

Minutes

HEALTH SERVICES COMMISSION

January 26, 2006

Members Present: Eric Walsh MD, Chair; Daniel Mangum, DO; Somnath Saha, MD, MPH; Kevin Olson, MD; Laurie Theodorou, LCSW (arrived at 12:20 pm); Bryan Sohl, MD; Susan McGough (via phone); Kathryn Weit; Leda Garside, RN, BSN, Dan Williams.

Staff Present: Darren Coffman; Alison Little, MD, MPH; Dorothy Allen.

Also Attending: Chris Barber and Kathy Kirk, Office of Medical Assistance Programs; Jeanene Smith, MD, MPH, Office of Health Policy & Research; Tina Kitchen, Dept. of Human Services; Laura Sisulak, Oregon Primary Care Association; Gayle Wong, Oregon Medical Insurance Pool.

During the Health Outcomes Subcommittee (HOSC) meeting, Ms. Erinn Kelley-Siel, Health and Human Services Policy Advisor, Governor's Office, conferenced in via telephone to address the full Health Services Commission (HSC). Ms. Kelley-Siel shared that the Governor is excited about the work this Commission is doing toward looking at re-prioritizing the list of health services to hopefully be able to extend coverage to more Oregonians. This work fits well with the Governor's agenda that all Oregonians have access to health care.

Dr. Walsh thanked her and asked her to tell the Governor that his letter will be an inspiration for the work the commission is doing and invited her to a future meeting.

I. Call to Order

Dr. Eric Walsh, Chair, called the HSC meeting to order at 12:10 PM in room 117B&C at Meridian Park Health Education Center at Meridian Park Hospital, Community Health Education Center, Room 117B & C, 19300 SW 65th Avenue, Tualatin, Oregon. Mr. Darren Coffman called the role.

II. Chair's Report

In response to hearing shared anxiety from Commissioner's and colleagues, Dr. Walsh presented an idea to use a super majority model in adopting any proposed changes to the Prioritized List of Health Services based on prevention and chronic disease management.

Using this concept, there would be a series of three major steps where at least an 80% majority of votes would be required to move through to the next stage. These three votes are anticipated to take place at: 1) today's meeting -- to vote on the reprioritization of the original seventeen categories of services, 2) the March meeting (since moved to

April 13, 2006) -- to approved any changes to the prioritization methodology, and 3) the July meeting -- to approve the final prioritized list for the 2007-09 biennium.

Dr. Kevin Olson commented that in order to present this concept to the legislature and citizens, it is important that we have a high consensus among the commissioners. All at the table expressed similar thoughts that the super majority idea seems like a reasonable approach.

Motion to use a super majority of 80% for approving major decisions related to the reprioritization of health services as part of the 2006 biennial review process.
MOTION CARRIES: 9:0.

III. Approval of Minutes (December 8, 2005)

Dr. Daniel Mangum asked to add "with RBRVS" to the last paragraph on page 3.

Motion: Accept the December 8, 2005 minutes with correction. MOTION CARRIES: 9:0

On the HOSC highlights, Dr Alison Little asked about the last meeting's decision regarding venous angioplasty. The Commissioners agreed with what is written.

IV. Director's Report

Mr. Coffman reported that last week, DHS re-released their Request for Proposals (RFP) for actuarial services related to the 2007-09 biennium. Our RFP is on hold until DHS hires an actuary. There is a potential that two large actuarial firms will be unavailable for our work, if DHS engages the a second firm in their current RFP, since PwC would still be under contract to make rate revisions for the 2005-07 biennium.

Mr. Coffman congratulated Leda Garside on her recent Oregon Health Forum award.

V. Medical Director's Report

Dr. Alison Little reported that we have received about a dozen responses from the providers we sent the biennial review letter to and that most seemed supportive of the reprioritization concept.

VI. Report from the MHCD Subcommittee

Mr. Coffman reported that the subcommittee had an extended meeting held last Wednesday, January 18, 2006. Mr. Coffman reviewed for the Commissioner's the subcommittee's recommendations to add codes in order to accurately describe mental health diagnoses in early childhood. These recommendations are shown in Attachment A and affect the lines for Major Depression (Single Episode or Mild), Attention Deficit

Disorder with Hyperactivity, Adjustment Disorders, Oppositional Defiant Disorder and Posttraumatic Stress Disorder.

Motion to accept the subcommittee's recommendations for list changes related to mental health diagnoses in early childhood as written: MOTION CARRIES: 9:0

Mr. Coffman indicated that the MHCD Subcommittee also reviewed, at the request of the HOSC, the placement of a number of new CPT and HCPCS codes.

Their recommendations to the HOSC are as follows:

- Replace all occurrences of CPT code 96100 (now invalid) with 96101 (Psych testing by psychologist/physician).
- Add 96118 (Neuropsych testing by psychologist/physician) to Line 455, Chronic Organic Mental Disorders Including Dementias.
- Do not add 96102 (Psych testing by qualified health care professional), 96103 (Psych testing by computer), 96116 (Neurobehavioral status exam by psychologist/ physician), 96119 (Neuropsych testing by qualified health care professional), or 96200 (Neuropsych testing by computer) to the List.
- Instead of adding new HCPCS G0110-G0116 to COPD line, consider adding 96150-96151 (Health and behavior assessment) and 96152-96155 (Health and behavior intervention) to selected chronic disease lines (in addition to COPD line).

Motion to accept the recommendations regarding the placement of new CPT and HCPCS codes for 2006 with the exception of adding 96150-96151 and 96152-96155: MOTION CARRIES: 9:0.

VII. Report from Health Outcomes Subcommittee

Dr. Daniel Mangum reviewed the recommendations of the Health Outcomes Subcommittee regarding changes to the Prioritized List to go into effect on April 1, 2006. The HOSC recommends the adoption of all changes listed in Attachment B, "Interim Modifications for Review on 1/26/06", with the exception of the addition of CPT codes 97012, 97014, 97112, 97113, 97124, 97140, and 97150 to line 314, DERMATOMYOSITIS/POLYMYOSITIS.

Dr. Mangum shared that the subcommittee reviewed a list of blood tests commonly billed under "line zero" as diagnostic services. The subcommittee recommends that OMAP not add the following new CPT codes to the list of reimbursable diagnostic services: 76376 & 76377 (3D rendering of imaging study), 83037 (glycosylated hemoglobin), 83631 (fecal lactoferrin), 83695 (lipoprotein a), 83700, 83701 & 83704 (blood lipoprotein), 83908, 83909, 83914, 86355, 88384, 88385 and 88386 and to pend 86200 until next meeting.

Motion to accept the subcommittee's recommendations as written: MOTION CARRIES: 9:0

The Subcommittee reviewed Essure's cost from last meeting and recommends adding the procedure.

Motion to accept the subcommittee's recommendations of covering Essure:
MOTION CARRIES: 9:0

The Subcommittee recommends covering Endovascular AAA repair.

Motion to accept the subcommittee's recommendations of covering Endovascular AAA repair: MOTION CARRIES: 9:0

Upon reviewing additional on Endocranial Angioplasty, the subcommittee recommends not covering this.

Today the subcommittee heard testimony from Kelly Wright, Amgen, regarding psoriasis, requesting moving this condition higher on the list. Current guidelines allow for several of the particulars Ms. Wright was advocating for, such as impairment for less than 20% when psoriasis covers the hands. The subcommittee would like to have physician give testimony before making any decisions.

The Genetic testing algorithm was reviewed with input from Kerry Silvey, a genetic counselor. Mr. Coffman and Dr. Little will work with Ms. Silvey to put together a task force to refine the algorithm.

Motion to accept the subcommittee's recommendations of covering Endovascular Grafts, pending Psoriasis action and refining the genetic testing algorithm: MOTION CARRIES: 9:0

VIII. OHP Update – Jeanene Smith

The Governor's office is working toward expanding health care in Oregon. As Ms. Erinn Kelley-Siel shared earlier, the Governor is very supportive of the work this Commission is undertaking.

A recent Oregon Health Policy & Research (OHPR) survey revealed that 50% of children who are eligible for the Oregon Health Plan are not enrolled. Some feedback received from the parents included some of the following reasons: administrative hassles; being required to be uninsured for six months and the six-month renewal process.

The Health Policy Commission, in addition to their on-going agenda, is examining the multiple health care reform efforts underway in Oregon. That Commission is organizing a meeting of the various staffs to the organizations and ballot initiative efforts as a forum to share ideas and objectives that will take place on February 16, 2006.

IX. Biennial Review of the Prioritized List

Dr. Somnath Saha shared with the commission his thoughts of chronicling the process and methods for reprioritizing health care in Oregon, which he is calling a Study of Ethnography. The proposal of the ethnography is to capture what we are attempting to do by keeping a record of how the Commission comes to decisions. This is useful from a health process prospective, allowing others to learn from this demonstration project. Dr. Saha explained the three components of his proposal are: the process; the Commission deliberations in concert with input from others; and the outcomes of the proposal.

Further, Dr. Saha proposed an evaluation plan of this health reform by collecting baseline information and involve the Oregon Health Research & Evaluation Collaborative (OHREC) and other who are qualified to do this research and apply for funding to complete study.

Dr. Smith added that OHPR currently has a grant for studying the impact of OHP2 and recommended those working on this as a good resource.

Dr Walsh thanked Dr. Saha for his thoughtful idea and work and encouraged others to be involved and gave examples of

Dr. Little offered preliminary response to the biennial letters sharing that roughly a dozen responses have been receive and only one had not been supportive. Another comment was that the original 17 categories may be obsolete suggesting they be reconsidered and another spoke treatment of infectious diseases as prevention.

Dr. Walsh commented how valuable outside input is in this process.

The Commissioners discussed the underlying principles of the Prioritized list and agreed to continue the discussion of examining this in detail in a smaller workgroup. Dr. Walsh will meet with Dr. Sohl, Dr. Saha, Dr. Little, Ms. Theodorou and Mr. Coffman in the coming weeks.

Mr. Coffman shared the results of the homework pointing out that four additional responses were received and how he came to the average ranking for each category. (See Attached)

X. Other Business

No other new business was brought forward at this time.

XI. Public Comment

No public comment was offered at this time.

XII. Adjournment

Dr. Walsh adjourned the meeting of the Health Services Commission at 3:30 p.m. The next meeting was scheduled for Thursday, March 23rd (*but it was subsequently changed to Thursday, April 13th*).

Eric Walsh, MD, Chair

ATTACHMENT A

Changes to the Prioritized List Recommended by the MHCD Subcommittee to Incorporate Mental Health Services for Children

Diagnosis: ~~MAJOR DEPRESSION, SINGLE EPISODE OR MILD~~ **DEPRESSION
AND OTHER MOOD DISORDERS, MILD OR MODERATE (See
Guideline Note No. xx)**

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.2,298.0,311, **296.90**

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

HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,
H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,
H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,
T1005,T1013,T1016,T1023

Line: 185

Guideline Note No.xx

- The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only when the following apply:
 - For children five years old and under.
 - In the presence of significant difficulty with emotional regulation that causes functional impairment.
- Use of 296.90 for children five years old and under is limited to pairings with the following procedure codes:
 - Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
 - Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
 - Individual Counseling and Therapy: 90810, 90812, H0004
 - Group therapy: 90853, 90857, H2032
 - Medication management: 90862
 - Case Management: 90882, T1016
 - Interpreter Service: T1013

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR
UNDIFFERENTIATED (**see Guideline Note No. xx**)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 314

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

HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,
H0037,H0038,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2027,
H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023

Line: 187

Guideline Note No. xx

- When using 314.9, Unspecified Hyperkinetic Syndrome, in children age 5 and under, it is appropriate only when the following apply:
 - Child does not meet the full criteria for the full diagnosis because of their age.
 - For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.
- For children age 3 and under, it is especially important that psychosocial interventions, including parent skills training and/or parent-child therapy, and environmental modifications, be tried prior to medication. For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.
- Use of 314.9 for children age five and younger is limited to pairings with the following procedure codes:
 - Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
 - Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
 - Group therapy: 90853, 90857, H2032
 - Medication management: 90862
 - Case Management: 90882, T1016
 - Interpreter Service: T1013

Diagnosis: ADJUSTMENT DISORDERS (See Guideline Note No. xx)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.0,309.1,309.23-309.29,309.3-309.4,309.82,309.83,**309.89**,309.9,**V61.20**,
V62.82

CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,
90887,96100,99201-99215,99241-99245,99271-99275

HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,
H0037,H0038,H0045,H2011,H2012,H2014,H2021,H2022,H2023,H2027,
H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023

Line: 263

Guideline Note No. xx

- *V61.20, Counseling for Parent-Child Problem, Unspecified, is only included in this line when identified as a secondary diagnosis with a primary diagnosis of ICD-9-CM 309.89, Other Specified Adjustment Reactions. The use of V61.20 must involve all of the following:*
 - Child must be five years of age or younger.
 - Clinically significant impact on the child.
 - Rating of 40 or below on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).
- V62.82, Bereavement, Uncomplicated, is only included in this line when identified as a secondary diagnosis with a primary diagnosis of ICD-9-CM 309.89, Other Specified Adjustment Reactions. The use of V62.82 is only appropriate when a child birth through five years old exhibits a change in functioning subsequent to the loss of a primary caregiver, exhibits at least three of the following eight symptoms AND symptoms are present for most of the day, for more days than not, for at least 2 weeks:
 - Crying, calling and/or searching for the absent primary caregiver;
 - Refusing attempts of others to provide comfort;
 - Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria;
 - Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood;
 - Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions;
 - Constricted range of affect not attributable to a mood disorder or PTSD;
 - Detachment, seeming indifference toward, or selective “forgetting” of the lost caregiver and/or of reminders of the lost caregiver;
 - Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver.
- Intervention should include persons significantly involved in the child’s care and include psychoeducation and developmentally specific guidance.

