephanie Davis from Mercer reported that it was a challenge to put together a detailed report that made sense. Mercer was asked to develop a benchmark rate that approximates costs, which represents the cost of providing services to an OHP member as opposed to what the providers are currently getting reimbursed for that care. Ms. Davis related that she and the Mercer team solicited input from the HSC Actuarial

Advisory Committee. Not only has Mercer met with the Committee as a whole, they also held one-on-one telephone consultations with each member of the Committee. This was to obtain feedback on the draft report. The draft report was also distributed to the Health Services Commission, as well as the HSC Actuarial Advisory Committee earlier in the month.

Ms. Davis felt that the HSC Actuarial Advisory Committee acknowledged that there was very little cost data available. Therefore it came down to the question of what is the best methodology to use to come up with an estimate. After Mercer met with the HSC Actuarial Advisory Committee yesterday, a couple of the Committee members would like Mercer to provide more information in the report on what it does not do. Mercer will be making further revisions. Ms. Davis said she had the sense the Committee found the methodology and outcomes to be reasonable overall.

Ms. Davis gave a brief recap of the process to date. The benchmark rates are being developed for the projected period of July 1, 2005 through June 30, 2007, which is referred to as 2006 throughout the report. As discussed previously, Mercer is developing benchmark rates at a statewide level for the existing OHP eligibility categories. Individual rates will be established for the service categories set forth in statute with chemical dependency added. These benchmarks represent a high-level approximation of costs for both the fee-for-service (FFS) and managed care delivery systems.

Ms. Davis explained that the current available FFS data is from the 2001-03 biennium (2002), which shows what was paid by OMAP. Mercer took the 2002 data, developed a benchmark and projected it forward to 2006. Next, OMAP will compare Mercer's 2006 benchmarks with rates from PricewaterhouseCoopers for the 2005-07 biennial. They will need to explain the reasons for any differences in the numbers to the legislature.

Ms. Davis explained that Mercer had used five approaches to develop the cost benchmarks:

- Provider cost data
- Alternative fee schedule
- Average market reimbursement
- Modified Medicaid data
- Benchmarking against better purchasing

Ms. Davis further explained while developing the methodology, Mercer found most of the categories had cost data or a fee schedule that could be modified to represent an estimate of costs. However when it came to prescription drugs, Mercer found there was no cost data available, resulting in some difficulty for them to come up with a benchmark. Knowing the largest part of prescription drugs is the acquisition; Mercer came up with a benchmark based on the amount spent on drugs for the OHP. Discount rates off of the average wholesale price (AWP) negotiated by Oregon and the dispensing fees paid were compared with those of other states. Methods of controlling utilization used in other states are also provided in the report.

Dr. Glass asked about which prescription drug best practices Oregon could apply their energy towards. Ms. Rivera explained the report has the following list:

- Mandatory Planned Drug List (PDL)
- 340b Program Maximization
- Dose Optimization
- Step Therapy Clinical Edits
- Mandated Acquisition Cost Data Reporting
- Quantity Limits
- Disease Management Programs
- Bulk Purchasing
- Capturing the prescriber identifier
- Electronic prescribing

Any one or a combination of these best practices would assist in curbing costs. Most likely the Oregon legislature would have to approve and mandate the use of some of these best practices. However it would prove to be beneficial.

There was also very limited cost data for the physician category of service. Mercer decided to calculate the cost benchmark as the average of charges from the three major payers – Medicaid, Medicare, and commercial plans.

Ms. Davis wanted to make sure that the HSC understood that the study offers a high level approximation of reimbursements versus provider costs. As one gets into the detail of the report there were many assumptions made. Ms. Davis stated, that in the report, they are providing a means to determine where to possibly begin to focus funding should more revenue become available.

Since the study shows aggregate rates, Ms. Davis expressed some cautions. These cautions were due to limitations in the data and some inconsistency in the definition of units. She wanted HSC to be aware that one cannot “plug and “play” the benchmark rates. Even though there are inconsistencies, Ms. Davis feels that the Mercer team has produced rates that are reasonable.

Ms. Davis reported, when looking at the data, Mercer became aware of more complications. The managed care encounter data specifies only what has been billed. It does not identify what has been paid. Therefore Mercer could not show a similar example for managed care as in the fee-for-service model, which shows what was paid in 2002. In the case of expenditure data for prescription drugs, Mercer went out to the health plans asking for data. Only two of the health plans submitted data, which did not represent a large enough sample to be useful.

For developing a benchmark for hospital data, Ms. Davis explained the calculations they went through using the hospital category of service. Again assumptions were made, but wherever they were used in the report they are fully disclosed. Also Ms. Davis said it is

hard to talk about provider costs and not talk about profit. Whenever they were able to identify and pull out the profit margins, Mercer did so.

Mercer decided not to use the term "market equilibrium" as they had previously. The HSC disapproved of the use of that term because it did not adequately describe the market. Upon further research, Mercer found not only is there a lack of equilibrium in the marketplace, there are issues around getting adequate data for the average market reimbursement approach.

Finally Ms. Davis pointed out that cost does not recognize efficiency. They are still looking at a way to compare cost benchmarks to what Medicare would reimburse. Ms. Davis thought that Mercer had made good progress in developing a methodology to show the levels of inequity among provider groups, but it is not perfect, and further improvements could be made. At this time the measuring stick is the percent of Medicaid. Furthermore, Mercer has attempted to use consistent methodology within each category and to use the best data available to them. Also since it was a point of confusion in prior meetings, Mercer is now trying to be very clear to identify what is cost and what is reimbursement.

Dr. Walsh asked how Mercer came up with the categorization of the data. Kevin Geurtsen answered that was how OMAP sent the data to Mercer. Dr. Walsh also asked that Mercer not put so many disclaimers within the report. Stating them once emphatically is enough so as not to reduce its value.

IX. Discussion on Revisions to the Methodology for Modifying the Prioritized List

Darren Coffman stated this was the third time broaching the subject of the methodology for modifying the Prioritized List. There is an attempt to meld the old (HCFA approved, simplistic) with the new methodology that is now being used (e.g., evidence-based research and cost effectiveness). Currently the HSC is in maintenance mode with the Prioritized List, looking at new topics and issues as they arise. The original methodology was used to establish the initial Prioritized List but it has limited value as an ongoing tool.

Mr. Coffman reported that he had uncovered some work from 1998 where a task force was looking at a revised methodology. Mr. Coffman directed the HSC to look at pages B-1 through B-3 of Attachment B, Overview of the Oregon Health Services Commission's Prioritization Process. These pages represent where the work left off. Mr. Coffman thought this information might be useful as a starting point for discussion. Ms. Lowe stated that she embraced the concepts of prevention outline in the original methodology, but felt that the lack of continuity of coverage made it difficult to demonstrate the cost-saving aspects of this kind of care. Dr. Walsh didn't feel that prevention was cost-saving, but that it should be covered because it is good medical care. Ms. Dodson mentioned she liked the science-base methodology. It represents a

more mature approach compared to the old methodology. However she believe this new approach is more of a principle than a methodology.

A suggestion to rank a sample of 100 lines based on accumulated cost effectiveness data was not felt to be a worthwhile exercise as this data was more useful for "pruning " services within line items. Mr. Coffman reminded the Commission that the original data dump back in 1990 was essentially a crude cost utility exercise, and that it resulted in many anomalies, resulting in the adoption of the new process utilizing the 17 categories. For this reason, he did not feel repeating the exercise now would be of much help. Dr. Walsh suggests the HSC run any new treatment through the old methodology on pages A1-A3 before applying the new principles reflected by the methodology on pages A4-A5.

Dr. Little clarified that Figure 2, Process for Incorporating Evidence-Based Health Technology Assessment and Cost-Effectiveness into the Prioritized List, page A-4, is new. She explained to the HSC that one of the goals today is to review this algorithm, see if any changes need to be made and then decide whether to adopt it. Discussion ensued. Dr. Mangum preferred a less structured process, while Dr. Saha supported the use of the algorithm to encourage the reliance on evidence in the decision making process. There was discussion about the incorporation of cost into the decision making process. It was noted that treatments that are expensive, but effective in young children, usually are very cost-effective, because an entire lifetime is saved. It was decided that this algorithm is an evolutionary document, but the following changes were recommended:

- In the right hand column, change "Add to or keep on the List" to "Do not add, but keep on List or move"
- Change "Consider cost" to "consider cost-effectiveness"
- Add arrow from "Definitely effective" to "other treatments known to be effective"
- Incorporate the option of moving or removing services that are now on the List that are not cost-effective

Dr. Walsh suggested changing the title of the algorithm to: <u>Process for Incorporating or Revising Evidence-Based Health Services and Cost-Effectiveness into the Prioritized List</u>, to reflect a more accurate use of the algorithm. Also the HSC asked Dr. Little to redo the algorithm, which they will review and formally adopt at the next meeting. Ms. Dodson suggested that the principles be maintained, if only for reference. It was agreed that the process would begin with Figure 2, then be followed by #3, public values, from Figure 1. Dr. Saha pointed out that it is impossible to determine cost-effectiveness of a service with unknown effectiveness. Ms. Lowe asked that some clinical scenarios be developed for the next discussion of the process.

X. Other Business

Darren asked the HSC how they would like to finalize the Mercer report. A conference call was recommended. Staff will contact the Commissioners to set a date and time.

XI. Public Comment

Tom Coogan, VP of Care Medical Equipment, gave testimony regarding the data in the Mercer report. He declared that the benchmark for DME services calculated by the Mercer group using 80% of the Medicare allowable fee schedule is based on bad data and it is not substantiated. It continues the same battle cry of the last three years by the Department of Health and Human Services, where they would like to see a 20% reduction off the Medicare allowable fee schedule to be implemented across the board. This is quite dangerous to the DME industry. The cost of doing business in the Northwest is different and higher than in other parts of the country (e.g., fuel costs and liability insurance costs). Mr. Coogan stated he would like to see the hard data that Mercer is supplying to back up their claims for a 20% reduction. Mr. Geurtsen from Mercer clarified that 80% of Medicare was a reasonable starting point. Mercer had taken national figures, adjusted them to the Northwest region, compared retail prices to cost and looked at the high and low ends and came up with the 80% figure because it was within range of reasonable approximation.

Mr. Coogan further explained he has worked proactively with OMAP in finding appropriate reductions. There is presently a Consumer Price Index (CPI) freeze on DME until Jan 1, 2008 and come January 1, 2005, the federal government has more reductions planned for five product categories. The DME industry is looking at national bidding in 2008, which will occur in Portland and Seattle. This will severely and negatively impact independent DME companies who will find it difficult to survive the national assault by the larger companies for that market share. Dr. Glass asked what would happen to Care Medical when they take a 20% cut. Mr. Coogan answered that his company would basically have to pick and choose business and most likely have to say no to the Medicare recipient. However after some discussion, Mr. Coogan acknowledged that 80% of his business involved serving Medicare population(s) (40% straight Medicare, 20% Medicaid/Medicare patients, 20% Medicare managed care plans). After further discussion Dr. Walsh concluded that it was not likely that Mr. Coogan's business could simply leave the Medicare market and that the profit margins reported for DME providers indicate that reductions in reimbursement can be absorbed.