- V61.20 and V62.82, used as secondary diagnosis codes to 309.89, in children age five and younger are limited to pairings with the following procedure codes:
 - Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
 - Group therapy: 90853, 90857, H2032
 - Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005,
 - Case Management: 90882, T1016
 - Interpreter Service: T1013
 - For V62.82, Individual counseling and therapy: 90810, 90812
 - Medication management, 90862, is not indicated for these conditions in children age 5 and under.
- 309.89, Other Specified Adjustment Reactions, may be used in children age five and younger when the child demonstrates some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability / lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.
 - Cessation of the traumatic exposure must be the first priority.
 - Infants and toddlers may benefit from parental guidance regarding management of the child's symptoms, guidance around enhancing safety and stability in the child's environment, and therapeutic support for the parents.
- Use of 309.89 in children age 5 and under, without a secondary diagnosis of V61.20 or V62.82, is limited to pairings with the following procedure codes:
 - Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
 - Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
 - Individual counseling and therapy: 90810, 90812
 - Group therapy: 90853, 90857, H2032
 - Case Management: 90882, T1016
 - Interpreter Service: T1013
 - Medication management, 90862, is not indicated for these conditions in children age 5 and under.

Diagnosis: OPPOSITIONAL DEFIANT DISORDER (**See Guideline Note No. xx**)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.81, **312.9**

CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,
99241-99275

HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,
H0034,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2014,H2021,
H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023

Line: 264

Guideline Note No.xx

- The use of 312.9, Unspecified Disturbance of Conduct, is appropriate only for children five years old and under who display sustained patterns of disruptive behavior beyond what is developmentally appropriate.
 - Interventions should prioritize parent skills training in effective behavior management strategies or focus on other relational issues.
- Use of 312.9 is limited to pairings with the following procedure codes:
 - Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
 - Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
 - Individual Counseling and Therapy: 90810, 90812, 90814, H0004
 - Group therapy: 90853, 90857, H2032
 - Case Management: 90882, T1016
 - Interpreter Service: T1013
 - Medication management, 90862, is not indicated for these conditions in children age 5 and under.

Diagnosis: POSTTRAUMATIC STRESS DISORDER (**See Guideline Note No. xx**)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.81, ~~309.89~~, **995.52, 995.53, 995.54**

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

HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023

Line: 301

Guideline Note No. xx

- 995.52, Child Neglect (Nutritional), 995.53, Child Sexual Abuse, and 995.54, Child Physical Abuse, may be used in children age five and younger when there is evidence or suspicion of abuse or neglect. These codes are to be used when the focus of treatment is on the alleged child victim. This can include findings by child welfare of abuse or neglect; or statements of abuse or neglect by the child, the perpetrator, or a caregiver or collateral report. Although these diagnoses can be used preventively, i.e. for children who are not yet showing symptoms, presence of symptoms should be demonstrated for interventions beyond evaluation or a short-term child or family intervention.
- Use of 995.52-995.54 is limited to pairings with the following procedure codes:
 - Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
 - Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
 - Individual counseling and therapy: 90810, 90812
 - Group therapy: 90853, 90857, H2032
 - Case Management: 90882, T1016
 - Interpreter Service: T1013
 - Medication management, 90862, is not indicated for these conditions in children age 5 and under.

ATTACHMENT B

Interim Modifications for Review on 1/26/06

3) Non-pairings: discussion required

42200 Palatoplasty for cleft palate, soft and/or hard palate only

42215 Palatoplasty for cleft palate, major revision

42825 Tonsillectomy, primary or secondary; under age 12

42826 Tonsillectomy, primary or secondary; age 12 and over

Non-Pairing HSC Staff pair with 750.29

ADD 98 CONGENITAL ANOMALIES OF THE UPPER ALIMENTARY TRACT, EXCLUDING TONGUE

10) Inappropriate pairings: straightforward

748.3 Other anomalies of larynx

Error HSC Staff duplicate code; unnecessary on this line

DELETE 59 OTHER RESPIRATORY CONDITIONS FOR THE FETUS AND NEWBORN

DELETE 448 PARALYSIS OF VOCAL CORDS OR LARYNX, OTHER DISEASES OF LARYNX; ABSCESS, CELLULITIS AND LEUKOPLAKIA OF VOCAL CORDS

11) Non-pairings: straightforward

21244 Reconstruction of mandible, extraoral, with transosteal bone plate

24130 Excision, radial head

24140 Partial excision bone; humerus

Non-Pairing OMAP - MD pair with 733.81 malunion of fracture

ADD 507 MALUNION AND NON-UNION OF FRACTURE

- 22554 Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; cervical
- 22556 Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; thoracic
- 22558 Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; lumbar
- 22585 Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; each add'l interspace
- 22600 Arthrodesis, posterior or posteriolateral technique, single level; cervical below C2
- 22610 Arthrodesis, posterior or posteriolateral technique, single level; thoracic
- 22612 Arthrodesis, posterior or posteriolateral technique, single level; lumbar
- 22614 Arthrodesis, posterior or posteriolateral technique, single level; each add'l vertebral segment
- 22842 Posterior segmental instrumentation; 3 to 6 vertebral segments
- 22843 Posterior segmental instrumentation; 7 to 12 vertebral segments
- 22844 Posterior segmental instrumentation; 13 or more vertebral segments
- 22845 Anterior instrumentation; 2 to 3 vertebral segments
- 22846 Anterior instrumentation; 4 to 7 vertebral segments
- 22847 Anterior instrumentation; 8 or more vertebral segments
Non-Pairing HSC Staff pair with 730.28, unspec osteomyelitis
 ADD 208 CHRONIC OSTEOMYELITIS
- 22855 **Removal anterior instrumentation**
Non-Pairing OMAP - MD pair with 722.71 intervertebral disc disease with myelopathy
 ADD 140 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
- 27590 Amputation, thigh, through femur; any level
- 27591 Amputation, thigh, through femur, any level; immediate fitting technique including first cast
- 27592 Amputation, thigh, through femur, any level; immediate fitting technique including first cast
Non-Pairing HSC Staff
 ADD 145 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

- 31502 Tracheotomy tube change prior to establishment of fistula tract**
Non-Pairing OMAP - MD pair with 519.02 mechanical complication of tracheostomy
 ADD 296 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
- 31630 Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture**
31631 Bronchoscopy, with placement of tracheal stent
31635 Bronchoscopy, with removal of foreign body
31636 Bronchoscopy, with placement of bronchial stent; initial bronchus
31637 Bronchoscopy, with placement of bronchial stent; each add'l major bronchus
31638 Bronchoscopy, with revision of tracheal or bronchial stent
Non-Pairing HSC Staff pair with 519.1 bronchial stenosis
 ADD 110 CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY
- 31640 Bronchoscopy, with excision of tumor**
Non-Pairing OMAP - MD pair with 212.1 benign neoplasm of larynx
 ADD 343 BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC ORGANS
- 32000 Thoracentesis, puncture of pleural cavity for aspiration**
Non-Pairing OMAP - MD pair with 769 respiratory distress syndrome
 ADD 59 OTHER RESPIRATORY CONDITIONS FOR THE FETUS AND NEWBORN
- 32020 Tube thoracostomy, with or without water seal**
Non-Pairing OMAP - MD pair with 860.0 traumatic pneumothorax, closed
 ADD 5 PNEUMOTHORAX AND HEMOTHORAX
 ADD 32 FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS, ESOPHAGUS
 ADD 59 OTHER RESPIRATORY CONDITIONS FOR THE FETUS AND NEWBORN
 ADD 375 DEEP OPEN WOUND
- 32653 Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit**
Non-Pairing OMAP - MD pair with 860.0 traumatic pneumothorax, closed
 ADD 5 PNEUMOTHORAX AND HEMOTHORAX
 ADD 375 DEEP OPEN WOUND

- 33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours**
- 33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each add'l 24 hours**
Non-Pairing HSC Staff Pair with 756.6 cong diaphrag hernia
 ADD 77 CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS;
 CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
- 33967 Insertion of intraaortic balloon assist device, percutaneous**
Non-Pairing OMAP - MD pair with 428 CHF
 ADD 172 HEART FAILURE
- 43653 Laparoscopy, surgical; with gastrostomy, without construction of gastric tube**
Non-Pairing OMAP - MD pair with 756.0 treacher-collins syndrome
 ADD 51 DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL
- 43750 Percutaneous placement of gastrostomy tube**
Non-Pairing OMAP - MD pair with 152.0 malignant neoplasm of duodenum
 ADD 270 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A
 GREATER THAN 5% 5-YEAR SURVIVAL
- 44143 Colectomy, partial; with end colostomy and closure of distal segment**
Non-Pairing OMAP - MD pair with 777.5 NEC of newborn
 ADD 57 NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN
- 44602 Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; single perforation**
- 44603 Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; multiple**
Non-Pairing HSC Staff pair with 532.50
 ADD 194 ULCERS, GI HEMORRHAGE
- 44620 Closure of enterostomy, large or small intestine**
- 44625 Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal**
- 44626 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (cont'd on next page)**

- 45113 Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir, w/wo loop ileostomy**
- 45114 Proctectomy, partial, with anastomosis, abdominal and transsacral approach**
- 45116 Proctectomy, partial, with anastomosis, transsacral approach only**
Non-Pairing OMAP - MD pair with 211.3 benign neoplasm of bowel
 ADD 266 ANAL, RECTAL AND COLONIC POLYPS
- 58150 Total abdominal hysterectomy, w/wo removal of tubes, w/wo removal of ovaries**
Non-Pairing OMAP - MD pair with 197.5 secondary malignant neoplasm of colon
 ADD 270 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
- 61541 Craniotomy with elevation of bone flap; for transection of corpus callosum**
Non-Pairing OMAP - MD pair with 345.51 intractible epilepsy
 ADD 304 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
- 61592 Orbitocranial zygomatic approach to middle cranial fossa including osteotomy of zygoma, craniotomy and extra- or intradural elevation of temporal lobe**
- 61600 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural**
- 61601 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair**
- 61605 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural**
- 61606 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair**
- 61607 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural**
- 61608 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair**
Omission HSC Staff
 ADD 277 CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal psychotherapy

Non-Pairing OMAP - RN

- ADD 216 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS
- ADD 333 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
- ADD 446 DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
- ADD 447 NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS

92002 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; intermediate, new patient

92004 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits

92012 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; intermediate, established patient

92014 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; comprehensive, established patient, one or more visits

92015 Determination of refractive state

92018 Ophthalmological services: medical exam and eval, under general anaesthesia, with or without manipulation of globe for passive ROM or other manipulation to facilitate diagnostic exam; complete

92019 Ophthalmological services: medical exam and eval, under general anaesthesia, with or without manipulation of globe for passive ROM or other manipulation to facilitate diagnostic exam; limited

92020 Gonioscopy (separate procedure)

92060 Sensorimotor exam with multiple measurements of ocular deviation with interp and report

92070 Fitting of contact lens for treatment of disease, including supply of lens

92081 Visual field exam, unilateral or bilateral, with interp and report; limited exam

92082 Visual field exam, unilateral or bilateral, with interp and report; intermediate exam

92083 Visual field exam, unilateral or bilateral, with interp and report; extended exam (cont'd on next page)

- 92100 Serial tonometry with multiple measurements of IOP over an extended time period with interp and report, same day**
- 92120 Tonography with interp and report, recording indentation tonometer method or perilimbal suction method**
- 92130 Tonography with water provocation**
- 92135 Scanning computerized ophthalmic diagnostic imaging with interp and report, unilateral**
- 92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**
- 92140 Provocative tests for glaucoma, with interp and report, without tonography**
- 92225 Ophthalmoscopy, extended, with retinal drawing, with interp and report; initial**
- 92226 Ophthalmoscopy, extended, with retinal drawing, with interp and report; subsequent**
- 92230 Flouroscein angiography with interp and report**
- 92235 Flouroscein angiography with interp and report**
- 92240 Indocyanine-green angiography with interp and report**
- 92250 Fundus photography with interp and report**
- 92260 Ophthalmodynamometry**
- 92265 Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interp and report**
- 92270 Electro-oculography with interp and report**
- 92275 Electroretinography with interp and report**
- 92283 Color vision exam, extended**
- 92284 Dark adaptation exam with interp and report**
- 92285 External ocular photography with interp and report for documentation of medical progress**
- 92286 Special anterior segment photography with interp and report; with specular endothelial microscopy and cell**
- 92287 Special anterior segment photography with interp and report; with flouroscein angiography**
- 92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia (cont'd on next page)**

- 92311 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye**
- 92312 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes**
- 92313 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens**
- 92314 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia**
- 92315 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye**
- 92316 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes**
- 92317 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens**
- 92325 Modification of contact lens, with medical supervision of adaptation**
- 92326 Replacement of contact lens**
- 92340 Fitting of spectacles, except for aphakia; monofocal**
- 92341 Fitting of spectacles, except for aphakia; bifocal**
- 92342 Fitting of spectacles, except for aphakia; multifocal, other than bifocal**
- 92352 Fitting of spectacle prosthesis for aphakia; monofocal**
- 92353 Fitting of spectacle prosthesis for aphakia; multifocal**
- 92358 Prosthesis service for aphakia, temporary**
- 92370 Repair and refitting of spectacles; except for aphakia**
- 92371 Repair and refitting of spectacles; spectacle prosthesis for aphakia**

Omission HSC Staff eye codes inadvertently left off this line

ADD 494 EPISCLERITIS

ADD 497 DISORDERS OF REFRACTION AND ACCOMMODATION

- 97001 Physical therapy evaluation
 - 97002 Physical therapy re-evaluation
 - 97004 Occupational therapy re-evaluation
 - ~~97012 Application of modality: traction, mechanical~~
 - ~~97014 Application of modality: electrical stimulation~~
 - 97110 Therapeutic procedure; therapeutic exercises, range of motion
 - ~~97112 Therapeutic procedure; neuromuscular re-education~~
 - ~~97113 Therapeutic procedure; aquatic therapy~~
 - 97116 Therapeutic procedure; gait training
 - ~~97124 Therapeutic procedure; massage~~
 - ~~97140 Manual therapy techniques~~
 - ~~97150 Therapeutic procedures, group~~
- | | | |
|-----------------|-----------------|-------------------------------|
| <i>Omission</i> | <i>Provider</i> | |
| ADD | 314 | DERMATOMYOSITIS, POLYMYOSITIS |

12) New codes: similar to existing

- 327.25 Congenital central alveolar hypoventilation syndrome**
New ICD-9 Code HSC Staff all other 327.2 codes on this line
 ADD 347 SLEEP APNEA
- 327.30 Circadian rhythm sleep disorder, unspecified**
- 327.31 Circadian rhythm sleep disorder, delayed sleep phase type**
- 327.32 Circadian rhythm sleep disorder, advanced sleep phase type**
- 327.33 Circadian rhythm sleep disorder, irregular sleep-wake type**
- 327.34 Circadian rhythm sleep disorder, free running type**
- 327.35 Circadian rhythm sleep disorder, jet lag type**
- 327.36 Circadian rhythm sleep disorder, shift work type**
- 327.37 Circadian rhythm sleep disorder in conditions classified elsewhere**
- 327.40 Organic parasomnia, unspecified**
- 327.41 Confusional arousals**
- 327.42 REM sleep behavior disorder (cont'd on next page)**

- 327.43 Recurrent isolated sleep paralysis**
- 327.44 Parasomnia in conditions classified elsewhere**
- 327.49 Other organic parasomnia**
- 327.51 Periodic limb movement disorder**
- 327.52 Sleep related leg cramps**
- 327.53 Sleep related bruxism**
- 327.59 Other organic sleep related movement disorders**
- 327.8 Other organic sleep disorders**

New ICD-9 Code HSC Staff

ADD 610 DISORDERS OF SLEEP WITHOUT SLEEP APNEA

567.31 Psoas muscle abscess

New ICD-9 Code HSC Staff

ADD 3 PERITONITIS

770.13 Aspiration of clear amniotic fluid without respiratory symptoms

770.15 Aspiration of blood without respiratory symptoms

770.85 Aspiration of postnatal stomach contents without respiratory symptoms

New ICD-9 Code HSC Staff

ADD 697 RESPIRATORY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NOT TREATMENT NECESSARY

770.14 Aspiration of clear amniotic fluid with respiratory symptoms

770.16 Aspiration of blood with respiratory symptoms

770.86 Aspiration of postnatal stomach contents with respiratory symptoms

New ICD-9 Code HSC Staff

ADD 59 OTHER RESPIRATORY CONDITIONS OR FETUS AND NEWBORN

V58.11 Encounter for antineoplastic chemotherapy

V58.12 Encounter for antineoplastic immunotherapy

New ICD-9 Code HSC Staff

ADD TO ANCILLARY SERVICES

Minutes

HEALTH SERVICES COMMISSION

April 13, 2006

Members Present: Eric Walsh MD, Chair; Daniel Mangum, DO; Somnath Saha, MD, MPH; Kevin Olson, MD; Laurie Theodorou, LCSW (arrived at 12:20 pm); Bryan Sohl, MD; Susan McGough; Kathryn Weit; Leda Garside, RN, BSN, Dan Williams (by phone at 2:20 pm).

Staff Present: Darren Coffman; Alison Little, MD, MPH; Dorothy Allen.

Also Attending: Wally Shaffer, MD and Chris Barber, Office of Medical Assistance Programs; Jeanene Smith, MD, MPH, Office of Health Policy & Research; Tina Kitchen, Dept. of Human Services; Laura Sisulak, Oregon Primary Care Association; Chris Kirk, MD, OHP Medical Directors; Tara Ness and Danya Steringer, Providence Health Plan; Tracy Schain, Willamette Dental; L. Kay McDonald, Hayden Family Dentistry Group; Deborah Loy, Capitol Dental Care.

I. Call to Order

Dr. Eric Walsh, Chair, called the Health Services Commission (HSC) meeting to order at 11:05 a.m. in room 112 of the Clackamas Community College Wilsonville Training Center, 29353 Town Center Loop East, Wilsonville, Oregon. Mr. Darren Coffman called the roll.

II. Approval of Minutes (January 26, 2006)

Dr. Somnath Saha noted that he was quoted, on page 5 as undertaking a Study of *Ethnography*. That should read as an *ethnography of our process* but did not suggest the minutes be changed.

MOTION: Accept the January 26, 2006 Minutes without changes. MOTION CARRIES: 7-0.

III. Chair's Report

Dr. Walsh deferred the Chair's Report for the discussion on reprioritization later in the agenda.

IV. Director's Report

Mr. Coffman reported that he and Dr. Alison Little met with Ms. Kerry Silvey to discuss revamping the Non-prenatal Genetic Testing Algorithm. The commission requested that the *genetic counseling* section from the upper right hand corner of the testing process be moved over to just before the 10% question at the beginning of the algorithm. Mr. Coffman noted that his discussion with Dr. Little and Ms. Silvey included noting that *genetic counseling* could fit into any number of segments of the algorithm and be wholly appropriate. It is suggested that a footnote such as "genetic counseling could be offered at various points in the process in order to get the questions answered in order to move through the algorithm" could be added to meet the commission's request. A seven or eight member taskforce will be assembled to study non-prenatal genetic testing towards the end of 2006.

Dr. Walsh, upon re-examining the algorithm, noted that he felt the algorithm appears reasonable as written and inquired about the responses staff has received from those in the genetic testing field. Mr. Coffman shared that Ms. Silvey has distributed the non-prenatal genetic testing algorithm to those she has been working with and after changing the line for Informed Consent and adding the footnote for when initial screening might be done, the response has been positive. Dr. Walsh stated that with all the commission is undertaking at this time, work on this algorithm should be a lesser priority.

V. Medical Director's Report

Dr. Little reported that she has been very active with reprioritization activities, meeting with Commissioners and other state employee physicians, including Dr. Wally Shaffer and Dr. Katherine Weaver, to review 30-40 lines per 4-hour session. This process started with the 2006 Biennial Review Workgroup meeting on February 9, 2006 which included Dr. Bryan Sohl, Ms. Laurie Theodorou, Dr. Saha, Dr. Walsh, Mr. Coffman and Dr. Little, where a process with several steps was developed to review every line in the Prioritized List of Health Services. Dr. Little has met with Dr. Daniel Mangum several times and is scheduled to meet with Dr. Sohl next week. OHP Medical Directors have offered to assist as well. Dr. Walsh and Dr. Saha are able to meet with Dr. Little in the near future. Dr. Walsh added that the review is creating a preliminary draft and each item will be subject to discussion by the HSC.

Dr. Little shared that she and Darren are in the process of setting up focus groups around the state. There are a total of four set so far, including meeting with the Presidents of the Specialty Societies at the Oregon Medical Association on May 2, 2006. Dr. Saha is going to present with Dr. Little at the Oregon Academy of Family Physicians the following week.

VI. Report from the Health Outcomes Subcommittee (HOSC)

Dr. Mangum reviewed with the Commission the Subcommittee's technical correction recommendations from their discussion of the document "Recommended Interim Modifications for Review on 4/13/06" (*see Attachment A, those items in italic type and underlined represent modifications made to the original document as a result of that morning's meeting*).

Dr. Mangum offered a discussion of rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, which is a repair of the tip of the nose when undergoing repair of cleft lip and/or palate. An exception was requested to authorize a separate surgery to repair the tip. An assumption is that the repairs are being done during the initial surgery at no cost and no billing to the Health Plan. From the health plan perspective, the tip is not covered because it is considered cosmetic. At the same time, this would mean a patient living with a deformity into adulthood unless it is corrected. Dr. Walsh offered that granting this exception would mean the Committee's position would be not to cover cosmetic surgery "except this one time."

Ms. Kathryn Weit expressed difficulty in not covering this when done in conjunction with cleft palate surgery due to the enormity of the impact of a disfigured nose on a person's life. Ms. Lowe agreed and went on further to speak to impact of the child's life and suggested that perhaps this could be considered an "unusual exception." Ms. Susan McGough stated that cosmetic surgery is not covered due to budget constraints. Dr. Kevin Olson wondered if cosmetic surgery should be covered for children due to the life-time issues. Dr. Magnum asked Dr. Little to gather more information on this subject.

MOTION: To accept the HOSC's recommendations with no changes. MOTION CARRIES: 9-0.

Dr. Mangum reviewed with the Commission the Subcommittee's recommendations on the following subjects:

Dermal substitutes –Recommendation to add codes such as basic skin graft to all lines, and newer codes (such as acellular products and dermal substitutes) to all lines except 350, 556 and 660 (see Health Outcomes Subcommittee Highlights for details).

Hernia line title – A guideline will be attached to Line 6 which reads as follows: "Complicated hernias are covered if they are incarcerated and have symptoms of obstruction and/or strangulation."

Pet Scan review – Dr. Mangum commended Dr. Olson for his expertise and helpfulness on this subject. Colon and testicular cancer should be added. A letter was reviewed for including breast cancer with bone metastases, but not enough evidence to suggest adding it. Lowe commented that as a lay person it

is helpful to have the comprehensive research material that was included in the packet to review.

Blood test for RA – Cyclic citrullinated peptide is recommended for addition to the Diagnostic Services List.

Embolization for liver CA was reviewed and continued coverage is recommended, with the exception being the deletion of 79445, radiopharmaceutical therapy, by intra-arterial particulate administration, from line 489.