XII. Adjournment

Dr. Walsh adjourned the meeting of the Health Services Commission at 3:50pm.

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Eric Walsh, MD, Chair

ATTACHMENT A

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004.

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

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

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

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 4 (CONT'D)

ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

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

ADD	50220	NEPHRECTOMY, W/PARTIAL URETERECTOMY, ANY OPEN APPROACH W/RIB RESECTION

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: ACUTE OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 35

ADD	28800	AMPUTATION, FOOT; MIDTARSAL
ADD	28805	AMPUTATION, FOOT; TRANSMETATARSAL
ADD	28810	AMPUTATION, METATARSAL, W/TOE, SINGLE
ADD	28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT
ADD	28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT

Diagnosis: PYOGENIC ARTHRITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 37

ADD	23040	ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION, DRAINAGE/REMOVAL, FB
ADD	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JNT, W/EXPLORE/DRAIN/REMOVAL, FB
ADD	25101	ARTHROTOMY, WRIST JOINT; W/JOINT EXPLORATION, W/WO BX, W/WO REMOVAL LOOSE/FB
ADD	26080	ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB; INTERPHALANGEAL JOINT, EACH
ADD	28022	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; METATARSOPHALANGEAL JOINT
ADD	28024	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; INTERPHALANGEAL JOINT

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 55

ADD	S2401	Fetal surg urin trac obstr
ADD	S2402	Fetal surg cong cyst malf
ADD	S2403	Fetal surg pulmon sequest
ADD	S2405	Fetal surg sacrococ teratoma

Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS
Treatment: SHUNT
Line: 87

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER

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

ADD	23331	REMOVAL, FB, SHOULDER; DEEP
ADD	23332	REMOVAL, FB, SHOULDER; COMPLICATED
ADD	27331	ARTHROTOMY, KNEE; W/JOINT EXPLORATION, BX/REMOVAL, LOOSE/FB
ADD	49020	DRAINAGE, PERITONEAL ABSCESS/LOCALIZED PERITONITIS EXCLUDES APPENDICEAL ABSCESS; OPEN

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB
Treatment: SURGICAL TREATMENT
Line: 149

DELETE	21740	REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
DELETE	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 166

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION

Diagnosis: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 178

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 187

DELETE	J3490	Unclassified drugs

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 219

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER

Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY
Line: 222

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY
Line: 222 (CONT'D)

ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 249

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 249 (CONT'D)

ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 250

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 250 (CONT'D)

ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
Line: 252

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
Line: 252 (CONT'D)

ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

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

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: TYPE II DIABETES MELLITUS
Treatment: MEDICAL THERAPY
Line: 314 (CONT'D)

	ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
	ADD	G0320	ESRD related services for home dialysis, full month, age < 2
	ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
	ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
	ADD	G0323	ESRD related services for home dialysis, full month, age > 20
	ADD	G0324	ESRD related services for home dialysis, per day, age < 2
	ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
	ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
	ADD	G0327	ESRD related services for home dialysis, per day, age > 20

Diagnosis: NEUROLOGIC DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 336

	ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC
Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY
Line: 346

	DELETE	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN

Diagnosis: DYSTONIA (UNCONTROLLABLE)
Treatment: MEDICAL THERAPY
Line: 347

	DELETE	333.99	OTH EXTRAPYRAMIDAL DZ-ABNORMAL MOVEMENT DISORDER

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 354

	DELETE	454.1	VARICOSE VEINS OF L-EXTREMITIES W INFLAMMATION
	DELETE	454.8	VARICOSE VEINS OF THE LOWER EXTREMITIES, WITH OTHE
	DELETE	459.12	POSTPHLEBETIC SYNDROME WITH INFLAMMATION
	DELETE	459.19	POSTPHLEBETIC SYNDROME WITH OTHER COMPLICATION
	DELETE	459.32	CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 354 (CONT'D)

DELETE	459.39	CHRONIC VENOUS HYPERTENSION W/ OTHER COMPLICATION

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 355

ADD	454.1	VARICOSE VEINS OF L-EXTREMITIES W INFLAMMATION
ADD	459.12	POSTPHLEBETIC SYNDROME WITH INFLAMMATION
ADD	459.32	CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 359

ADD	41806	REMOVAL, EMBEDDED FB, DENTOALVEOLAR STRUCTURES;

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR
Line: 380

ADD	27310	ARTHROTOMY, KNEE, W/EXPLORATION, DRAINAGE/REMOVAL, FB
DELETE	64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONT CATHETER INFUSN W/DAILY MGMT, ANESTH ADMIN
DELETE	64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONT CATHETER INFUSION W/DAILY MGMT, ANESTH ADMIN
DELETE	64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR, CONTINUOUS CATHETER INFUSION W/DAILY

Diagnosis: DIABETIC AND OTHER RETINOPATHY
Treatment: LASER SURGERY
Line: 397

ADD	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH
ADD	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/FOCAL ENDOLASER PHOTOCOAGULATION
ADD	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ENDOLASER PANRETINAL PHOTOCOAGULATION

Diagnosis: CATARACT
Treatment: EXTRACTION OF CATARACT
Line: 414

DELETE	250.5	DIABETES WITH OPHTHALMIC COMPLICATIONS
DELETE	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH
DELETE	743.31	CONGENITAL CAPSULAR & SUBCAPSULAR CATARACT
DELETE	743.32	CONGENITAL CORTICAL & ZONULAR CATARACT
DELETE	743.33	CONGENITAL NUCLEAR CATARACT
DELETE	743.34	TOTAL & SUBTOTAL CATARACT-CONGENITAL

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: CATARACT
Treatment: EXTRACTION OF CATARACT
Line: 414 (CONT'D)

DELETE	743.35	CONGENITAL APHAKIA
DELETE	743.36	ANOMALIES OF LENS SHAPE
DELETE	743.37	CONGENITAL ECTOPIC LENS
DELETE	743.39	OTH CONGENITAL CATARACT & LENS ANOMALIES

Note: Change title to "CATARACT, EXCLUDING CONGENITAL."

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 440

DELETE	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP/DEVICE/DORSAL SLIT; NEWBORN

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 455

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 456

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER

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

ADD	D2391	Resin based composite restoration, one surface, posterior
ADD	D2392	Resin based composite restoration, two surfaces, posterior
ADD	D2393	Resin based composite restoration, three surfaces, posterior
ADD	D2394	Resin based composite restoration, four or more surfaces, posterior

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Diagnosis: PHIMOSIS
Treatment: SURGICAL TREATMENT
Line: 551

ADD	54150	CIRCUMCISION, USING CLAMP/OTHER DEVICE; NEWBORN

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: PHIMOSIS
Treatment: SURGICAL TREATMENT
Line: 551 (CONT'D)

ADD	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP/DEVICE/DORSAL SLIT; NEWBORN

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 572

ADD	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
DELETE	26055	TENDON SHEATH INCISION

Diagnosis: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
Line: 588

DELETE	26055	TENDON SHEATH INCISION

Diagnosis: SYNOVITIS AND TENOSYNOVITIS
Treatment: MEDICAL THERAPY
Line: 646

ADD	26055	TENDON SHEATH INCISION

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY
Line: 688

ADD	454.8	VARICOSE VEINS OF THE LOWER EXTREMITIES, WITH OTHER COMPLICATIONS
DELETE	459.11	POSTPHLEBETIC SYNDROME WITH ULCER
DELETE	459.12	POSTPHLEBETIC SYNDROME WITH INFLAMMATION
DELETE	459.13	POSTPHLEBETIC SYNDROME WITH ULCER AND INFLAMMATION
DELETE	459.31	CHRONIC VENOUS HYPERTENSION WITH ULCER
DELETE	459.32	CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION
DELETE	459.33	CHRONIC VENOUS HYPERTENSION W/ ULCER & INFLAMMATN

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note)
Treatment: ELECTIVE DENTAL SERVICES
Line: 700

DELETE	D2391	Resin based composite restoration, one surface, posterior
DELETE	D2392	Resin based composite restoration, three surfaces, posterior
DELETE	D2393	Resin based composite restoration, two surfaces, posterior

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004. (Cont'd)

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note)
Treatment: ELECTIVE DENTAL SERVICES
Line: 700 (CONT'D)

DELETE	D2394	Resin based composite restoration, four or more surfaces, posterior

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Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 719

DELETE	21742	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; MINIMAL INVASIVE APPROACH, W/O THORACOSCOPY
DELETE	21743	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; MINIMAL INVASIVE APPROACH, W/THORACOSCOPY

ATTACHMENT B

OVERVIEW OF THE OREGON HEALTH SERVICES COMMISSION'S PRIORITIZATION PROCESS

Placement of a New ICD-9-CM Code

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

Placement of a New CPT-4 Code

Use the criteria described in Figure 2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If not, use the process described in Figure 1 to determine where the pairing should be placed. This will be done as an interim modification effective April 1.

Placement of a Previously Non-paired CPT-4 Code

Use the criteria described in Figure 2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If not, use the process described in Figure 1 to determine where the pairing should be placed. This will be done as an interim modification unless a significant fiscal impact results.

Deletion of an Existing CPT-4 Code

Use the criteria described in Figure 2 to determine whether the use of the procedure is experimental or if evidence dictates that the code should be removed for a line or the list in general. This can be done as either be done as an interim modification or, if public or provider input is desired, as a biennial review change.

Movement of an Existing Line Item

This can only be done during the biennial review process. Use the process described in Figure 1 to determine new placement.

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

This can be done either during the biennial review process or as an interim modification if there is no significant fiscal impact. Use the process described in Figure 1 to determine placement.

Creation of a New Guideline

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

Revision of an Existing Guideline

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

FIGURE 1
DETERMINING PLACEMENT OF NEW OR REPRIORITIZED SERVICES

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

1) Ability of Treatment to Prevent Death

Where d>0 use the following formula as an initial attempt at ranking:
$r_d = -4.452*d + 366.7$ where
r_d = the results of the ranking using the prevention of death
d = 100*[(probability of death w/o treatment) - (probability of death w/tx)]
Note: when d>82, ranking should be in top 25

2) Lifetime Cost of Treatment Per Patient (in case of ties under #1)

Where d=0, use the following formula as an initial attempt at ranking:
$r_c = 0.01308*c + 471.2$ where
r_c = the results of the ranking using cost
c = lifetime cost of treatment for average patient using cost cohorts
Note: when c>$32,500, ranking should be in bottom 25

3) Adjustment According to Public Values (if #1 and #2 do not result in appropriate ranking).

After identifying first appropriate category, skip to #4.