Bell's palsy – It is shown that early treatment with antiviral medication and steroids suggest better recovery. However the Subcommittee suggests not moving this up on the list because the current placement is appropriate.

Molecular probes – adding CPT codes 88384-88386 to the list is not recommended. They should be designated as Non-OHP Services.

Therapy guideline – Changes recommended are to amend guideline as follows: Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months ~~after the initiation of the therapies~~ *immediately following stabilization from an acute event* Therapy is unlimited for 3 months, then 6+2 visits a year after that for ongoing needs or exacerbation.

Psoriasis guideline – Heard testimony from the National Psoriasis Foundation (based in Oregon). Staff will be developing list of questions for a physician to address regarding a recommendation in lowering the percentage of body surface necessary to qualify as stage III or stage IV disease. Commission members found it noteworthy that this group receives 50% of its funding from pharmaceutical companies.

MOTION: To accept the HOSC's recommendations with no changes. MOTION CARRIES: 9-0.

VII. OHP Update

Mr. Coffman gave this update on behalf of Dr. Jeanene Smith, Acting Administrator of the Office for Oregon Health Policy and Research.

The Medicaid Advisory Committee (MAC) is working on the Healthy Kids Initiative, exploring ways to expand access to all Oregon children. Some thoughts have been to expand Family Health Insurance Assistance Program (FHIAP) or State Children's Health Insurance Program (SCHIP) by raising the Federal Poverty Level standard, or

offering buy-in options to Public Employee's Benefit Board (PEBB) or an OHP Plus package. Co-pays, co-insurance and state subsidies are also being considered. A report to the Governor's office on recommendations for eligibility criteria and what level of cost-sharing is appropriate for families with income levels above 200% FPL is due May 15, 2006. The Governor has earmarked cigarette tax as a funding source. MAC is holding statewide public meetings starting this month.

Ms. Lowe urged consideration of the strong correlation between success of children's access in conjunction with offering access to adults. Mr. Coffman stated that MAC is aware and considering this fact.

VIII. 2006 Biennial Review Survey Letter Responses

Ms. Dorothy Allen shared that of the responses received, over 90% were in favor of the rethinking the Prioritized List of Health Services with prevention and chronic disease management in mind. Of the near 400 letters sent, 31 responses were received. Ms. Allen read excerpts of three letters to the Commission, two in favor and one against.

Dr. Little shared her disappointment that a low percentage responded but commented this year's letter may not have generated the volume of response of past years when specific medical disciplines were the topic, such as end-of-life care for cancer patients. She mentioned that several letters included excellent thoughts on policy. Dr. Walsh pointed out that the letters received expressed gratitude at the invitation to comment on the process.

Mr. Coffman stated that as we proceed through the reprioritization process, in addition to open testimony, perhaps we should include some invited testimony as well.

Ms. Theodorou expressed her appreciation for the time, energy and creativity of the responders. In particular letter 23, page 2, bottom 2 lines, suggesting grouping conditions by treatments. She noted that the suggestions in this letter get at the essence of the steps the Commission members are going through when examining the list line by line.

IX. Report from the 2006 Biennial Review Workgroup

Dr. Little explained that the Workgroup met and generated ideas for new measures and categories for reviewing each line item. The group started reviewing the Prioritized List of Health Services line by line, rating each based on this methodology. Dr. Little has met with Commission doctors and they have been able to review 40 lines per four hour session. To date, 240 lines have been reviewed. An ad hoc group developed a suggestion to refine the process that included weighting categories.

Dr. Saha reported that the Workgroup examined the guiding principles of the Commission, restating and reordering based on prevention and chronic disease management, focusing on what keeps the population healthy. He referenced a Biennial Review letter received from Dr. Saultz which urged the Commission towards "treating the population" rather than focusing on treating an individual.

Dr. Saha explained each of the new Categories of Care and Population and Individual Impact Measures developed by the 2006 HSC Biennial Review Workgroup that were distributed in the members.

Dr. Walsh walked the Commission through the example of type I diabetes using the new methodology. Mr. Coffman spoke about the numbers resulting in a total score that give a rough placement of the line and there will still need to be a hand adjustment process to determine the final rankings.

Dr. Walsh mentioned the Commonness scores are being based partially on real data from the health plan utilization. Ms. Kitchen suggested that the Attorney General should be consulted regarding the use of "commonness" as a category, since certain conditions are more prevalent in particular ethnic groups. This could lead to legal challenges to the methodology, similar to the ADA challenges posed to earlier prioritized lists. All other factors being equal, determining a lines ranking based on the commonness of the disease could be seen as discriminatory.

Dr. Saha said that the category Commonness is taken into account when treatment of the illness serves more people and allows delivery of care on a population basis. As an example, he said that when looking at diseases just above and just below the funding line, it would be more effective to cover the diseases that are more common, rather than have them fall below the funding line, than to cover rare illness that would cover a very few. This would allow population based health care to be implemented. Ms. McGough spoke to communicable illness that would have adverse effects on the population. Dr. Jeanene Smith noted this discussion is not dissimilar to prioritizing putting pneumonia and prenatal care higher than organ transplant in earlier iterations of the list. Ms. Kitchen believes that was cost driven.

Ms. Lowe shared, from an historical perspective, perhaps we should focus on the potential benefits to the wider population rather than the number of occurrences, such as school based wellness programs and access to school based health services to every child in the state. Population impact on diabetes through school health programs, focused on diet and exercise education, could be significant. Disease management may have secondary population benefits that are not the same as one-on-one doctor patient visits.

Dr. Mangum commented that commonness could be scored, but whether or not it is used in the final analysis is in question.

Motion to accept the new methodology as they appeared in the meeting packets with the option of modifying them later. MOTION CARRIES 9-0.

Dr. Walsh distributed a list of questions that have come to light as the lines have been reviewed. Specifically, there was discussion about splitting out newborn conditions from Category 1, placing those conditions into other categories where appropriate. It was agreed that conditions intrinsic to the fetus, such as congenital anomalies, would be removed from Category 1, while conditions intrinsic to the pregnancy, such as prematurity, would remain there. It was agreed to change the title of Category 1 to "Maternity and newborn care". There was extensive discussion regarding Category 3 (management of chronic disease with ongoing care) and Category 6 (one time episodic care that prevents death). There was additional discussion about whether in-patient and outpatient services should be treated differently in Category 3, since inpatient care represents a failure of prevention. Ultimately, Dr. Walsh suggested tabling this discussion until the next meeting. The change made to Category 1 resulting in the revised category definitions appearing in Table 1.

Table 1
Revised Definitions for Categories of Care

- 1) Maternity & Newborn Care - Obstetrical care for pregnancy. *Prenatal care; delivery services; postpartum care; newborn care for conditions intrinsic to the pregnancy.*
- 2) Primary Prevention and Secondary Prevention - Effective preventive services used prior to the presence of disease and screenings for the detection of diseases at an early stage. *Immunizations; fluoride treatment in children; mammograms; pap smears; blood pressure screening; well child visits; routine dental exams.*
- 3) Chronic Disease Management - Predominant role of treatment in the presence of an established disease is to prevent an exacerbation or a secondary illness. *Medical therapy for diabetes mellitus, asthma, and hypertension. Medical/psychotherapy for schizophrenia.*
- 4) Reproductive Services - Excludes maternity and infertility services. *Contraceptive management; vasectomy; tubal occlusion; tubal ligation.*
- 5) Comfort Care - Palliative therapy for conditions in which death is imminent. *Hospice care; pain management.*
- 6) Fatal Conditions, Where Treatment is Aimed at Disease Modification or Cure - *Appendectomy for appendicitis; medical & surgical treatment for treatable cancers; dialysis for end-stage renal disease; medical therapy for stroke; medical/psychotherapy for single episode major depression.*
- 7) Nonfatal Conditions, Where Treatment is Aimed at Disease Modification or Cure - *Treatment of closed fractures; medical/psychotherapy for obsessive-compulsive disorders; medical therapy for chronic sinusitis.*
- 8) Self-limiting conditions - Treatment expedites recovery for conditions that will resolve on their own whether treated or not. *Medical therapy for diaper rash, acute conjunctivitis and acute pharyngitis.*
- 9) Inconsequential care - Services that have little or no impact on health status due to the nature of the condition or the ineffectiveness of the treatment. *Repair fingertip avulsion that does not include fingernail; medical therapy for gallstones without cholecystitis, medical therapy for viral warts.*

It was felt that the dysfunction lines will have to be handled separately as they were in the prioritization of the initial list.

Dr. Mangum suggested that the Commission consider a new criterion that would reflect if an office visit is needed for the condition. Some treatments are highly effective, such as for the common cold, but do not need an office visit. This “provider visit” category would be a modifier with a scoring of a percentage from 0 to 1, in .1 increments. There was consensus to make this change, resulting in the complete list of measures appearing in Table 2.

**Table 2
Population & Individual Impact Measures**

Commonness - the expected incidence of the injury or illness in the potential OHP population. *Range of 0 - 5, 0: < 1 in 25,000; 1: < 1 in 2,500; 2: < 1 in 500; 3: < 1 in 250; 4: < 1 in 50; 5: \geq 1 in 50.*

Impact on Health Life Years - to what degree will the condition impact the health of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, where the impacts could potentially be experienced over a person’s entire lifespan)? *Range of 0 (no impact) to 10 (high impact).*

Impact on Suffering - to what degree does the condition result in pain and suffering? Effect on family members (e.g. dealing with a loved one with Alzheimer’s disease or needing to care for a person with a life-long disability) should also be factored in here. *Range of 0 (no impact) to 5 (high impact).*

Population Effects - the degree to which individuals other than the person with the illness will be affected. Examples include public health concerns due the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness. *Range of 0 (no effects) to 5 (widespread effects).*

Vulnerability of Population Affected - to what degree does the condition affect vulnerable populations such as those of certain racial/ethnic decent or those afflicted by certain debilitating illnesses such as HIV disease or alcohol & drug dependence? *Range of 0 (no vulnerability) to 5 (high vulnerability).*

Tertiary Prevention - in considering the ranking of services within new categories 6 and 7, to what degree does early treatment prevent complications of the disease (not including death)? *Range of 0 (doesn’t prevent complications) to 5 (prevents severe complications).*

Effectiveness - to what degree does the treatment achieve its intended purpose? *Range of 0 (no effectiveness) to 5 (high effectiveness).*

Need for Medical Services - the percentage of time in which medical services would be required after the diagnosis has been established. *Percentage from 0 (services never required) to 1 (services always required).*

Net Cost - the cost of treatment for the entire population (including lifetime costs associated with chronic diseases) minus the expected costs if treatment is not provided -- including costs incurred through safety net providers (e.g., emergency departments) for urgent or emergent care related to the injury/illness or resulting complications. *Range of 0 (high net cost) to 5 (cost saving).*

To arrive at a total score for a line item the ratings for the first five measures (six for categories 6 and 7) will be summed and then multiplied by both the effectiveness rating and the need for medical services. The rating for net cost can be considered along with other factors in making “hand-adjustments” after the initial computer sort by category and total impact score.

X. Report from the MHCD Subcommittee

Mr. Coffman reported that the Subcommittee met on March 15, 2006 and reviewed 18 lines during their meeting. Dr. Larry Marx met with Dr. Little and Mr. Coffman outside of the subcommittee meeting on childhood mental health issues. This generated many of the questions discussed in the reprioritization methodology. The subcommittee is meeting next week and will continue reviewing lines.

Dr. Walsh asked about the time line for completion of the biennial review. Mr. Coffman said that the DHS and PricewaterhouseCoopers were expecting the new list in June to meet a promise they made to the plans of getting a draft per capita cost report out by July 1st. DHS and the Governor's budget constraints make the time line very short. He is meeting with DHS in the next two weeks to report on the HSC's progress and to explore any flexibility in the deadline.

XI. Discussion on Moving Forward with New Prioritization Methodology

Each Commissioner was polled for their thoughts regarding use of "commonness" as a factor in restructuring the list.

- Ms. Theodorou supported leaving it as a consideration.
- Ms. Leda Garside agreed.
- Ms. McGough supports removing the consideration as the other criteria are sufficient for placement.
- Dr. Saha supports removing it from consideration but keep population based care as a factor.
- Ms. Weit sees it as a red flag that doesn't address what we're really trying to do which is trying to get prevention and Chronic Disease Management to the largest population.
- Ms. Lowe sees the value of considering population benefit and population services.
- Dr. Mangum is troubled by the terminology but wants the concept of treating greatest number for the greatest good considered.
- Dr. Walsh suggests that the doctors who are working on the line placements devise a way to address the potential to alter a disease based on population interventions, not the prevalence of the disease.