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

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

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

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

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

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

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

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

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

Early Treatment Prevents Serious Complications/Future Costs (move up 50 percentile points if *d*>0 and 25 percentile points if *d*=0 from the ranking determined by #1 and #2)

e.g. depression, glaucoma

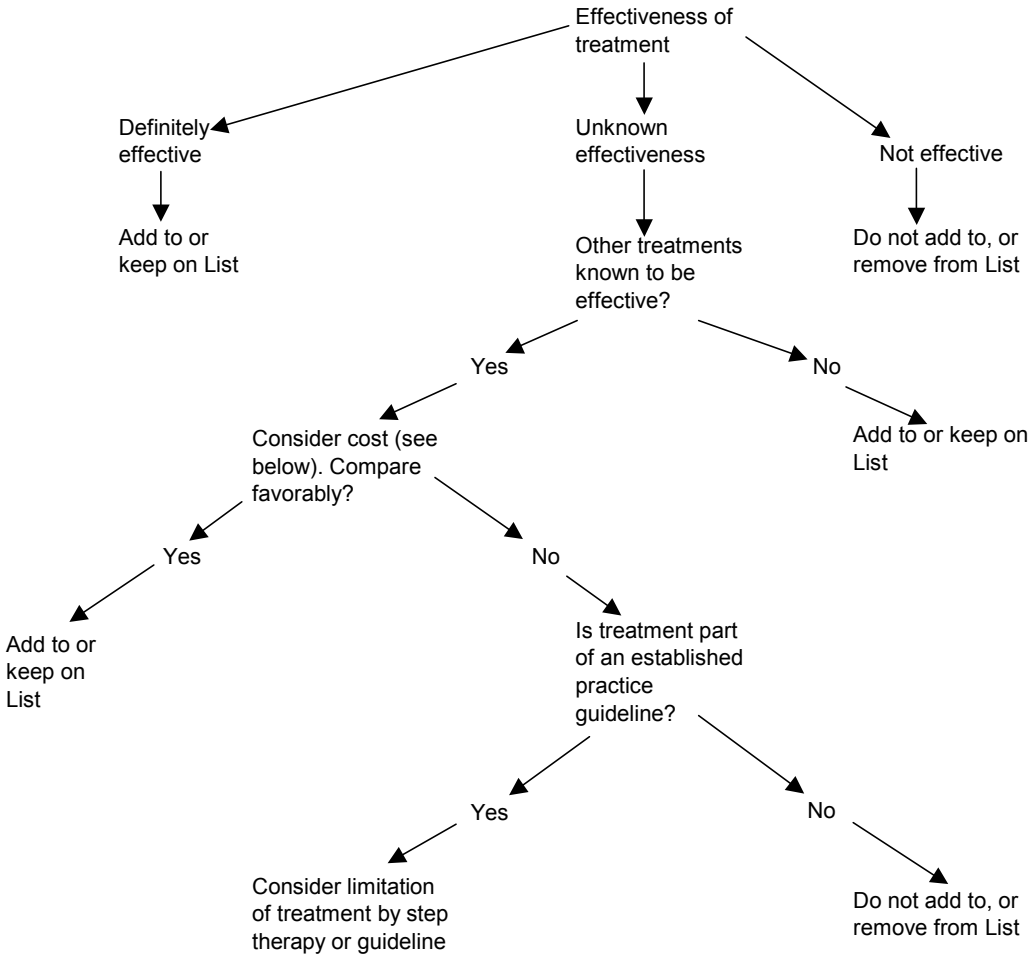
4) Place Within Range of 5 Percentile Points from #1-#3 Based On Similarity of Organ System, Etiology, and/or Treatment Outcomes (congruency)

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

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

FIGURE 2
PROCESS FOR INCORPORATING EVIDENCE-BASED HEALTH TECHNOLOGY ASSESSMENT AND COST-EFFECTIVENESS INTO THE PRIORITIZED LIST

- The HSC will examine pooled data from one of the recognized sources/websites (see Attachment 1)
- Exceptions may be made for rare diseases
- The HSC will consider new sources/websites as they are identified
- Evidence regarding the effectiveness of a treatment will be used according to the following algorithm:



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

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

ATTACHMENT 1
SOURCES OF INFORMATION FOR EVIDENCE-BASED HEALTH TECHNOLOGY ASSESSMENT

Sources of evidence must have the following characteristics:

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

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

First Priority

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

Other Sites Which May Be Considered

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

MINUTES
HEALTH SERVICES COMMISSION
Conference Call
November 3, 2004

Members Present: By phone - Eric Walsh, MD, Chair; Andrew Glass, MD; Somnath Saha, MD; Dan Williams (left the line at 3:05 pm and returned at 3:24 pm); Bryan Sohl, MD; Ellen Lowe (arrived on the line at 2:15 pm); In person - Donalda Dodson, RN, MPH; Kathy Savicki, LCSW (departed at 3:35 pm).

Members Absent: Daniel Mangum, DO; Susan McGough.

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

Also Attending: In person - Tom Turek, MD, Chris Barber, RN, Office of Medical Assistance Programs (OMAP); Mary Lou Hazelwood, Hazelwood Consultants and Department of Justice (DOJ); Bruce Goldberg, MD, Oregon Health Policy and Research (OHPR); By phone - Stephanie Davis, Ed Fischer, Mercer Government Human Services Consulting (Mercer); Kevin Geurtsen, ASA.

I. Call to Order

Dr. Eric Walsh, Chair**,** called the meeting of the Health Services Commission (HSC) to order at 2:04 p.m. via a teleconference initiated by Darren Coffman from conference room 500A in the Public Services Building, 255 Capitol Street NE, Salem, Oregon. Mr. Coffman also called roll and noted attendance.

II. Purpose of Meeting

Mr. Coffman informed the Commission that this teleconference will focus solely on a discussion of the technical and summary report's on the cost benchmark study in an effort to finalize them.

III. Approval of September 23, 2004 Minutes

The Health Services Commission minutes of September 23, 2004 were reviewed. The following changes were suggested:

- Page 10, 3rd paragraph, 3rd sentence, the word "He" should be replaced with *Dr. Walsh*
  Check on the best practices list on page 9 (the list is different than the list in the AAC minutes, which varies from the one in the report)

MOTION: Accept the minutes with the recommended changes. MOTION CARRIES: 7-0.

IV. Summary Report on the Cost Benchmark Study

Mr. Coffman led the HSC through a draft of the Summary Report on the Cost Benchmark Study dated October 29, 2004. In addition to minor spelling and grammatical changes, the following suggestions were made by section:

Preface

- Summary Report section, second sentence. Delete "rate setting" leaving "does not assume a level of familiarity with actuarial concepts."

Executive Summary

- Page v, figure. Remove the dollar amounts and replace with percentages. Also, create another bar representing the percentage of cost for which reimbursement would be equal across all service categories. Make the same changes to Figure 4.4 in Chapter 4.

Chapter 2 - The Dynamic Healthcare Market

- Page 4, Figure 2.2. Mr. Coffman noted that the numbers specific to OHP are to be plugged in. In addition to the percentage of total expenditures represented by each service category, the HSC would also like the corresponding per member per month (PMPM) amount listed to show the magnitude in dollars.
- Page 4, Figure 2.3. Add bar representing profit margin for physician services equal to 2.5%.
- Page 4, second sentence. Change to "weighted average profits" and add footnote to refer the reader to page 13 of the technical report.

Chapter 3 - Methodology

- Page 8, item #5, 1st sentence. Change to "In the case of prescription drugs, limited cost data was available and current reimbursements were assumed to already be at or above cost based upon profit margins."

Chapter 4 - Results

- Page 9, third to last sentence. Change to "It is assumed that the State is already paying at or above cost for prescription drugs based upon the review of profit margins and without information to the contrary."
- Page 10, Figure 4.2. Change "Inpatient Hospital" to "Hospital". Also, remove dashed lines for "Prescription Drugs" and replace with "Data not available". Consider adding text in the body of the report indicating that this information would be provided as part of the contracts for use in future benchmark reports.

- Page 10, third paragraph. Move entire paragraph (along with Figure 4.3), with changes to introduction and transition to next paragraph as necessary, to the beginning of the chapter. Also, add an example of units of service taken from Figure 4.3.
- Page 11, Figure 4.3. Translate unit types such as "one per detail" into layman's terms.
- Page 11, third to last sentence. Change to "chemical dependency was particularly lacking good data."

Addendum - Special Note on Opportunities to Reduce Prescription Drug Costs

- Page A-1, second paragraph, second sentence. Replace "lack of cost information" with "limited cost information".
- Page A-1, second bullet. Reverse the order of the first two sentences in case the reader does not know what the 340b program is. Also, replace the "Steep discounts" with "Significant discounts" in what will now be the first sentence. Mr. Coffman indicated that all savings listed in the bullet points of the addendum will be identified as applying only to the FFS Drug Program.

General Comments

- Change "cost benchmark" to "unit cost benchmark" where appropriate throughout the report.
- Committee requested that staff look into the ability to print the graphs in color.

Mr. Coffman will distribute the Summary Report electronically to the HSC for a final review after the changes discussed during this conference call are incorporated. A short timeline will be given so that the report can be printed and distributed as soon as possible.

V. Technical Report on the Cost Benchmark Study

Stephanie Davis pointed out the major changes made to the technical report since the September HSC meeting, resulting in a draft dated October 14, 2004. The same changes suggested for the Summary Report are to also be made to the Technical Report, as appropriate. In the case of the figure displaying OHP expenditures by service category, this figure will be in addition to one showing total statewide expenditures (the Summary Report will only contain a figure on OHP spending). The categories will be made as similar as possible across to two figures. Once staff has confirmed that the necessary changes have been made, this report will be considered finalized.

VI. Other Business

Ellen Lowe gave a brief report on the state of the upcoming legislature.

VII. Public Comment

No public comment was given.

VIII. Adjournment

Mr. Coffman informed the HSC that Friday, December 10, 2004 there will be a Health Outcomes Subcommittee Meeting from 8:00 am – 1:00 pm (with a working lunch from 12:30 pm-1:00pm) and the Health Services Commission will meet from 1:00 pm – 3:30 pm. Both meetings will be held in conference room 117A of the Meridian Park Hospital Community Health Education Center, 19300 SW 65th Avenue, Tualatin, Oregon. Dr. Walsh adjourned the meeting of the Health Services Commission at 3:50pm.

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Eric Walsh, MD, Chair

MINUTES
HEALTH SERVICES COMMISSION
December 10, 2004

Members Present: Daniel Mangum, DO, Chair Pro Tempore; Somnath Saha, MD; Donalda Dodson, RN, MPH; Susan McGough; Dan Williams; Ellen Lowe; Kathy Savicki, LCSW; Bryan Sohl, MD (via teleconference).

Members Absent: Eric Walsh, MD; Andrew Glass, MD.

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

Also Attending: Bruce Goldberg, MD, Oregon Health Policy & Research (OHPR); Tina Kitchin, MD, Seniors & People with Disabilities Programs (SPDP); Gregg Burks, Mid Valley Speech & Hearing Center; Robert Buckendorf, PhD, CCC and John McCulley, Oregon Speech Language Hearing Association; Brian Rogers, Donna Graville, PhD, CCC, Steve Gorsek, MA, CCC/SLP, Marti Cooksey, MPA, Andrew Morris and Jane Duck, RN, BSN, Child Development & Rehabilitation Center (CDRC)/OHSU and Doernbecher Children's Hospital; Kristi Schaefer, RB, MB CBIS-CE, NeuroNet, Frank Wong, MD, Legacy Health System; Micah Thorp, DO, MPH and Blaise Scollard, PsyD, CCC, Kaiser Permanente; Robert Love, OTR/L, Occupational Therapy Association of Oregon; John Tracy, PhD, MPH, Salem Hospital.