Motion: To continue collecting commonness, knowing it may be taken out of the final methodology. MOTION CARRIES 8-1.

Ms. McGough clarified her dissenting vote in that by including the commonness factor you have an appearance of prejudice. She also believes the other categories are sufficient enough for the intended purpose without having a criterion that would call into question the entire methodology.

Motion: To approve considering the existence and effectiveness of population based interventions in the placement of services. MOTION CARRIES 8-0 Mr. Williams did not vote on this and the next two motions due to telecommunication issues.

Motion: To have a Need for Medical Care modifier from zero to 1, in .1 increments, used as a multiplier in arriving at the total score. MOTION CARRIES: 8-0.

Motion: To direct staff and physicians to continue the line by line review. MOTION CARRIES 8-0.

Mr. Coffman hopes to get through the review of the entire list by the next HSC Commission meeting in May.

XIII. Other Business

Dr. Mangum presented an idea to control the Per Member/Per Month costs (currently \$137 for OHP Standard populations) of diagnostic services, referred to as "Line Zero." He stressed that with the reprioritization efforts, this issue must be addressed in some way. Under OHP currently, any costs incurred to diagnose a condition are covered, even if the condition treatment is not covered. As the OHP Plus population is considered categorical, this proposal would not effect that coverage.

The proposal employs three levels of care, based on suggested factors such as length of time covered, income or levels of need. Discussed also was adding levels of service to diagnosis-treatment pairs. Another suggestion was universal limits, which most insurance companies employ.

Examples:

Level I

No Emergency Room Coverage
4-6 Office Visits per year
Generic medications
Basic x-rays
Basic diagnostics

Level III

Line Zero – all inclusive for certain lines

Level II

Emergency Room with co-payment
12 Office Visits per year
Full Drug Formulary
No PET scans, MRIs or CT scans

Dr. Mangum will speak in more detail about this at the next meeting.

XIV. Public Comment

Ms. Deborah Loy, Capitol Dental Care, offered testimony to the HSC.

Capitol Dental Care (CDC) covers one-third of Oregon Health Plan members who are enrolled in dental managed care. Ms. Loy congratulated the Commission on its continuing work to hone the OHP. Ms. Loy expressed a wish to see a dental community representative appointed to the Health Services Commission.

When the OHP was first shaped, a dental consultant was involved in the process. Ms. Loy urged the HSC to involve the dental community in the reprioritization efforts to ensure that critical services are covered for OHP patients. Currently OHP Standard offers emergency services only.

One of Capital Dental Care's goals is to find a dental home for all pregnant women. Currently, CDC lists the following as their priorities in budget constrained times:

1. Services that are related to tooth pain and infection.
2. Prevention
3. Basic restorative services
4. Tooth replacement for mastication
5. Complex restorative care

Ms. Loy explained that effectiveness in dental treatment has a patient participant component.

Dr. Walsh expressed his appreciation to the dental community, who has been a good partner with OHP, for their willingness to compromise when the budget is limited. He asked staff to identify dentists to evaluate the dental lines to determine where dental codes should be categorized.

XV. Adjournment

Dr. Walsh adjourned the meeting of the Health Services Commission at 3:55 p.m.

Interim Modifications for Review on 4/13/06

2) Inappropriate pairings: discussion required

79445 Radiopharmaceutical therapy, by intra-arterial particulate administration

Evidence-based OMAP - MD experimental?

DELETE 489 CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

3) Non-pairings: discussion required

30460 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only - DECISION PENDED

Non-Pairing OMAP - MD 30462, which includes tip as well as septum, is already on

ADD 377 CLEFT PALATE AND/OR CLEFT LIP

474.0 Chronic tonsillitis and adenoiditis

Non-Pairing OMAP - MD 474.1, hypertrophy of tonsils and adenoids, on this line - ? contradicts guideline?

ADD 452 STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; HYPERTROPHY OF TONSILS AND ADENOIDS; ULCER OF TONSIL

79101 Radiopharmaceutical therapy, by IV administration

Omission HSC Staff replaces 79100

ADD 134 CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA

10) Inappropriate pairings: straightforward

738.0 Acquired deformity of nose

Error OMAP - MD also on Line 612

DELETE 51 DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL

Attachment A

11) Non-pairings: straightforward

- 17260 Destruction, malignant lesion, trunk, arms legs; lesion diameter 0.5cm or less
17261 Destruction, malignant lesion, trunk, arms legs; lesion diameter 0.6 to 1.0cm
17262 Destruction, malignant lesion, trunk, arms legs; lesion diameter 1.1 to 2.0cm
17263 Destruction, malignant lesion, trunk, arms legs; lesion diameter 2.1 to 3.0cm
17264 Destruction, malignant lesion, trunk, arms legs; lesion diameter 3.1 to 4.0cm
17266 Destruction, malignant lesion, trunk, arms legs; lesion diameter over 4.0cm
17270 Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5cm or less
17271 Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0cm
17272 Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0cm
17273 Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0cm
17274 Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0cm
17276 Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 4.0cm
17280 Destruction, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5cm or less
17281 Destruction, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.6 to 1.0cm
17282 Destruction, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0cm
17283 Destruction, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0cm
17284 Destruction, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 3.1 to 4.0cm
17286 Destruction, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter over 4.0cm
Omission OMAP - MD Pair with 232, carcinoma in situ of skin
ADD 331 DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU - DECISION PENDED
- 20610 Arthrocentesis, aspiration and/or injection; major joint or bursa**
Non-Pairing OMAP - MD pair with 726.5, enthesopathy of the hip region
ADD 504 DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III
- 26841 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation**
Non-Pairing OMAP - MD pair with 733.82, nonunion of fracture
ADD 507 MALUNION AND NONUNION OF FRACTURE
- 27829 Open treatment of distal tibiofibular joint disruption, with or without internal fixation**
Non-Pairing OMAP - MD pair with 845.03, sprain and strain of distal tib-fib ligament
ADD 504 DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III

Attachment A

29105 Application of long arm splint

Non-Pairing OMAP - MD pair with 345.2 lesion of ulnar nerve

ADD 521 PERIPHERAL NERVE ENTRAPMENT

31500 Endotracheal intubation

Non-Pairing OMAP - MD pair with 769 respiratory distress syndrome

ADD TO ANCILLARY LIST

31502 Tracheotomy tube change prior to establishment of fistula tract

Non-Pairing OMAP - MD pair with 519.1, other diseases of trachea and bronchus, NEC

ADD 110 CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY

32000 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent

32002 Thoracentesis, with insertion of tube with or without water seal

Non-Pairing OMAP - MD pair with 770.2, interstitial emphysema and related conditions, originating in the neonatal period

ADD TO ANCILLARY LIST

33530 Reoperation, coronary bypass or valve procedure, more than one month after original operation (list in addition to primary code)

Non-Pairing OMAP - MD

ADD 21 DISSECTING OR RUPTURED AORTIC ANEURYSM

ADD 24 NON-DISSECTING ANEURYSM WITHOUT RUPTURE

ADD 97 SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART

ADD 100 CORONARY ARTERY ANOMALY

33530 Reoperation, coronary bypass or valve procedure, more than one month after original operation (list in addition to primary code) (cont'd from previous page)

ADD 111 MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS

ADD 145 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

ADD 195 CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE

ADD 206 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE

ADD 261 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION

ADD 310 DISEASES AND DISORDERS OF AORTIC VALVE

ADD 316 DISEASE OF MITRAL VALVE

ADD 321 MULTIPLE VALVULAR DISEASE

Attachment A

- 33917 Repair of pulmonary artery stenosis by reconstruction with patch or graft**
Non-Pairing OMAP - MD pair with 747.3, anomalies of pulmonary artery
ADD 102 TETRALOGY OF FALLOT
- 33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO); initial 24 hours**
33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO); each add'l 24 hours
Omission OMAP - MD
ADD 59 OTHER RESPIRATORY CONDITIONS OR FETUS AND NEWBORN
ADD 101 COMPLETE, CORRECTED AND OTHER TRANSPOSITION OF GREAT VESSELS
- 36575 Repair of tunneled or non-tunneled central venous access catheter, without SQ port or pump, central or peripheral insertion site**
- 36576 Repair of central venous access catheter, with SQ port or pump, central or peripheral insertion site**
- 36578 Replacement, catheter only, of central venous access device, with SQ port or pump, central or peripheral insertion site**
- 36580 Replacement, complete, of non-tunneled centrally inserted central venous catheter, without SQ port or pump, through same venous access**
- 36581 Replacement, complete, of tunneled centrally inserted central venous catheter, without SQ port or pump, through same venous access**
- 36582 Replacement, complete, of tunneled centrally inserted central venous catheter, with SQ port, through same venous access**
- 36583 Replacement, complete, of tunneled centrally inserted central venous catheter, with SQ pump, through same venous access (cont'd on next page)**
- 36584 Replacement, complete, of peripherally inserted central venous catheter, without SQ port or pump, through same venous access**
- 36585 Replacement, complete, of peripherally inserted central venous catheter, with SQ port or pump, through same venous access**
- 36589 Removal of tunneled central venous catheter, without SQ port or pump**
- 36590 Removal of tunneled central venous access device, with SQ port or pump, central or peripheral insertion**
Omission HSC Staff replaces 36531-35
ADD 145 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
- 36595 Mechanical removal of pericatheter obstructive material from central venous device via a separate venous**
- 36596 Mechanical removal of intraluminal obstructive material from central venous device through device lumen**
Omission HSC Staff replaces 36536-37
ADD 296 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Attachment A

36822 Insertion of cannula for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO)

Omission OMAP - MD

ADD 59 OTHER RESPIRATORY CONDITIONS OR FETUS AND NEWBORN

ADD 77 CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS;
CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

ADD 101 COMPLETE, CORRECTED AND OTHER TRANSPOSITION OF GREAT VESSELSS

38562 Limited lymphadenectomy for staging; plevic and para-aortic

Non-Pairing OMAP - MD pair with 192, cancer of uterus

ADD 192 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

ADD 229 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS

ADD 232 CANCER OF BLADDER AND URETER

ADD 271 CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

ADD 273 CANCER OF PROSTATE GLAND

DELETE 137 MALIGNANT MELANOMA OF SKIN

DELETE 346 CANCER OF SKIN, EXCLUDING MELANOMA

38564 Limited lymphadenectomy for staging; retroperitoneal

Non-Pairing OMAP - MD pair with 192, cancer of uterus

ADD 192 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

ADD 229 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS

ADD 232 CANCER OF BLADDER AND URETER

ADD 271 CANCER OF CERVIX

DELETE 137 MALIGNANT MELANOMA OF SKIN

DELETE 191 CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

DELETE 346 CANCER OF SKIN, EXCLUDING MELANOMA

38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

Non-Pairing OMAP - MD pair with 192, cancer of uterus

ADD 192 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

ADD 229 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS

ADD 232 CANCER OF BLADDER AND URETER

ADD 271 CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

ADD 273 CANCER OF PROSTATE GLAND

Attachment A

38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and periaortic lymph node sampling