I. Call to Order

Dr. Daniel Mangum, Chair Pro Tempore, called the Health Services Commission (HSC) meeting to order at 1:07 p.m. in room 117A of the Meridian Park Hospital Community Health Education Center, 19300 SW 65th Avenue, Tualatin, Oregon. Darren Coffman called roll.

II. Chair's Report

As Chair Pro Tempore, Dr. Mangum did not have anything to report.

III. Approval of Minutes

MOTION: Approve the HSC Minutes from the October 4, 2004 conference call as written. MOTION CARRIES: 8-0.

IV. OHP Update

Dr. Bruce Goldberg provided a brief update of the Governor Kulongoski's budget with respect to the Oregon Health Plan (OHP). The coverage of children and pregnant women up to 185% of the poverty level has been preserved. The State is no longer funding OHP Standard because it is funded through provider taxes and at this time will continue to be funded in this manner. There was an inability to find funds for some in-home long term care services. In addition, caps were put on the numbers of people who could receive long-term care services, which will show a decrease in enrollment in the Oregon Health Plan. Also, there were cuts made to dental and vision services for the adult population on OHP Plus.

Dr. Goldberg explained that the Governor's budget involved making a lot of difficult choices. On the positive side, the State revenues are growing and are predicted to increase by three or four percent over the next biennium. However, on the negative side, there are increasing caseloads and health care costs, which are projected to increase 12% a year.

Lastly, the Governor put together a small group to review and discuss the OHP. The group found that the major problem with the OHP was that the state's revenues are not keeping up with the expenditures. It is unlikely that revenue can be increased to fill this major gap. Therefore, for OHP long-term sustainability, the expenditures have to be controlled. In the near future, workgroups will be looking at administrative inefficiencies and where the dollars can be saved in contracting and enrollment, as well as how to control the cost of health care.

On a more positive side, Dr. Goldberg thanked the HSC and the HSC Actuarial Advisory Committee for all their work on the SFY 2006-07 Benchmark Rate Study for the OHP. Dr. Goldberg related that the completed benchmark report has been well received. He said he thought people appreciate the work that was done and that the information reflects well on the HSC.

V. Public Testimony on Therapy Guidelines

Dr. Alison Little provided a brief introduction on the therapy guidelines recently adopted by the HSC. She reported that last June 2004, the HSC had agreed to attach guidelines to three therapies: occupational, physical and speech. The guidelines became effective October 1, 2004. There have been some concerns on the way the guidelines are structured and the following testimony was heard with regards to speech therapy.

John McCulley, Executive Director for the Oregon Speech Language Hearing Association, thanked the HSC for taking the time for receiving testimony. He took the responsibility for being unaware of the development of the therapy guidelines until after

they became effective. He wished he could have offered professional expertise prior to HSC adopting the guidelines. Mr. McCulley said he understood the need for the guidelines. However, he wanted to make sure that with the development and the implementation of the guidelines there is clinical soundness involved with the use of outcome data.

Dr. Robert Buckendorf, Speech Pathologist, reported that his specialty is working with developmentally disabled children. Rehabilitation is important to these children not only for communicating, eating, and swallowing, but socially as well. Young children require a range of visits depending on their specific needs so that they may achieve a satisfactory functional level. With no two children alike, one child may only require a few visits where another child may need many visits. Dr. Buckendorf asked the HSC to look at providing speech rehabilitation visits for children under the age of three.

Dr. Frank Wong, physiatrist with Legacy Health System, is concerned with the reduction of physical therapy and occupational therapy services. He stated that the State may see some short-term financial savings, but over the long-term the State may see a financial burden. Dr. Wong referred the HSC to two articles by Mark J. Ashley, MS, CCC-SLP, CCM, and et.al. The first article dealt with justification of post-acute traumatic brain injury rehabilitation and the other article was a cost/benefit analysis of those services. Furthermore, Dr. Wong related a case history of a patient who sustained brain and spinal cord injuries in 1990. There was a study done for the insurance companies to compare costs of taking care of this patient without rehabilitation and another with rehabilitation, both over a 35-year period. The conclusion was that there are substantial cost savings, over a period of time, if rehabilitation is provided. Dr. Wong thanked the HSC for hearing testimony and would like the opportunity to bring more data in favor of rehabilitation to the next HSC meeting in January.

Dr. Alison Little clarified that the limits to acute rehab therapy apply only after therapy is initiated. For example, if and when the person is ready to receive therapy then that is when the limits go into effect and they only apply to outpatient services. If the person is an inpatient in a hospital or a dedicated rehab facility, the limits do not apply.

Dr. Dan Mangum stated he would like to see randomized controlled trials instead of case studies brought to the HSC. He related the HSC uses evidenced-based data in the decision making process.

Dr. Micah Thorp, a nephrologist at Kaiser Permanente, related a personal incident. Approximately a year ago, his wife had a large cerebellar and brainstem stroke. After spending almost four months in the hospital, with half the time being in intensive care, Mrs. Thorp suffered from impaired vision and was unable to eat, talk or move. The prognosis was that she would be confined to a nursing facility for the remainder of her life. However, Dr. Thorp stated he and his family were fortunate that his insurance provided rehabilitation therapies to aid in Mrs. Thorp's recovery. Furthermore, he felt

that her time in the rehab institute combined with outpatient therapy has been beneficial and positive. Mrs. Thorp was able to return home, has the ability to eat, talk and interact with others and now is beginning to play a part in caring for herself. Dr. Thorpe said he felt that there would be a negative impact on the quality of life if rehabilitation benefits were drastically reduced. He further stated that he provided much of the financial means for his wife's care since she returned home. With access to rehab therapy he has seen marked functional improvements in his wife. With each improvement he also has seen a reduction of costs because Mrs. Thorp no longer needs 24-hour nursing care, or much of the medical equipment or supplies that were necessary prior to her rehabilitation therapy visits. Dr. Thorp believes a reduction in rehab therapies would have a major negative financial impact not only for the families that need rehab therapy, but for the Oregon Health Plan as well.

Dr. Blaise Scollard, from Kaiser Permanente Speech Pathology, explained that Kaiser has chosen to invest in rehab treatment for children with swallowing disorders from 0-3 years as well as 4-5 years of age. It has been seen that if the child does not receive rehab treatment during their developmental stages they become traumatized into their adolescent years. Over the long haul, early rehabilitation intervention appears to be more beneficial and provides cost-savings. Dr. Scollard also is involved with rehabilitation in nursing homes. He mentioned the three-month treatment that is provided in nursing homes is in preparation for the patient being admitted into the Rehabilitation Institute of Oregon (RIO). RIO is a comprehensive inpatient rehabilitation program which provides coordinated and integrated medical and rehabilitation services 24 hours a day for adults ages 18 years and older. Dr. Scollard related a case study of a female patient that had received an operation to remove a brain tumor. She had lost the ability to speak and swallow. After the operation she went through an 8-month therapy program and has since regained those abilities. He believed with the initial severity of her disability, three months would not have been enough therapy time.

Gregg Burks, from the Mid Valley Speech & Hearing Center reported that he works with the K-12 public schools and he is advocating for therapy for children from 0-8 years of age. He said he believed it was very important to front-load services and to provide more therapy sessions to these children prior to them attending public school. Many problems would be resolved for these children. He mentioned that he has seen children in public schools that had not received therapy prior to their elementary school experience, and these children need treatment well past the fifth grade. Many times the children attend a limited session once per week with four or five children receiving therapy simultaneously. Mr. Burks asked that the limitations for rehab therapy not be so severe. He stated he believed early intervention in a clinical setting maximizes the therapists' efforts and is much more beneficial to the children in need of rehabilitation therapy.

Donalda Dodson asked if there was a standard of therapy care for children 0-3 years.

The question was answered that most children under two years of age actually receive evaluations instead of direct therapy. The therapy sessions are used for the parents to learn how to deal with and engage their disabled child. Many times it takes more than 12-25 visits, because it is not just speech that is being worked on but communication skills as well. Communication includes reciprocity, prelinguistic abilities, and the ability for a child to attend and be with the parent. A normal infant has developed reciprocity or prelinguistic abilities by the age of six months. Disabled children, autistic children and children with special needs do not have that sense of engagement. In most cases, clinicians are unable to do their work within three or six-month period. The treatment is ongoing, firstly providing the parents the tools they need to assist in the development of their child and secondly in the rehab therapy the child receives. The best outcomes are when the parents are able to assist in the engagement process.

Dr. Som Saha stated that the 3-8 year old children appear to receive more therapy sessions in the recommendations that are being provided than any other age. He asked the therapists what they thought would be considered an adequate number of treatment visits.

The reply was that dysphagia should not be included in the guideline. Also, it was advised that instead of establishing limits, ranges of visits should be used. Some children do not need more than 20 visits, and other children need much more. Using ranges instead of the numbers would provide the clinician with an opportunity to negotiate by showing the need for more visits based on the many variables.

In order to understand and connect the testimony given with the work that the HSC has done, Dan Williams asked Dr. Little if the HSC had overlooked something or was it just a difference of opinion.

Dr. Little reported with regards to dysphagia, the HSC was not specific about whether or not it should be included in the guidelines. Dr. Little agreed with the therapists that dysphasia should not be in the guidelines and that limits should not apply because the consequences of not treating dysphagia are pretty severe. She thought therapy for dysphagia did not experience the same abuse, as did therapy for speech.

Dr. Mangum explained to the therapists that limitations have been applied because there is no money available. His concern is with the ranges. Everything that the HSC looks at is in terms of evidence-based medicine. He thanked the therapists for their testimonials and anticdotal stories, however he would like to see more hard data.

Dr. Little explained that the data that the HSC had looked at dealt with inpatient therapy. She said she was unable to find much on outpatient therapy and the HSC would welcome hard data in this area.

There was some discussion regarding difference between acute therapy and chronic therapy. Since nothing was decided, Dr. Mangum invited the therapists to the next HSC

meeting. Dr. Mangum requested that they bring not only hard data but also explanations regarding the ranges of impairment and severity, suggestions on implementation and measures of determining patient success.

Dr. Tina Kitchin brought up the subject of guidelines for school base therapy. There was a brief discussion. The HSC informed Dr. Kitchin that any decision dealing with school base therapy services is not within the HSC's charge. Any decisions or guidelines need to be made by the department that has that responsibility.

VI. Director's Report

Darren Coffman reported the SFY 2006-07 Benchmark Rate Study for the OHP was completed and distributed to legislators, the Department of Human Services (DHS) and the CEOs of the managed care plans. Both the technical and summary reports may be found on the HSC website.

Mr. Coffman further informed the HSC that the subcommittees would no longer have minutes transcribed and prepared. From this point forward, the recorded tapes will now be the official minutes for all subcommittees. However the HOSC will continue to receive written highlights from each meeting. Mr. Coffman instructed that the subcommittees would need to be cognizant of what is being said and how it is recorded because the tapes will be relied on more heavily.

Mr. Coffman reported the Health Resources Commission (HRC) is now looking at health technology assessments.

The next focus for the HSC is the 05-07 Biennial Report on the Prioritized List of Health Services. Mr. Coffman said he was looking at February for publishing and distribution.

VII. Medical Director's Report

Dr. Alison Little had nothing to report.

Note: Kathy Savicki asked the commission for permission to leave due to another meeting she needed to attend. It was noted that there was still a quorum without her vote. She left at 2:45 pm.

VIII. Report from the Mental Health Care and Chemical Dependency (MHCD) Subcommittee

Donalda Dodson informed the HSC that the MHCD Subcommittee generated the list of changes involving mental health codes that the HSC will be reviewing today. At the

next meeting of the MHCD Subcommittee they will be looking at the integration of mental health within the primary care setting.

IX. Report from Health Outcomes Subcommittee (HOSC)

A. Coding Issues - New CPT/HCPCS Codes

Dr. Mangum informed the HSC that he, Dr. Little, and Mr. Coffman had met the week before to review the codes prior to submitting them to the HOSC. The codes that needed more discussion were pulled out so that the HOSC could focus on them. Many of the codes represent new techniques and/or technologies. In many cases there is little evidence to show an advantage over the current standards of care. The HOSC came to a general decision that the codes would not be added to the List unless there was evidence that these services were more effective than the current standard of care or as effective but less costly. Codes will be placed on the Non-OHP (never covered) List until the HOSC hears compelling evidence to do otherwise from providers or others.

Upon review, it is being recommended to add the following codes to the Non-OHP List:

43257 – Upper gastrointestinal endoscopy with delivery of thermal energy to the muscle of the lower esophageal sphincter
S2348 – Decompression procedure, percutaneous of nucleus pulposus of intervertebral, using radio frequency energy, single or multiple levels, lumbar
91040 – Esophageal balloon distention provocation study
91120 – Rectal sensation, tone and compliance test
93890 – Transcranial Doppler IC arteries, vasoreactivity study
93892 and **93893 –** Transcranial Doppler IC arteries, emboli detection with/without microbubble
95928 and **95929** – Central motor evoked potential, upper/lower limbs
S2082 and **S2083** – Laparascopic gastric restrictive procedure with adjustable gastric band
94452 – High altitude simulation test (HAST), with physician interpretation and report
94453 – High altitude simulation test (HAST), with physician interpretation and report, with supplemental oxygen titration
91037 and **91038** – GERD test, with intraluminal impedance electrode

The following codes were reviewed and added to the Non-OHP List. However, they shall be revisited at the next meeting when Dr. Little will provide additional research.

31620 – Endobronchial ultrasound
45391 – Colonoscopy with ultrasound
45392 – Colonoscopy with ultrasound and biopsy
92620 and **92621** – Evaluation of central auditory function
92625 – Assessment of tinnitus

93745 – Set/up programming of wearable cardioverter-defibrillator
63295 – Osteoplastic reconstruction of dorsal spine elements
19296 and **19298** – Brachytherapy for breast cancer

The following codes are being added to the Diagnostic List of codes:

11100 and **11101** – Biopsy of skin, subQ tissue or mucous membrane
91034 – Esophageal acid reflux test with nasal catheter pH electrode(s) placement
91035 – Esophageal acid reflux test with mucosal attached telemetry pH electrode placement

The following codes are being added to the Ancillary List of codes:

90465, 90466, 90467 and **90468 –** Immunization administration under 8 years of age when physician counsels patient
90656 – Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above

The set of coding changes to the Prioritized List being recommended by the HOSC appears in Attachment A.

It was brought to the HSC's attention by one of the speech therapists that ICD-9-CM code 307.0, Stuttering, does not pair with the CPT codes 92507-92508 for speech therapy. Upon investigation code 307.0 was found to be on Line 268. After some discussion, the HSC decided to move code 307.0 to Line 456, NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS. The CPT codes 92507-92508 already appear on this line.

B. Composite fillings for posterior teeth & repeat root canals

Dr. Mangum and Dr. Little reported that Dr. Steven Duffin from Capitol Dental Care gave testimony in the morning's HOSC meeting. Dr. Duffin had testified that there was near consensus among DCOs that composite fillings for posterior teeth should be available, but be reimbursed at the amalgam rate. Dr. Duffin also requested that additional language be added to the OMAP rule that there must be an expectation that the restoration last at least five years.

Dr. Duffin reported that there is a higher failure rate for repeat root canals in posterior teeth than there is in anterior teeth. In posterior teeth, the tooth becomes more fragile, and requires a crown; as only stainless steel crowns are covered for posterior teeth, many clinicians won't place them, thus leading to the high failure rate of the repeat root canal. The consensus among DCOs is that retreatment of anterior teeth should be covered only if it is the same dentist providing the treatment, or if it has been at least a year since the first root canal. Dr. Duffin recommended that these services not be covered for posterior or bicuspid teeth.

MOTION: To adopt 1) the placement of codes as describe in Attachment A; 2) the designation of other codes reviewed as being placed on the Non-OHP Diagnostic and Ancillary Lines as discussed, and: 3) the movement of code 307.0 (Stuttering) from Line 268 to Line 456; 3) the acceptance of Dr Duffin's recommendations for the dental lines; and 4) movement of repeat root canals for posterior and bicuspid teeth (D3347-D3348) from Line 507 to Line 560. MOTION CARRIES: 7-0, Ayes: Dodson, Lowe, Mangum, McGough, Saha, Sohl, Williams. Excused: Savicki.

C. Medical Director Issues

GERD

Dr. Mangum informed the HSC that gastrointestinal esophageal reflux disease (GERD) is a significant concern of the OHP Medical Directors. It is an extremely costly problem and many people being treated for GERD have a benign condition, such as mild heartburn. This problem could receive prolonged treatment, unnecessary investigation by endoscopy, or perhaps even surgery. However, Dr. Mangum stated that the HOSC was not clear on what the intent of the Medical Directors was; therefore, the HOSC is requesting more direction from them.

Sleep Apnea

Dr. Mangum reported that the Medical Directors felt that the criterion for C-PAP was too liberal. However upon review of the available clinical evidence and the fact that C-PAP data shows a prevention of motor vehicle accidents and related deaths, the HOSC recommended no change in criteria.

With regards to surgery and oral devices the HOSC recommended developing a guideline, where patients need to fail trials of C-PAP and oral appliances (mandibular advancement devices) before surgery is approved.

Cochlear Implants

Since there was a question of how to define severity of deafness, Dr. Little will contact OHSU to find out what their criteria are for implantation, and receive their opinion regarding a possible adoption of the Medicare criteria for the placement of cochlear implants.

Spinal Guideline

The recommendation was to move the neurogenic claudication to the spinal stenosis guideline in order to prevent some unnecessary back surgeries. See Attachment B for the adopted changes to the spinal guideline.

MOTION: To accept the Health Outcomes Subcommittee's recommendations as discussed for Sleep Apnea and the Spinal Guideline. MOTION CARRIES: 6-0, Ayes: Dodson, Lowe, Mangum, McGough, Saha, Sohl. Excused: Savicki, Williams.

Transplant Algorithm

Dr. Mangum stated that the HOSC reviewed the transplant algorithm again. It was noted at the May meeting that metastatic testicular cancer does not satisfy the criteria for coverage. Stage 4 disease treated with traditional chemotherapy universally is fatal, yet with bone marrow transplant there is some success. However, when the HOSC looked at the transplant algorithm, there were not 50 randomized cases for metastatic testicular cancer. Dr. Mangum said the HOSC attempted to rework the algorithm to account for this shortcoming, however the HOSC has not finalized changes to the algorithm at this time. They will bring the HSC a revision once it is formulated.

Erythropoietin

Dr. Mangum reported that representatives from Amgen gave testimony. They requested several changes to the guideline including incorporating the words "with or without dialysis".

The Subcommittee used a guideline developed by OSU, which included use in HIV as well as oncology and renal failure, and made modifications.

1. Indicated for anemia (Hgb < 10 gm/dl or HCT <30%) induced by cancer chemotherapy, in the setting of myelodysplasia, or chronic renal failure, with or without dialysis.

    a. Endogenous erythropoietin levels of < 200 IU/L are required for treatment.

    b. Reassessment should be made between 4-8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

2. Indicated for anemia (Hgb < 10 gm/dl or HCT <30%) associated with HIV/AIDS.

    a. An endogenous erythropoietin < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200mg/week.

    b. Reassessment should be made after 8 weeks. Continuation for another 12 weeks is warranted if there is an increase in Hgb $\geq$ 1.0 gm/dL.

MOTION: To adopt the guideline with revisions as stated above. MOTION CARRIES: 7-0, Ayes: Dodson, Lowe, Mangum, McGough, Saha, Sohl, Williams. Excused: Savicki.

Hematologic Growth Factors and Colony Stimulating Factors

No changes or additions were made after a discussion by the Subcommittee.

Breast Reconstruction

Dr. Mangum related that the HSC had made a decision in a prior meeting that no time limit was to be applied for undergoing breast reconstruction after a mastectomy for breast cancer. However, it was never specified in the Prioritized List. Dr. Bryan Sohl was concerned that reconstruction only applies to cancer and not to situations including trauma.

MOTION: Establish a limit of up to 5 years to receive breast reconstruction after mastectomy for breast cancer. MOTION CARRIES: 7-0, Ayes: Dodson, Lowe, Mangum, McGough, Saha, Sohl, Williams. Excused: Savicki.

Mini-transplant

Dr. Mangum reminded the HSC, that they had reviewed the bone marrow mini-transplant for advanced cancers at an earlier meeting. Again the decision that the HSC made never made it on the Prioritized List. Therefore Dr. Mangum asked the HSC to approve the proposed guideline excluding mini-transplants from coverage.

MOTION: Approve a guideline that bone marrow mini-transplants not be covered. MOTION CARRIES: 7-0, Ayes: Dodson, Lowe, Mangum, McGough, Saha, Sohl, Williams. Excused: Savicki.

X. Methodology for Modifying the Prioritized List

Mr. Coffman briefly explained that developing a methodology for modifying the Prioritized List is an ongoing process. Mr. Coffman suggested this discussion could be continued at the next HSC meeting.

XI. Other Business

Dr. Sohl brought up the issue of covering EPO for Jehovah's Witnesses who have caesareans or other surgeries where there is a great blood loss. Dr. Mangum related that since blood transfusions are not option for religious reasons, surgeons might be using EPO to boost the blood levels. The question is whether there should be coverage when the Jehovah's Witness does not meet the established criteria. Covering it would be an accommodation of a religious preference. Mr. Coffman mentioned that perhaps it could be considered an ancillary service or that an OMAP rule could be added just to

deal with this issue. After some discussion, Dr. Mangum suggested that the HSC revisit this issue in a future meeting.