Non-Pairing OMAP - MD pair with 192, cancer of uterus

ADD 192 CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

ADD 229 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS

ADD 232 CANCER OF BLADDER AND URETER

ADD 271 CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

ADD 273 CANCER OF PROSTATE GLAND

DELETE 666 OTHER COMPLICATIONS OF A PROCEDURE

DELETE 694 LYMPHEDEMA

43246 Upper GI endoscopy with placement of G-tube

- Non-Pairing OMAP - MD pair with 150.9 malig neoplasm of esophagus

ADD TO ANCILLARY FILE

DELETE 216 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, ETC

DELETE 217 ESOPHAGEAL STRICTURE

DELETE 249 POISONING BY INGESTION, INJECTION OR NON-MEDICINAL AGENTS

DELETE 296 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

43750 Percutaneous placement of gastrostomy tube

ADD 488 ~~CANCER OF ESOPHAGUS~~ ANCILLARY FILE

DELETE 216 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, ETC

DELETE 270 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS

43830 Gastrostomy, open; without construction of gastric tube

Non-Pairing OMAP - MD pair with 263.9 unspecified protein calorie malnutrition

ADD 239 IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES

Attachment A

- 44120 Enterectomy, resection of small intestine; single resection and anastomosis
- 44121 Enterectomy, resection of small intestine; each add'l resection and anastomosis
- 44125 Enterectomy, resection of small intestine; with enterostomy
- 44130 Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy
- 44139 Mobilization of splenic flexure performed in conjunction with partial colectomy
- 44140 Colectomy, partial; with anastomosis
- 44141 Colectomy, partial; with skin level cecostomy or colostomy
- 44144 Colectomy, partial; with resection, with colostomy or ileostomy or creation of mucous fistula
- 44145 Colectomy, partial; with coloproctostomy
- 44146 Colectomy, partial; with coloproctostomy, with colostomy
- 44147 Colectomy, partial; abdominal and transanal approach
- 44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
- 44151 Colectomy, total, abdominal, without proctectomy; with continent ileostomy
- 44152 Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy
- 44153 Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir, with or without loop ileostomy
- 44155 Colectomy, total, abdominal, with proctectomy; with ileostomy
- 44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy
- 44160 Colectomy, partial, with removal of terminal ileum with ileocolostomy
- 44300 Enterostomy or cecostomy, tube
- 44310 Ileostomy or jejunostomy, non-tube
- 44312 Revision of ileostomy; simple
- 44314 Revision of ileostomy; complicated
- 44316 Continent ileostomy
- 44320 Colostomy or skin level cecostomy
- 44340 Revision of colostomy; simple
- 44345 Revision of colostomy; complicated
- 44346 Revision of colostomy; with repair of paracolostomy hernia (cont'd on next page)
- 44602 Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
- 44603 Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforation
- 44604 Suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture; single or multiple perforations; without colostomy (cont'd on next page)

Attachment A

- 44605 Suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture; single or multiple perforations; with colostomy**
- 44620 Closure of enterostomy, large or small intestine**
- 44625 Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal**
- 44626 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis**
- 44640 Closure of intestinal cutaneous fistula**
- 44650 Closure of enteroenteric or enterocolic fistula**
Non-Pairing OMAP - MD pair with 777.5 NEC of newborn
ADD 57 NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN
- 49422 Removal of permanent intraperitoneal cannula or catheter**
Non-Pairing OMAP - MD pair with 585, chronic kidney disease
ADD 4 ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
ADD 163 DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE
ADD 175 END STAGE RENAL DISEASE
ADD 247 NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
- 52281 Cystourethroscopy, with calibration/dilation of urethral stricture or stenosis**
- 52327 Cystourethroscopy, with subureteric injection of implant material**
Non-Pairing OMAP - MD pair with 593.7, vesicoureteral reflux
ADD 361 VESICoureTERAL REFLUX
- 58210 Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling, with or without removal of tube and/or ovary**
Omission OMAP - MD pair with 236.2, neoplasm uncertain behavior, genitourinary organs
ADD 226 CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
- 758.32 Velocardiofacial syndrome**
Non-Pairing Provider
ADD 98 CONGENITAL ANOMALIES OF THE UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
- D7111 Extraction, coronal remnants - deciduous tooth**
Omission HSC Staff replaces D7110
ADD 377 CLEFT PALATE AND/OR CLEFT LIP

Attachment A

D7140 Extraction, erupted tooth or exposed root, elevation and/or forceps removal

Omission HSC Staff replaces D7120

ADD 377 CLEFT PALATE AND/OR CLEFT LIP

V72.0 Exam of eyes and vision

V72.1 Exam of ears and hearing

Omission OMAP - RN also on Line 181

ADD 141 PREVENTIVE SERVICES, BIRTH TO 10 YEARS

14) Deletion of invalid codes

36493 Deleted code

36531 Deleted code

36532 Deleted code

36534 Deleted code

36535 Deleted code

Deleted Code HSC Staff

DELETE 145 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

36536 Deleted code

36537 Deleted code

Deleted Code HSC Staff

DELETE 296 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Note 1)

50559 Deleted code

Deleted Code HSC Staff

DELETE 364 URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER

79000 Deleted code

79001 Deleted code

79900 Deleted code

Deleted Code HSC Staff

DELETE ALL 30 LINES ON WHICH THEY APPEAR

Attachment A

79100 Deleted code

Deleted Code HSC Staff

DELETE 134 CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA

DELETE 546 BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS: BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE

DELETE 624 KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE

DELETE 674 MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL

D7110 Deleted code

D7120 Deleted code

Deleted Code HSC Staff

DELETE 377 CLEFT PALATE AND/OR CLEFT LIP

D7420 Deleted code

Deleted Code HSC Staff

DELETE 707 DENTAL CONDITIONS (EG, ORTHODONTICS)

Minutes

HEALTH SERVICES COMMISSION May 25, 2006

Members Present: Eric Walsh MD, Chair; Daniel Mangum DO; Somnath Saha MD, MPH; Kevin Olson MD; Laurie Theodorou LCSW; Bryan Sohl MD (via phone); Susan McGough; Kathryn Weit; Leda Garside RN, BSN; Dan Williams; Ellen Lowe.

Staff Present: Darren Coffman; Alison Little, MD, MPH; Dorothy Allen.

Also Attending: Chris Kirk, MD, OHP Medical Directors; Lori Almand and Bill Struyk, Johnson & Johnson; Bruce Abernethy; Kevin Barls, OAHHS; Chris Barber, Office of Medical Assistance Program; Tina Kitchin, MD, Senior & People with Disabilities; Lisa Krois, Public Employee's Benefit Board; Diane Lund, Oregon Health News.

I. Call to Order

Dr. Eric Walsh, Chair, called the Health Services Commission (HSC) meeting to order at 10:21 a.m. in room 117B&C at Meridian Park Hospital, Community Health Education Center, Room 117B & C, 19300 SW 65th Avenue, Tualatin, Oregon. Mr. Darren Coffman called the role.

II. Approval of Minutes (April 13, 2006)

Dr. Mangum offered a clarification on the minutes regarding Bell's palsy, noting that the Subcommittee did not move the line because the placement is appropriate.

MOTION: Accept the April 13, 2006 Minutes with changes. MOTION CARRIES: 11-0.

III. Chair's Report

Dr. Walsh announced that he is moving to New York in September and will be resigning from the Health Services Commission. He and Mr. Coffman are in discussion regarding the process of electing a new chair.

IV. Director's Report

Mr. Coffman noted that this is Ms. Ellen Lowe's last meeting, after serving 16 years on the Commission and thanked her for her many years of service. Governor Kulongoski recently nominated Mr. Bruce Abernethy for a Commission seat. The next step in the process is his Senate confirmation at the June 21-22 E-board meetings.

Mr. Abernethy introduced himself, sharing that among other things, he has a Master's degree in Public Policy from the Kennedy School, was the Assistant Director of the Commission on Children and Families in Deschutes County, is the Vice-Mayor of Bend and is a Grant writer for the Bend-La Pine School District. Mr. Abernethy expressed his appreciation at being able to learn more about the Commission and is looking forward to participating.

Mr. Coffman noted that staff has diligently and successfully worked towards meeting the timelines for the completion of the Biennial Review process.

V. Medical Director's Report

Dr. Alison Little reports that the evaluation of the line items using the new methodology was completed as of 8:00 am this morning.

She also announced that she has accepted a position with the Center for Evidence-Based Policy, starting at the end of June. Dr. Kathy Weaver will be assisting until a replacement can be appointed.

Dr. Walsh complimented Dr. Little, stating that she took the Medical Director position to a new higher level, providing extensive research which served to forward evidence-based decisions.

VI. Report from Health Outcomes Subcommittee

Dr. Daniel Mangum discussed with the Commissioners the Technical Corrections handout, noting in particular the recommendation of the Health Outcomes Subcommittee (HOSC) to place prophylactic organ removal of the breast (V50.41) on both the breast cancer line and the prevention line.

MOTION: To accept the HOSC's technical correction recommendations appearing in Attachment A with no changes. MOTION CARRIES: 11-0.

Dr. Mangum discussed for the Commission testimony heard by the HOSC from Dr. Bert Tavelli, a dermatologist with 20 years of practice, urging the Commission to re-examine the current psoriasis guideline regarding body surface area and prescription drug therapies available to patients.

The recommendation is to change the current guideline for stage III disease from 20% to 10% body surface area involvement and to add retinoids and biologic medications after certain conditions are met. Dr. Little will draft a guideline which the Subcommittee will review at the June meeting.

The Subcommittee reviewed data on actinic keratoses (ICD-9-CM 702.0) and, after discussion, recommends that this disease be moved to line 586, BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES. A very small percentage of these conditions ever become cancerous and for those occurrences, the growth can be biopsied and removed as part of a diagnostic procedure. Moving this condition to line 586 is an effort to account for the 90% or greater of instances that require no treatment.

Rhinoplasty for deformities related to the tip of the nose was discussed. It was noted that other codes that are not funded include absence of nose, accessory nose, cleft nose, and other congenital anomalies and asymmetry. As there is no functional benefit, the recommendation is to not cover this repair under a separate procedure. Repair of the tip of the nose is covered when done at the same time as the cleft palate/lip repair.

The Subcommittee is also recommending revisions to the congenital heart disease lines as they appear in Attachment B.

MOTION: To accept the remainder of the HOSC's recommendations with no changes in regards to the psoriasis guideline, the placement of actinic keratoses, rhinoplasty for deformities of the nose, and coding changes to the congenital heart disease lines.

MOTION CARRIES: 11-0.

VII. OHP Update

Dr. Jeanene Smith sent her regrets for being unable to attend. Mr. Coffman relayed her report to the Commission that the Medicare Advisory Committee (MAC) completed their recommendations to the Governor's office framing the issues around the Healthy Kids initiative. There recommendations include having no un-insurance requirement to qualify for the program, that state subsidies be provided for households up to around 350% of federal poverty level (FPL), and that minimum levels of cost sharing be required.

He also mentioned that the Health Policy Commission (HPC) continues to review health reform efforts being undertaken throughout the state, including ballot initiatives, the work of the Health Services Commission, and the Archimedes Movement, and will be making recommendations to the Governor's Office regarding broad health care reform for consideration during the 2007 legislative session.

VIII. Public Testimony

No public testimony was offered at this time.

IX. Report on Stakeholder Input

Dr. Walsh informed the Commission that there have been five stakeholder meetings held throughout the state over the past month, attended by staff and Commissioners.

Specialty Society Presidents

Dr. Mangum reported that he, Mr. Coffman and Dr. Little's presentation to 15-20 individuals from medical specialty societies went very well, with one objector who stated that potentially not funding some acute conditions would lead to the Commission's decisions being "slammed." Dr. Mangum stated that even though these condition may not be funded, patients will still receive care.

Dr. Kevin Olson noted that those kinds of objections are very helpful to us as they point out areas that may need further discussion and a careful communication strategy.

Mr. Coffman mentioned one idea proposed by staff to help solicit input is to add a webpage that would outline the HOSC's upcoming topics for discussion and a page to detail recommendations to the HSC. Also suggested is to list the Biennial Review work's proposed changes to the list ranking, by specialty group. Those wishing to comment would select an email link to share their thoughts. Dr. Walsh stated this was a great idea.

Oregon Academy of Family Practice

Dr. Saha reported that he, Mr. Coffman and Dr. Little presented to a group of family physicians who received the ideas in a very positive light. Mr. Coffman added that an attendee referred to the HSC's proposal as a "Hospital Preservation Plan." Others added that the proposal will serve to reduce hospital's uncompensated care.

The group had several implementation related suggestions about the Oregon Health Plan and the health care system in general. Dr. Rick Wopat, an HPC member, was in attendance and heard these ideas to relay back to the HPC.

One such concern was the legislatively imposed OHP Standard rules to reduce hospital reimbursements by 15 percent. Dr. Little and Ms. Chris Barber explained the guidelines, noting that if a condition does not have a significant health impact within three weeks, the elective hospitalization is not covered.

Regarding this legislative decision, Ms. Lowe commented that OMAP has done a very good job involving stakeholders in their decision-making process. During the last

legislative session, she felt the Human Services Ways and Means Subcommittee did not give proper consideration to the OMAP proposal and recommendations.

Provider Representatives

Dr. Walsh reported that he, Mr. Coffman, and Dr. Little met with representatives of the durable medical equipment (DME) community, OHP managed care plans, medical providers, home health, dental and mental health communities and, though there was an invitation to the hospital community, they were unrepresented.