XII. Public Comment

No public comment was offered at this time.

XIII. Adjournment

Dr. Mangum adjourned the meeting of the Health Services Commission at 3:46 pm. The next meeting will be held January 27, 2004, in Room 111 of the Clackamas Community College, Wilsonville Training Center, 29353 Town Center Loop East, Wilsonville, Oregon.

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Daniel Mangum, DO, Chair Pro Tempore

ATTACHMENT A

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004.

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

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION

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

ADD	32019	INDWELLING TUNNELED PLEURAL CATHETER INSERT W/CUFF

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

ADD	34803	REPAIR, ENDOVASC, INFRARENAL ABDOM AORTIC ANEURYSM/DISSECT; MODULAR BIFURCATED PROSTH (2 DOCK LIMB)

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

ADD	34803	REPAIR, ENDOVASC, INFRARENAL ABDOM AORTIC ANEURYSM/DISSECT; MODULAR BIFURCATED PROSTH (2 DOCK LIMB)
DELETE	35161	
DELETE	35162	

Diagnosis: ACUTE PYELONEPHRITIS, RENAL AND PERINEPHRIC ABSCESS
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 28

ADD	50391	THERAPEUTIC AGENT INSTILLATION INTO RENAL PELVIS/URETER THRU NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY

Diagnosis: ACUTE OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 35

ADD	11752	EXCISION, NAIL/NAIL MATRIX, PERMANENT REMOVAL; W/AMPUTATION, DISTAL PHALANX
ADD	23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)
ADD	23920	DISARTICULATION, SHOULDER
ADD	23921	DISARTICULATION, SHOULDER; SECONDARY CLOSURE/SCAR REVISION
ADD	24900	AMPUTATION, ARM THROUGH HUMERUS; W/PRIMARY CLOSURE
ADD	24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)
ADD	24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE/SCAR REVISION

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

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

ADD	24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION
ADD	25900	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA
ADD	25905	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA; OPEN, CIRCULAR (GUILLOTINE)
ADD	25907	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA; SECONDARY CLOSURE/SCAR REVISION
ADD	25909	AMPUTATION, FOREARM, THROUGH RADIUS & ULNA; RE-AMPUTATION
ADD	25920	DISARTICULATION THROUGH WRIST
ADD	25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE/SCAR REVISION
ADD	25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION
ADD	25927	TRANSMETACARPAL AMPUTATION
ADD	25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE/SCAR REVISION
ADD	25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION
ADD	26910	AMPUTATION, METACARPAL, W/FINGER/THUMB, SINGLE, W/WO INTEROSSEOUS TRANSFER
ADD	26951	AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY JNT/PHALANX, SINGLE, W/NEURECTOMIES; W/DIRECT CLOSURE
ADD	26952	AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY JNT/PHALANX, SINGLE, W/NEURECTOMIES; W/ADVANCE
ADD	27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)
ADD	27295	DISARTICULATION, HIP
ADD	27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;
ADD	27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE W/1ST CAST
ADD	27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)
ADD	27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE/SCAR REVISION
ADD	27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION
ADD	27598	DISARTICULATION AT KNEE
ADD	27880	AMPUTATION, LEG, THROUGH TIBIA & FIBULA;
ADD	27881	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; W/IMMEDIATE FITTING W/1ST CAST
ADD	27882	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; OPEN, CIRCULAR (GUILLOTINE)
ADD	27884	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; SECONDARY CLOSURE/SCAR REVISION
ADD	27886	AMPUTATION, LEG, THROUGH TIBIA & FIBULA; RE-AMPUTATION
ADD	27888	AMPUTATION, ANKLE-MALLEOLI, TIBIA/FIBULA, W/PLASTIC CLOSURE & NERVE RESECTION
ADD	27889	ANKLE DISARTICULATION

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 40

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

Diagnosis: BURN, PARTIAL THICKNESS WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 42

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

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

ADD	97001	PHYSICAL THERAPY EVAL
ADD	97002	PHYSICAL THERAPY RE-EVAL
ADD	97003	OCCUPATIONAL THERAPY EVAL
ADD	97004	OCCUPATIONAL THERAPY RE-EVAL
ADD	97012	APPLICATION, MODALITY TO 1+ AREAS; TRACTION, MECH
ADD	97014	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (UNATTENDED)
ADD	97022	APPLICATION, MODALITY TO 1+ AREAS; WHIRLPOOL
ADD	97032	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MIN
ADD	97110	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES
ADD	97112	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; NEUROMUSCULAR REEDUCATION

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY
Line: 75 (CONT'D)

ADD	97113	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; AQUATIC THERAPY W/EXERCISES
ADD	97116	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; GAIT TRAINING (W/STAIR CLIMBING)
ADD	97124	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; MASSAGE
ADD	97140	MANUAL THERAPY TECHNIQUES, 1+ REGIONS, EACH 15 MIN
ADD	97150	THERAPEUTIC PROC(S), GROUP, (2+ INDIVIDUALS)

Diagnosis: RUMINATION DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 92

ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention services, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health srvcs, per diem

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Diagnosis: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
Line: 107

ADD	47143	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/O TRISEGMENT/LOBE SPLIT
ADD	47144	BACKBENCH PREP CADAVER WHOLE LIVER GRAFT; W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD	47145	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD	47146	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD	47147	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

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

ADD	50323	BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP
ADD	50325	BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP (OPEN/LAPAROSCOPIC)
ADD	50327	BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA
ADD	50328	BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,
ADD	50329	BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

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Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME HEPATIC VEIN THROMBOSIS;INTRAHEPATIC VASCULAR MALFORMATIONS; POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S DISEASE
Treatment: LIVER TRANSPLANT
Line: 110

ADD	47143	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/O TRISEGMENT/LOBE SPLIT
ADD	47144	BACKBENCH PREP CADAVER WHOLE LIVER GRAFT; W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD	47145	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD	47146	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD	47147	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA
ADD	50323	BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP
ADD	50325	BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP (OPEN/LAPAROSCOPIC)
ADD	50327	BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA
ADD	50328	BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,
ADD	50329	BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

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Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
Line: 128

ADD	44715	BCKBNCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT PREP W/MOBILE/SUP MESENTERIC ARTERY/VEIN SHAPE
ADD	44720	BACKBENCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT RECONSTRUCT; VENOUS ANAST, EA
ADD	44721	BACKBENCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT RECONSTRUCT; ARTERY ANAST, EA
ADD	47143	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/O TRISEGMENT/LOBE SPLIT
ADD	47144	BACKBENCH PREP CADAVER WHOLE LIVER GRAFT; W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD	47145	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD	47146	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD	47147	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE
Treatment: MEDICAL THERAPY
Line: 144

DELETE	H2013	Psychiatric health facility service, per diem

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 145

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 146

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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

ADD	11008	REMOVAL PROSTHETIC MATERIAL/MESH, ABD WALL NECRO TISS INFEXN
ADD	33244	REMOVAL, SINGLE/DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE(S);
ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	44137	COMPLETE TRANSPLANTED INTESTINAL ALLOGRAFT REMOVAL

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS,
Treatment: CARDIAC TRANSPLANT
Line: 157

ADD	33944	BACKBENCH PREPARATION CADAVER HEART W/ALLOGRAFT DISSECT

Diagnosis: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 162

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: MAJOR DEPRESSION, RECURRENT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 163

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: BIPOLAR DISORDERS			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 164			
	ADD	H0032	Mental health service plan development by non-physician
	ADD	H0038	Self help/peer services, per 15 min
	ADD	H0039	Assertive community treatment, per 15 min
	ADD	H2011	Crisis intervention service, per 15 min
	ADD	H2012	Behavioral health day treatment, per hour
	ADD	H2014	Skills training and development
	ADD	H2021	Community based wraparound services, per 15 min
	ADD	H2022	Community based wraparound services, per diem
	ADD	H2023	Supported employment, per 15 min
	ADD	H2027	Psychoeducational service, per 15 min
	ADD	H2032	Activity therapy, per 15 min
	ADD	S9125	Respite care services, in the home, per diem
	ADD	S9480	Intensive outpatient psychiatric services, per
	DELETE	S9485	Crisis intervention, mental health services, per diem
	ADD	T1023	Screening for services
Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE			
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY			
Line: 165			
	ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
	ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
	ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
	ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
	ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
	ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION
Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE			
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS			
Line: 166			
	ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS			
Treatment: MEDICAL THERAPY			
Line: 170			
	DELETE	97780	
	DELETE	97781	

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS
Treatment: MEDICAL THERAPY
Line: 170 (CONT'D)

ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: EMPYEMA AND ABSCESS OF LUNG
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 172

ADD	32019	INDWELLING TUNNELED PLEURAL CATHETER INSERT W/CUFF

Diagnosis: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 178

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG.
Treatment: LIVER TRANSPLANT
Line: 179

ADD	47143	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/O TRISEGMENT/LOBE SPLIT
ADD	47144	BACKBENCH PREP CADAVER WHOLE LIVER GRAFT; W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD	47145	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD	47146	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD	47147	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

Diagnosis: TOBACCO DEPENDENCE
Treatment: MEDICAL THERAPY/BREIF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
Line: 185

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: TOBACCO DEPENDENCE
Treatment: MEDICAL THERAPY/BREIF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
Line: 185 (CONT'D)

ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 187

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: MAJOR DEPRESSION, SINGLE EPISODE OR MILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 188

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health svcs, per diem
ADD	T1023	Screening for services

Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 189

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 189 (CONT'D)

ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 190

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 195

ADD	58956	BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 199

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 199 (CONT'D)

ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 219

ADD	754.89	OTH SPEC NONTERATOGENIC ANOMALIES
ADD	787.2	DYSPHAGIA

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL(See Guideline Notes 2,3 and 12)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION (See Coding Specification Below)
Line: 228

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

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 229

ADD	58956	BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 232

ADD	58956	BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 233

ADD	58956	BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 235

DELETE	50978	

Diagnosis: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 244

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 245

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 245 (CONT'D)

ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES
Treatment: THROMBOENDARTERECTOMY
Line: 248

ADD	37215	PER-Q TRANSCATHETER PLACEMENT, CERVICAL CAROTID ARTERY STENT INSERT; W/DISTAL PROTECT
ADD	37216	PER-Q TRANSCATHETER PLACEMENT, CERVICAL CAROTID ARTERY STENT INSERT; WO/DISTAL PROTECT
DELETE	S2211	Transcatheter placement of intravascular stent, carotid artery, percutaneous

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Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 249

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 250

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION

Diagnosis: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY
Line: 263

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment: COMFORT CARE
Line: 265

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 266

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health svcs, per diem
ADD	T1023	Screening for services

Diagnosis: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 267

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health svcs, per diem
ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: TOURRETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 268

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 274

ADD	58956	BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS,
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 275