At the meeting, Dr. Walsh used per member per month (PMPM) costs to look at several diagnoses, starting with head trauma. The formula used was PMPM cost multiplied by the 25,000 individuals currently covered multiplied by the percentage of money that would go to hospital care (100% in this case). This gives a figure of the amount of money that OHP now spends per month on head trauma. The next example was pneumonia. Using the same formula, current expenditures on hospital costs for this condition were calculated with the assumption that 10% of individuals with pneumonia will need to be hospitalized. The current hospital costs for these two conditions were then added together.

A new figure was then calculated, using the number of individuals that could be added to OHP Standard if coverage was expanded -- to say 75,000 -- and removing hospital reimbursement for the condition that might not be covered -- head trauma. These figures showed that hospital reimbursement would actually rise, not decrease, because pneumonia is a much more common condition than head trauma.

Dr. Walsh's demonstration was to urge specialty providers to delve into the details of the PMPM costs and look at what the ultimate effect might be on the entire health care system. He shared that a majority of those present were receptive. One member was very concerned that OHP should address the unusually low provider reimbursement. The likely outcome if that issue is not addressed might be providers not treating OHP clients. The Commissioners generally agreed with this concern.

Expanded Access Coalition

Ms. Lowe reported that a hospital representative did attend this meeting, set up by the Oregon Health Action Campaign, who expressed pleasure and surprise at the HSC's proposals. His previous perception was that the Commission was "writing out" the hospitals, which is not the case.

Most present wanted assurance that the Commission was not establishing two different lists. Ms. Lowe stated that part of the discussion included emphasis that the final decision regarding funding lines rested in the hands of the Legislature.

Ms. Weit added an issue raised on encouraging incentives for primary care physicians so that the workforce can be strengthened. Also, it was urged that we ensure that the Standard population isn't treated as "less deserving" of coverage.

Consumers Focus Group

Ms. Weit shared that the turn-out was very good - 60% - considering the meeting was the same night as the America Idol final, and commended the staff on a job well done. The focus group was composed of individuals who were uninsured, on both OHP Plus and Standard, as well as some who had children who were on Plus.

The group discussed, under the current system, their views on what worked and what did not. They were asked to consider in regards to expanding coverage, what services are most important.

The group thought that prevention, chronic disease management, mental health care, alcohol and drug treatment, and access to a health care professional were all very important. The group agreed that if everyone had access to a health care professional, emergency and urgent care coverage would be less important. The group also wanted those covered to have a level of personal responsibility for their care and success, stating that the number of times someone went through drug and alcohol treatment should be limited.

Another point stressed from the group was whether it was right to offer less adequate care to a larger number of individuals.

X. Review of Line Items Using New Methodology

Dr. Walsh asked the Commissioners to consider the following points during this discussion:

- Do we want to consider *Commonness* as a criterion in the new methodology?
- How should *Net Cost* be incorporated into the methodology?
- Should any alterations in weights be made to the criteria?
- What process should be used for making hand adjustments to the list at the June 29th meeting?
- Will the new methodology be used to reprioritize the entire list or just the funded lines?
- Should the unspecified codes in the "no effective treatment or no necessary treatment" lines be removed from the list?

In regards to the last question, Dr. Kirk stated that there is a requirement in law that if a condition-treatment pairing is not on the list, that the plan must contact OMAP for clarification. In light of this it was thought best to leave the unspecified codes on the list.

Mr. Coffman reviewed the new sorting of the list, showing a database arranged first by new category. While the initial total score he computed includes *Commonness* as a factor, he also included a separate column for scoring without using *Commonness*.

Mr. Coffman reported that the Mental Health Care & Chemical Dependency (MHCD) Subcommittee had met for three 3-to-5 hour sessions to review the 50 MHCD lines. After the last session, Mr. Coffman sorted the lines using the scoring method that included *Commonness*. The Subcommittee reviewed this sorting and noted that factoring in *Commonness* placed many lines higher on the list than the Subcommittee felt appropriate. Removing *Commonness* revealed a sorting more correct in the Subcommittee's view. In light of this and the legal and ethical reasons for not doing so, the Subcommittee recommends that the Commission not use this criterion.

MOTION: To remove *Commonness* from the methodology and scoring. See Attachment C for the resulting revised methodology. MOTION CARRIES: 11-0.

Mr. Coffman reviewed the new sorting with *Commonness* removed. The Commission reviewed several lines for common sense placement, by category. Several lines in each category were discussed. As an example, Ms. Theodorou asked about the placement of a line item for disorders of newborn feeding, as it was indicated to "delete from list and add to signs and symptoms," noting the importance of treating this condition. Dr. Walsh assured her that the condition would be covered by being coded as a symptom code. Mr. Coffman noted that there were many instances such as this where it was suggested to merge lines together, split lines apart, or to delete them altogether.

After further discussion regarding the placement of various lines, Dr. Walsh asked the Commissioners to continue to review the line placement after the meeting and to send suggestions and issues to Mr. Coffman.

Dr. Walsh then asked the members to consider the questions he posed earlier in the meeting's agenda.

Mr. Coffman pointed out that in performing the sort before them now, *Net Cost* was used as a tie-breaker where total scores were equal within categories. This method was used on the original list, where treatments had the same effectiveness in preventing death.

Dr. Saha said that net cost is a function of the actuarial assessment and expressed that considering treatment that saves money is valuable; however, within each line, there is wide variation that might prevent good consideration of cost-effectiveness. He agreed that using *Net Cost* as a tie-breaker is valid.

Dr. Mangum spoke about the costs of treatment for the entire population minus the expected cost if treatment is not provided. A prime example mentioned is the treatment of diabetes; insulin saves money compared to the cost of treatment if the condition is

not treated. He felt, however, that using this criteria for other than a tie-breaker may not produce the desired end-results.

Mr. Coffman shared that CMS allowed using the alphabet as a tie-breaking criteria when the past lists were evaluated. He suggested using as a criteria for hand adjustment those that are potentially cost savings or those that have a low net cost, coupled with a high effectiveness.

It was suggested to redefine *Net Cost* as the cost of treatment for the typical case will be used as a tie-breaker when other parameters are equal.

Mr. Coffman stated that even though most criteria use a scale of 0-5, the distribution of scores is not equivalent across the criteria. For example, *Vulnerability* scores are mostly listed at 1 or 2, as opposed to *Impact on Suffering*, which has much higher scores, effectively weighing *Suffering* higher.

The Commissioners offered suggestions for developing a common sense method to hand-move lines as follows:

- Systematic review of top and bottom 5-10 percentiles in each category.
- Add *Tertiary Prevention* scores to lines that do not have them and rename *Tertiary Prevention* category to *Prevention*.
- Review line items that moved above/below the current funding line.
- Use a category-based multiplier for each line item to weight them appropriately (e.g., 10 minus category number = multiplier).

Other issues that were discussed:

- Since the lines below the funded region have been reviewed and pose no significant issue, they should be included in the reprioritization.
- Review any line that has a zero in *Effectiveness* or *Need for Services*.
- Review items listed with *Tertiary Prevention* scores to check for consistency.
- Review *Impact on Health Life Year* scores of 0-1.
- Consider illnesses of children separate from adults.

Dr. Walsh asked for volunteers to develop a hand-movement methodology, before June 15, 2006. Dr. Walsh will meet with Ms. Leda Garside, Dr. Olson and staff on June 5, 2006. Staff will share the outcome of this meeting with the Commission members in advance of the next meeting via e-mail.

XI. Line Zero

Dr. Mangum reviewed with the Commission some ideas for limiting Line Zero, including limiting some lab tests, establishing a finite number of office visits and a reduced pharmacy formulary.

Dr. Saha mentioned the potential for provider back-lash at creating a one-size-fits-all approach to delivering health care. Others affirmed that the thought of legal liability if a provider does not or cannot test appropriately might be a factor. Another concern is limiting patient access to care by reducing diagnostic coverage because of some physicians practice habits of ordering unnecessary tests.

Questions to answer:

- Is there liability protection for practitioners written in the law?
- Should there be a primary care pilot project to test limited diagnostic services?
- Is it possible to have certain symptom codes covered a limited number of times per year?
- What is the potential cost saving?

Dr. Kirk shared that the managed care plans, in which 70% of OHP clients are enrolled, have been limiting diagnostic tests according to medically necessity.

XII. Next Steps

Staff will meet with selected members on June 5th and will forward that meeting's outcome information to all members.

Each member will review the resorted list to identify lines they would like to consider for hand-placement.

Staff will gather information on the posed Line Zero questions.

XIII. Other Business

No new business was brought forward at this time.

XIV. Public Comment

No public comment was made at this time.

XV. Adjournment

Dr. Walsh adjourned the meeting of the Health Services Commission at 3:45 p.m.

Interim Modifications for Review on 5/25/06

3) Non-pairings: discussion required

V50.41 Prophylactic organ removal; breast

Non-Pairing Provider

ADD 225 CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

10) Inappropriate pairings: straightforward

37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)

Not Indicated Provider not indicated for budd-chiari or renal vein thrombosis

DELETE 39 BUDD-CHIARA SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS

11) Non-pairings: straightforward

21750 Closure of median sternotomy separation with or without debridement

21825 Open treatment of sternum fracture with or without skeletal fixation

Non-Pairing OMAP - MD

ADD 507 MALUNION AND NONUNION OF FRACTURE

23470 Arthroplasty, glenohumeral joint; hemiarthroplasty

Omission OMAP - MD

ADD 460 CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)

ATTACHMENT A

- 23472 Arthroplasty, glenohumeral joint; total shoulder replacement**
Omission OMAP - MD
ADD 145 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
- 28020 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint**
- 28022 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint**
- 28024 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint**
Omission OMAP - MD
ADD 473 DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE AND SHOULDER
- 35211 Repair blood vessel, direct; intrathoracic, with bypass**
- 35216 Repair blood vessel, direct; intrathoracic, without bypass**
Omission OMAP - MD pair with 901.41 injury to blood vessels of thoracic cavity
ADD 114 INJURY TO BLOOD VESSELS OF THE THORASIC CAVITY
- 37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**
Omission Provider pair with 453.4/451.1 thrombosis deep veins LE w/wo embolism
ADD 211 PHLEBITIS AND THROMBOPHLEBITIS, DEEP
- 43271 ERCP; with endoscopic balloon dilation of ampulla, biliary and/or pancreatic duct**
Omission OMAP - RN pair with 574.00 calculus of gallbladder with acute cholecystitis
ADD 363 CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
- 45005 Incision and drainage of submucosal abscess, rectum**
- 45020 Incision and drainage of deep supralevator, pelvirectal or retrorectal abscess**
Omission OMAP - MD pair with 566, abscess of anal/rectal regions
ADD 351 ABSCESS AND CELLULITIS, NON-ORBITAL

ATTACHMENT A

- 45381 Colonoscopy; with directed submucosal injection, any substance**
Non-Pairing Provider pair with 211.3 benign neoplasm of bowel
ADD 266 ANAL, RECTAL AND COLONIC POLYPS
- 94640 Pressurized or non-pressurized inhalation treatment for acute airway obstruction or for sputum induction**
Omission OMAP - MD pair with 466.19 bronchiolitis
ADD 288 ACUTE BRONCHITIS AND BRONCHIOLITIS
- 97001 Physical therapy evaluation**
- 97002 Physical therapy re-evaluation**
- 97014 Application of modality: electrical stimulation**
- 97110 Therapeutic procedure; therapeutic exercises, range of motion**
Omission OMAP - RN pair with 754.1 congenital torticollis
ADD 324 SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
ADD 515 URINARY INCONTINENCE
- 97003 Occupational therapy evaluation**
- 97004 Occupational therapy re-evaluation**
- 97012 Application of modality: traction, mechanical**
- 97022 Application of modality: whirlpool**
- 97032 Application of modality: electrical stimulation (requiring one-on-one contact)**
- 97112 Therapeutic procedure; neuromuscular re-education**
- 97113 Therapeutic procedure; aquatic therapy**
- 97116 Therapeutic procedure; gait training**
- 97124 Therapeutic procedure; massage**
- 97140 Manual therapy techniques**
- 97150 Therapeutic procedures, group**
Omission OMAP - MD pair with 754.1 congenital torticollis
ADD 324 SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

ATTACHMENT B

Line 94: COARCTATION OF AORTA
SURGICAL TREATMENT

747.10 Coarctation of aorta (preductal/postductal) (also on Line 144)
747.2 Other anomalies of aorta (anomalies of aortic arch, atresia and stenosis of aorta, including aneurysm of sinus of valsalva) Also on Line 310 - delete from there.
~~747.3 Anomalies of pulmonary artery~~ Also on Line 102 - leave there.