ADD	31636	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; W/BRONCHIAL STENT INSERT W/TRACH/BRONCH DILATE,
ADD	31637	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; EA ADDNL BRONCH STENT
ADD	31638	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; W/REVISION TRACH/BRONCH STENT W/TRACH/BRONCH

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 278

ADD	50391	THERAPEUTIC AGENT INSTILLATION INTO RENAL PELVIS/URETER THRU NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: STROKE
Treatment: MEDICAL THERAPY
Line: 287

ADD	61793	STEREOTACTIC RADIOSURGERY, 1+ SESSIONS

Diagnosis: POST TRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 304

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: OBSESSIVE COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 305

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health svcs, per diem
ADD	T1023	Screening for services

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 327

ADD	63050	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 327 (CONT'D)

ADD	63051	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESS, 2/> VERTEBRAL SEGMENTS W/POST BONE RECONSTRUCT

Diagnosis: NEUROLOGIC DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 336

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER
ADD	718.40	CONTRACTURE OF JOINT-SITE UNS
ADD	718.41	CONTRACTURE OF JOINT-SHOULDER
ADD	718.42	CONTRACTURE OF JOINT-UPPER ARM
ADD	718.43	CONTRACTURE OF JOINT-FOREARM
ADD	718.44	CONTRACTURE OF JOINT-HAND
ADD	718.45	CONTRACTURE OF JOINT-PELVIC
ADD	718.46	CONTRACTURE OF JOINT-LOWER LEG
ADD	718.47	CONTRACTURE OF JOINT-ANKLE & FOOT
ADD	718.48	CONTRACTURE OF JOINT-OTH SPEC SITES
ADD	754.89	OTH SPEC NONTERATOGENIC ANOMALIES
ADD	97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAIN, EACH 15

Diagnosis: PANIC DISORDER, AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 340

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health svcs, per diem
ADD	T1023	Screening for services

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC
Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY
Line: 346

ADD	31545	DIR LARYNGOSCOPE, W/NON-NEOPLASTIC VOCAL CORD LESION REMOVAL, SUBMUCOUS; LOC FLAP RECONSTRUCT

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC
Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY
Line: 346 (CONT'D)

ADD	31546	DIR LARYNGOSCOPE, W/NON-NEOPLASTIC VOCAL CORD LESION REMOVAL, SUBMUCOUS, W/AUTOGRAFT RECONSTRUCT
ADD	31636	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; W/BRONCHIAL STENT INSERT W/TRACH/BRONCH DILATE,
ADD	31637	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; EA ADDNL BRONCH STENT
ADD	31638	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; W/REVISION TRACH/BRONCH STENT W/TRACH/BRONCH

Diagnosis: DYSTONIA (UNCONTROLLABLE)
Treatment: MEDICAL THERAPY
Line: 347

DELETE	333.99	OTH EXTRAPYRAMIDAL DZ-ABNORMAL MOVEMENT DISORDER

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 355

ADD	11005	DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS INFEXN; ABD WALL, W/WO FASCIAL CLOSE
ADD	11006	DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS INFEXN; GENITAL/PERIN/ABD WALL, W/WO FASCIAL CLOSE

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
Line: 362

DELETE	35161	
DELETE	35162	

Diagnosis: URINARY TRACT CALCULUS
Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY
Line: 364

DELETE	50978	

Diagnosis: CALCULUS OF BLADDER OR KIDNEY
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY
Line: 367

ADD	50395	INTRODUCTION, GUIDE INTO RENAL PELVIS &/OR URETER W/DILATION, FOR NEPHROSTOMY TRACT, PERCUTANEOUS

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 369

DELETE	50959	

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 371

DELETE	35582	

Diagnosis: CONDUCT DISORDER, AGE 18 AND UNDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 376

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: OVER-ANXIOUS DISORDER, GENERALIZED ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 377

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health svcs, per diem
ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: BULEMIA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 378

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR
Line: 380

ADD	23040	ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION, DRAINAGE/REMOVAL, FB
ADD	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JNT, W/EXPLORE/DRAIN/REMOVAL, FB
ADD	25101	ARTHROTOMY, WRIST JOINT; W/JOINT EXPLORATION, W/WO BX, W/WO REMOVAL LOOSE/FB
ADD	26080	ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB; INTERPHALANGEAL JOINT, EACH
ADD	28022	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; METATARSOPHALANGEAL JOINT
ADD	28024	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; INTERPHALANGEAL JOINT

Diagnosis: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY
Line: 381

ADD	97001	PHYSICAL THERAPY EVAL
ADD	97002	PHYSICAL THERAPY RE-EVAL
ADD	97003	OCCUPATIONAL THERAPY EVAL
ADD	97004	OCCUPATIONAL THERAPY RE-EVAL
ADD	97012	APPLICATION, MODALITY TO 1+ AREAS; TRACTION, MECHANICAL
ADD	97014	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (UNATTENDED)
ADD	97022	APPLICATION, MODALITY TO 1+ AREAS; WHIRLPOOL
ADD	97032	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MIN

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY
Line: 381 (CONT'D)

ADD	97110	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES
ADD	97112	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; NEUROMUSCULAR REEDUCATION
ADD	97113	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; AQUATIC THERAPY W/EXERCISES
ADD	97116	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; GAIT TRAINING (W/STAIR CLIMBING)
ADD	97124	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; MASSAGE
ADD	97140	MANUAL THERAPY TECHNIQUES, 1+ REGIONS, EACH 15 MIN
ADD	97150	THERAPEUTIC PROC(S), GROUP, (2+ INDIVIDUALS)

Diagnosis: PARANOID DELUSIONAL DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 392

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: PRIMARY AND OPEN ANGLE GLAUCOMA
Treatment: TRABECULECTOMY, CYCLOCRYOTHERAPY, LASER
Line: 411

ADD	66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC

Diagnosis: DYSTHYMIA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 425

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: DYSTHYMIA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 425 (CONT'D)

ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 426

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 427

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: IDENTITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 428

ADD	H0032	Mental health service plan development by non-physician
ADD	H0037	Community psychiatric supportive treatment, per
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 429

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 433

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 433 (CONT'D)

ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: FUNCTIONAL ENCOPRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 434

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE, ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 435

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITIONS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 436

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY
Line: 439

ADD	50391	THERAPEUTIC AGENT INSTILLATION INTO RENAL PELVIS/URETER THRU NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC
Treatment: HEART-LUNG AND LUNG TRANSPLANT
Line: 442

ADD	32855	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; UNILAT
ADD	32856	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; BILAT
ADD	33933	BACKBENCH PREP CADAVER HEART/LUNG, W/ALLOGRAFT DISSECT;

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY
Treatment: HEART-LUNG AND LUNG TRANSPLANT
Line: 443

ADD	32855	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; UNILAT
ADD	32856	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; BILAT
ADD	33933	BACKBENCH PREP CADAVER HEART/LUNG, W/ALLOGRAFT DISSECT;

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
Line: 444

ADD	48551	BACKBENCH PREP CADAVER DONOR PANCREAS ALLOGRAFT, W/ALLOGRAFT DISSECT FROM TISS
ADD	48552	BACKBENCH CADAVER DONOR PANCREAS ALLOGRAFT RECONSTRUCT, VENOUS ANASTOMOSIS, EA
ADD	50323	BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP
ADD	50325	BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP (OPEN/LAPAROSCOPIC)
ADD	50327	BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA
ADD	50328	BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,
ADD	50329	BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

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Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 455

ADD	754.89	OTH SPEC NONTERATOGENIC ANOMALIES
ADD	97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAIN, EACH 15

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 456

ADD	754.89	OTH SPEC NONTERATOGENIC ANOMALIES

Diagnosis: EATING DISORDERS NOS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 462

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: EATING DISORDERS NOS			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 462 (CONT'D)			
	DELETE	S9485	Crisis intervention, mental health services, per diem
	ADD	T1023	Screening for services
Diagnosis: DISSOCIATIVE DISORDERS			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 463			
	ADD	H0032	Mental health service plan development by non-physician
	ADD	H0038	Self help/peer services, per 15 min
	ADD	H0039	Assertive community treatment, per 15 min
	ADD	H2011	Crisis intervention service, per 15 min
	ADD	H2012	Behavioral health day treatment, per hour
	ADD	H2013	Psychiatric health facility service, per diem
	ADD	H2014	Skills training and development
	ADD	H2021	Community based wraparound services, per 15 min
	ADD	H2022	Community based wraparound services, per diem
	ADD	H2023	Supported employment, per 15 min
	ADD	H2027	Psychoeducational service, per 15 min
	ADD	H2032	Activity therapy, per 15 min
	ADD	S9125	Respite care services, in the home, per diem
	ADD	S9480	Intensive outpatient psychiatric services, per
	DELETE	S9485	Crisis intervention, mental health services, per diem
	ADD	T1023	Screening for services
Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS, INCLUDING DEMENTIAS			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 464			
	ADD	H0032	Mental health service plan development by non-physician
	ADD	H0038	Self help/peer services, per 15 min
	ADD	H0039	Assertive community treatment, per 15 min
	ADD	H2011	Crisis intervention service, per 15 min
	ADD	H2012	Behavioral health day treatment, per hour
	ADD	H2014	Skills training and development
	ADD	H2021	Community based wraparound services, per 15 min
	ADD	H2022	Community based wraparound services, per diem
	ADD	H2023	Supported employment, per 15 min
	ADD	H2027	Psychoeducational service, per 15 min
	ADD	H2032	Activity therapy, per 15 min
	ADD	S9125	Respite care services, in the home, per diem
	DELETE	S9485	Crisis intervention, mental health services, per diem
	ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: MENSTRUAL BLEEDING DISORDERS
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 467

ADD	58356	ENDOMETRIAL CRYOABLATION W/US, W/ENDOMETRIAL CURETTAGE, WHEN PERFORMED

Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 473

ADD	66820	DISCISSION, SECONDARY MEMBRANOUS CATARACT; STAB INCISION (ZIEGLER/WHEELER KNIFE)
ADD	66821	DISCISSION, SECONDARY MEMBRANOUS CATARACT; LASER (1+ STAGES)
ADD	66825	REPOSITIONING, INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEP PROC)
ADD	66830	REMOVAL, SECONDARY MEMBRANOUS CATARACT W/CORNEO-SCLERAL SECTION, W/WO IRIDECTOMY
ADD	66840	REMOVAL, LENS MATERIAL; ASPIRATION TECHNIQUE, 1+ STAGES
ADD	66850	REMOVAL, LENS MATERIAL; PHACOFRAGMENTATION, W/ASPIRATION
ADD	66852	REMOVAL, LENS MATERIAL; PARS PLANA APPROACH, W/WO VITRECTOMY
ADD	66920	REMOVAL, LENS MATERIAL; INTRACAPSULAR
ADD	66930	REMOVAL, LENS MATERIAL; INTRACAPSULAR, DISLOCATED LENS
ADD	66940	REMOVAL, LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
ADD	66982	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS PROSTHESIS (1 STAGE), COMPLEX
ADD	66983	INTRACAPSULAR CATARACT EXTRACTION W/INSERTION, LENS PROSTHESIS (1 STAGE)
ADD	66984	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS PROSTHESIS (1 STAGE)
ADD	66985	INSERTION, INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) (NO CONCURRENT CATARACT REMOVAL)
ADD	66986	EXCHANGE, INTRAOCULAR LENS

Diagnosis: STEREOTYPIC HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGIC DYSFUNCTION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 478

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: STEREOTYPIC HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGIC DYSFUNCTION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 478 (CONT'D)

ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 502

ADD	48145	PANCREATECTOMY, DISTAL SUBTOTAL, W/WO SPLENECTOMY; W/PANCREATICOJEJUNOSTOMY
ADD	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W/PRESERVATION, DUODENUM (CHILD-TYPE PROC)
ADD	48148	EXCISION, AMPULLA, VATER
ADD	48150	PANCREATECTOMY (WHIPPLE); W/PANCREATOJEJUNOSTOMY
ADD	48152	PANCREATECTOMY (WHIPPLE); W/O PANCREATOJEJUNOSTOMY
ADD	48153	PANCREATECTOMY (PYLORUS SPARING, WHIPPLE); W/PANCREATOJEJUNOSTOMY
ADD	48154	PANCREATECTOMY (PYLORUS SPARING, WHIPPLE); W/O PANCREATOJEJUNOSTOMY
ADD	48155	PANCREATECTOMY, TOTAL

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

DELETE	D3347	Retreatment of previous root canal therapy - bicuspid
DELETE	D3348	Retreatment of previous root canal therapy - molar

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Diagnosis: SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, PREMENSTRUAL TENSION SYNDROME
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 514

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2021	Community based wraparound services, per 15 min

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, PREMENSTRUAL TENSION SYNDROME
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 514 (CONT'D)

ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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

DELETE	718.41	CONTRACTURE OF JOINT-SHOULDER

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

DELETE	718.46	CONTRACTURE OF JOINT-LOWER LEG

Diagnosis: UTERINE PROLAPSE; CYSTOCELE
Treatment: SURGICAL REPAIR
Line: 521

ADD	57267	MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT REPAIR, EA SITE, VAGINAL APPROACH
ADD	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 526

ADD	11004	DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS INFEXN; GENITALIA/PERIN

Diagnosis: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 529

ADD	57267	MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT REPAIR, EA SITE, VAGINAL APPROACH
ADD	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: SIMPLE AND SOCIAL PHOBIAS			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 535			
	ADD	H0032	Mental health service plan development by non-physician
	ADD	H0038	Self help/peer services, per 15 min
	ADD	H2011	Crisis intervention service, per 15 min
	ADD	H2012	Behavioral health day treatment, per hour
	ADD	H2014	Skills training and development
	ADD	H2021	Community based wraparound services, per 15 min
	ADD	H2022	Community based wraparound services, per diem
	ADD	H2023	Supported employment, per 15 min
	ADD	H2027	Psychoeducational service, per 15 min
	ADD	H2032	Activity therapy, per 15 min
	DELETE	S9485	Crisis intervention, mental health services, per diem
	ADD	T1023	Screening for services
Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS			
Treatment: HEMORRHOIDECTOMY/ INCISION			
Line: 542			
	ADD	46947	HEMORRHOIDOPEXY (PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING
Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)			
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS			
Line: 560			
	ADD	D3347	Retreatment of previous root canal therapy - bicuspid
	ADD	D3348	Retreatment of previous root canal therapy - molar
Diagnosis: IMPULSE DISORDERS			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 561			
	ADD	H0032	Mental health service plan development by non-physician
	ADD	H0038	Self help/peer services, per 15 min
	ADD	H0039	Assertive community treatment, per 15 min
	ADD	H2011	Crisis intervention service, per 15 min
	ADD	H2013	Psychiatric health facility service, per diem
	ADD	H2014	Skills training and development
	ADD	H2021	Community based wraparound services, per 15 min
	ADD	H2022	Community based wraparound services, per diem
	ADD	H2023	Supported employment, per 15 min
	ADD	H2027	Psychoeducational service, per 15 min
	ADD	H2032	Activity therapy, per 15 min
	ADD	S9125	Respite care services, in the home, per diem
	DELETE	S9485	Crisis intervention, mental health srvcs, per diem
	ADD	T1023	Screening for services

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: SEXUAL DYSFUNCTION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 563

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 572

DELETE	718.42	CONTRACTURE OF JOINT-UPPER ARM
DELETE	718.43	CONTRACTURE OF JOINT-FOREARM
DELETE	718.44	CONTRACTURE OF JOINT-HAND
DELETE	718.45	CONTRACTURE OF JOINT-PELVIC
DELETE	718.46	CONTRACTURE OF JOINT-LOWER LEG

Diagnosis: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
Line: 573

DELETE	718.47	CONTRACTURE OF JOINT-ANKLE & FOOT

Diagnosis: INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE
Treatment: REPAIR, MEDICAL THERAPY
Line: 584

DELETE	718.48	CONTRACTURE OF JOINT-OTH SPEC SITES

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 594

DELETE	64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONT CATHETER INFUSN W/DAILY MGMT, ANESTH ADMIN
DELETE	64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
DELETE	64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONT CATHETER INFUSION W/DAILY MGMT, ANESTH ADMIN

Diagnosis: FEMALE INFERTILITY, MALE INFERTILITY
Treatment: ARTIFICIAL INSEMINATION, MEDICAL THERAPY
Line: 596

DELETE	52347	

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS
Treatment: LIVER TRANSPLANT
Line: 601

ADD	47143	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/O TRISEGMENT/LOBE SPLIT
ADD	47144	BACKBENCH PREP CADAVER WHOLE LIVER GRAFT; W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD	47145	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD	47146	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD	47147	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

Diagnosis: FACTITIOUS DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 608

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: HYPOCHONDRIASIS, SOMATOFORM DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 609

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 610

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: CONVERSION DISORDER, ADULT			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 610 (CONT'D)			
	ADD	H2023	Supported employment, per 15 min
	ADD	H2027	Psychoeducational service, per 15 min
	ADD	H2032	Activity therapy, per 15 min
	DELETE	S9485	Crisis intervention, mental health services, per diem
	ADD	T1023	Screening for services
Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT			
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY			
Line: 611			
	ADD	63050	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS
	ADD	63051	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESS, 2/> VERTEBRAL SEGMENTS W/POST BONE RECONSTRUCT
Diagnosis: PICA			
Treatment: MEDICAL/PSYCHOTHERAPY			
Line: 627			
	ADD	H0032	Mental health service plan development by non-physician
	DELETE	S9485	Crisis intervention, mental health services, per diem
	ADD	T1023	Screening for services
Diagnosis: INFERTILITY DUE TO TUBAL DISEASE			
Treatment: MICROSURGERY			
Line: 636			
	ADD	52402	CYSTOURETHROSCOPY W/TRANSURETHRAL RESECTION/INCISION EJACULATORY DUCTS
Diagnosis: MORBID OBESITY			
Treatment: GASTROPLASTY			
Line: 640			
	ADD	43644	LAPAROSCOPIC GASTRIC RESTRICTIVE PX, W/GASTRIC BYPASS/ ROUX-EN-Y, < 150CM
	ADD	43645	LAPAROSCOPIC GASTRIC RESTRICTIVE PX, W/GASTRIC BYPASS/ ROUX-EN-Y/SMALL INTESTINE RECONSTRUCT
	ADD	43845	GASTRIC RESTRICTIVE PX, W PART GASTRECTOMY/DUODENOILEOSTOMY/ILEOILEOSTOMY 50-100CM COMMON CHANNEL
	DELETE	S2085	Laparscopy, surgical, gastric restrictive procedure; with gastric bypass, with short limb roux-en-y gastroenterostomy

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

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

DELETE	718.46	CONTRACTURE OF JOINT-LOWER LEG

Diagnosis: PROLAPSED URETHRAL MUCOSA
Treatment: SURGICAL TREATMENT
Line: 655

ADD	57267	MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT REPAIR, EA SITE, VAGINAL APPROACH

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTISOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 657

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS, OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 658

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 679

DELETE	11100	BX, SKIN, SUBQ/MUCOUS MEMBRANE; SINGLE LESION

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 679 (CONT'D)

DELETE	11101	BX, SKIN, SUBQ/MUCOUS MEMBRANE (SEP PROC); ADD'L LESION

Diagnosis: UNCOMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY/ MEDICAL THERAPY
Line: 680

ADD	46947	HEMORRHOIDOPEXY (PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY
Line: 688

ADD	36475	PER-Q ENDOVENOUS RF ABLATE, INCOMPETENT EXTREMITY VEIN, W/S&I/MONITOR; 1ST VEIN
ADD	36476	PER-Q ENDOVEN RF ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS
ADD	36478	PER-Q ENDOVENOUS LASER ABLATE, INCOMPETENT EXTREMITY VEIN, W/S&I/MONITOR; 1ST VEIN
ADD	36479	PER-Q ENDOVEN LASER ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS

Diagnosis: ANTISOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 701

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 719

DELETE	718.40	CONTRACTURE OF JOINT-SITE UNS

Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on December 10, 2004. (Cont'd)

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 724

	ADD	T1023	Screening for services

ATTACHMENT B

PROPOSED REVISION TO SPINE LINES

GUIDELINE NOTE 8, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

On Line 143

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

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

Covered diagnoses:

344.6	Cauda equina syndrome
~~721.1~~	~~Cervical spondylosis with myelopathy~~
~~721.4~~	~~Thorasic or lumbar spondylosis with myelopathy~~
~~721.91~~	~~Spondylosis of unspecified site with myelopathy~~
722.0-722.2	Displacement of cervical, thorasic, lumbar or unspecified site intervertebral disc without myelopathy
722.7	Intervertebral disc disorder with myelopathy
723.4	Brachial neuritis or radiculitis
724.4	Thorasic or lumbosacral neuritis or radiculitis
742.59	Other specified anomalies of spinal cord (amyelia,atelomyelia,congenital anomalies of spinal meninges, defective development of cauda equina, hypoplasia of spinal cord, myelatelia, myelodysplasia)

GUIDELINE NOTE 17

On Line 327

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication, or objective evidence of neurologic impairment consistant with MRI findings(see guideline note 8).

721.1	Cervical spondylosis with myelopathy
721.4	Thorasic or lumbar spondylosis with myelopathy
721.91	Spondylosis of unspecified site with myelopathy
721.5-721.6	Kissing spine, ankylosing vertebral hyperostosis
723.0	Spinal stenosis, cervical
724.0	Spinal stenosis, other region
732.0	Juvenile osteochondrosis of spine
737.0-737.3	Kyphosis, lordosis and scoliosis
737.8-737.9	Other and unspecified curvatures of the spine
754.1-754.2	Congenital deformities of sternocleidomastoid muscle and spine
756.13-756.19	Anomalies of spine (congenital absence of vertebra, hemivertebra, congenital fusion of spine, klippel-feil syndrome, spina bifida occulta, other)
756.3	Other anomalies of ribs and sternum