CPT codes:

35452 Transluminal balloon angioplasty, open; aortic (from Line 144)
35472 Transluminal balloon angioplasty, percutaneous; aortic (from Line 144)
33720 Repair sinus of Valsalva aneurysm
33722 Closure of aortico-left ventricular tunnel
33802 Division of aberrant vessel (vascular ring)
33803 Division of aberrant vessel (vascular ring), with reanastomosis
33840 Excision of coarctation of aorta with direct anastomosis
33845 Excision of coarctation of aorta, with graft
33851 Excision of coarctation of aorta with direct anastomosis, repair using either left subclavian or prosthetic material as gusset for enlargement
33852 Repair of hypoplastic or interrupted aortic arch, without CPB
33853 Repair of hypoplastic or interrupted aortic arch, with CPB

COMBINE WITH LINE 144 COARCTATION OF AORTA/BALLOON DILATION

Line 95: ATRIAL SEPTAL DEFECT, PRIMUM ~~(Cresant-shaped defect in lower atrial septum and cleft in mitral valve)~~ Retitle "Endocardial Cushion Defects"
REPAIR

~~SEPTAL DEFECT~~

745.60 Endocardial cushion defect, unspecified type (from Line 105)
745.61 Endocardial cushion defects, ostium primum defect (also termed incomplete AV canal defect or incomplete AV septal defect)
745.69 Other (absence atrial septum, common AV canal, common atrium, AV canal type VSD)(from 105)
745.8 Other (defect of septal closure) (from Line 105)
745.9 Unspecified defect of septal closure

CPT codes:

33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33641 Repair atrial septal defect, secundum, with CPB, with/without patch
33660 Repair incomplete or partial AV canal, with/without AV valve repair
33665 Repair intermedicate or transitional AV canal, with/without AV valve repair
33670 Repair of complete AV canal, with or without prosthetic valve (from Line 105)
~~33735 Atrial septectomy or septostomy, closed heart~~
~~33736 Atrial septectomy or septostomy, open heart with CPB~~
~~33737 Atrial septectomy or septostomy, open heart with inflow occlusion~~

COMBINE WITH LINE 105, OTHER AND UNSPECIFIED TYPES ENDOCARDIAL CUSHION DEFECTS

Line 96: VENTRICULAR SEPTAL DEFECT
CLOSURE

745.4 VSD (includes Eisenmenger's complex)
~~745.7 Cor Biloculare (single atrium and single ventricle)~~
Move 745.7 Cor Biloculare to Line 151, Common Ventricle

CPT codes:

~~33545 Repair of postinfarction VSD~~ Move to Line 261, Myocardial Infarction (not on this report)
~~33610 Repair of complex cardiac anomalies by surgical enlargement of VSD~~ Already on Line 151
33647 Repair of ASD and VSD with direct or patch closure
33665 Repair of intermediate or transitional AV canal, with/without AV valve repair
33681 Closure of VSD, with/without patch
33684 Closure of VSD, with/without patch, with pulmonary valvotomy or infundibular resection
33688 Closure of VSD, with/without patch, with removal of pulmonary artery band

Line 97: SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART Change title to "Congenital Heart Block, Other Obstructive Anomalies of Heart"
RESECTION, REPAIR Change to "Medical Therapy"

~~746.8 Other specified anomalies of heart~~ (subaortic stenosis, cor triatrium, infundibular pulmonic stenosis, coronary artery anomaly, congenital heart block, malposition of heart)
Move 746.81, Subaortic Stenosis, to Line 195, Congenital Stenosis and Insufficiency of Aortic Valve
Move 746.82, Cor Triatrium, to Line 104, Total Anomalous Pulmonary Venous Connection
Move 746.83, Infundibular Pulmonic Stenosis, to Line 368, Congenital Pulmonary Valve Stenosis
Leave 746.84, Obstructive Anomalies of Heart, NEC (Uhl's disease) here
746.85, Coronary Artery Anomaly, currently on Line 100, Coronary Artery Anomaly
Leave 746.86, Congenital Heart Block, here
746.87, Malposition of Heart and Cardiac Apex, currently on Line 102

Leave 746.89, Other, here

CPT codes:

~~32661 Thorascopy, with excision of pericardial cyst, tumor or mass~~
~~33404 Construction of apical aortic conduit~~ Move to Line 195, Cong. Stenosis and Insuff of Aortic Valve
~~33415 Resection of incision of subvalvular tissue for discrete subvalvular aortic stenosis~~ On 195
~~33416 Ventriculomyotomy for IHSS~~ On 195
~~33417 Aortoplasty for supra-valvular stenosis~~ On 195
33476 Right ventricular resection for infundibular stenosis, with/without commissurotomy Move to Line 368, Cong. Pulm. Valve Stenosis
~~33478 Outflow tract augmentation, with/without commissurotomy or infundibular resection~~ Move to 368
~~33732 Repair of cor triatrium or supra-valvular mitral ring by resection of left atrial membrane~~ Move to Line 104, Total Anomalous Pulmonary Venous Connection
Add Medical Therapy codes

Line 100: CORONARY ARTERY ANOMALY
REIMPLANTATION OF CORONARY ARTERY

746.85 Coronary artery anomaly

CPT codes:

33500 Repair of coronary AV fistula or arteriocardiac chamber fistula, with CPB
33501 Repair of coronary AV fistula or arteriocardiac chamber fistula, without CPB
33502 Repair of anomalous coronary artery, by ligation
33503 Repair of anomalous coronary artery, by graft, with CPB
33504 Repair of anomalous coronary artery, by graft, without CPB
33505 Repair of anomalous coronary artery, with construction of intrapulmonary artery tunnel
33506 Repair of anomalous coronary artery, by translocation from pulmonary artery to aorta
33508 Endoscopy, surgical, including harvest of vein for coronary artery bypass procedure
33510 Coronary artery bypass, vein only, single coronary venous graft

35572 Harvest of femoropopliteal vein for vascular reconstruction procedure

Line 101: COMPLETE, CORRECTED AND OTHER TRANSPOSITION OF THE GREAT VESSELS
REPAIR

745.10 Complete transposition of the great vessels

745.12 Corrected transposition of the great vessels

745.19 Other transposition of the great vessels

CPT codes:

33735 Atrial septectomy or septostomy, closed heart

33737 Atrial septectomy or septostomy, open heart with inflow occlusion

33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig)

33764 Shunt; central, with prosthetic graft

33770 Repair of transposition of the great arteries with VSD and subpulmonary stenosis; without surgical enlargement of VSD

33771 Repair of transposition of the great arteries with VSD and subpulmonary stenosis; with surgical enlargement of VSD

33774 Repair of transposition of the great arteries, atrial baffle procedure (Mustard or Senning) with CPB

33775 Repair of transposition of the great arteries, atrial baffle procedure (Mustard or Senning) with CPB; with removal of pulmonary band

33776 Repair of transposition of the great arteries, atrial baffle procedure (Mustard or Senning) with CPB; with closure of VSD

33777 Repair of transposition of the great arteries, atrial baffle procedure (Mustard or Senning) with CPB; with repair of subpulmonic obstruction

33778 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (Jatene)

33779 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (Jatene); with removal of pulmonary band

33780 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (Jatene); with closure of VSD

33781 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (Jatene); with repair of subpulmonic obstruction

Line 102: TETRALOGY OF FALLOT
TOTAL REPAIR TETRALOGY

745.2 Tetralogy of Fallot

746.09 Other congenital anomalies of heart (cong insuff of pulm valve, Fallot's triad or trilogy)

746.87 Malposition of heart and cardiac apex

746.9 Unspecified anomaly of heart

747.3 Anomalies of pulmonary artery

747.42 Partial anomalous pulmonary venous return

747.49 Other anomalies of great veins (absence of vena cava, cong stenosis of vena cava)

CPT codes:

33606 Anastomosis of pulmonary artery to aorta

33692 Complete repair of tetralogy of Fallot without pulmonary atresia

33694 Complete repair of tetralogy of Fallot without pulmonary atresia; with transannular patch

33697 Complete repair of tetralogy of Fallot with pulmonary atresia including construction of conduit from R ventricle to pulm artery and closure of VSD

33735 Atrial septectomy or septostomy, closed heart

33736 Atrial septectomy or septostomy, open heart with CPB

33737 Atrial septectomy or septostomy, open heart with inflow occlusion

33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig)

33764 Shunt; central, with prosthetic graft
33924 Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure

Line 103: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA
LIGATION

417.0 AV fistula of pulmonary vessels
~~746.85 Coronary artery anomaly~~ Currently on Line 100
747.0 PDA
747.83 Persistent fetal circulation

CPT codes:

33500 Repair of coronary AV or arteriocardiac chamber fistula; with CPB
33501 Repair of coronary AV or arteriocardiac chamber fistula; without CPB
33502 Repair of anomalous coronary artery; by ligation
33503 Repair of anomalous coronary artery; by graft, without CPB
33504 Repair of anomalous coronary artery; by graft, with CPB
33702 Repair of sinus of Valsalva fistula, with CPB
33710 Repair of sinus of Valsalva fistula, with CPB; with repair of VSD
33813 Obliteration of aortopulmonary septal defect; without CPB
33814 Obliteration of aortopulmonary septal defect; with CPB
33820 Repair of PDA, by ligation
33822 Repair of PDA, by division, under 18 years
33824 Repair of PDA, by division, 18 years and over
37204 Transcatheter occlusion or embolization, percutaneous, non-CNS, non- head/neck

Line 104: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
COMPLETE REPAIR

747.41 Total Anomalous Pulmonary Venous Connection
~~746.82 Cor Triatriatum~~

CPT codes:

33730 Complete repair of anomalous venous return
~~33732 Repair of cor triatriatum or supra-ventricular mitral ring by resection of left atrial membrane~~

~~Line 105: OTHER AND UNSPECIFIED TYPE ENDOCARDIAL CUSHION DEFECTS
REPAIR ATRIOVENTRICULAR~~

~~745.60 Endocardial cushion defect, unspecified type
745.69 Other (absence of atrial septum, common AV canal, common atrium, AV canal type VSD)
745.8 Other (defect of septal closure)~~

~~CPT codes:~~

~~33670 Repair of complete AV canal, with or without prosthetic valve
Combine with Line 95~~

~~Line 144: COARCTATION OF AORTA
BALLOON DILATION~~

~~747.10 Coarctation of aorta~~

~~CPT codes:~~

~~35452 Transluminal balloon angioplasty, open; aortic~~

~~35472 Transluminal balloon angioplasty, percutaneous; aortic~~
Combine with Line 94

Line 147: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY
MITRAL VALVE REPAIR/ REPLACEMENT

746.5 Congenital mitral stenosis

746.6 Congenital mitral insufficiency (from Line 316)

CPT codes:

33420 Valvotomy, mitral valve; closed heart

33422 Valvotomy, mitral valve; open heart, with CPB

33425 Valvuloplasty, mitral valve, with CPB

33426 Valvuloplasty, mitral valve, with CPB; with prosthetic ring

33427 Valvuloplasty, mitral valve, with CPB; radical reconstruction, with or without ring

33430 Replacement, mitral valve, with CPB

33496 Repair of non-structural prosthetic valve dysfunction with CPB

Line 148: COMMON TRUNCUS
TOTAL REPAIR/ REIMPLANT ARTERY

745.0 Common truncus

CPT codes:

33608 Repair of complex cardiac anomaly other than pulmonary atresia with VSD by construction or replacement of conduit from right or left ventricle to pulmonary artery

33690 Banding of pulmonary artery

33786 Total repair, truncus arteriosus (Rastelli)

33788 Reimplantation of anomalous pulmonary artery

33813 Obliteration of aortopulmonary septal defect, without CPB

33814 Obliteration of aortopulmonary septal defect, with CPB

Line 149: CONGENITAL TRICUSPID ATRESIA AND STENOSIS
REPAIR

746.1 Tricuspid atresia and stenosis, congenital

CPT codes:

33460 Valvectomy, tricuspid valve, with CPB

33463 Valvuloplasty, tricuspid valve; without ring insertion

33464 Valvuloplasty, tricuspid valve; with ring insertion

33496 Repair of non-structural prosthetic valve dysfunction with CPB

33615 Repair of complex cardiac anomalies (tricuspid atresia) by closure of atrial septal defect and anastomoses of atria or vena cava to pulmonary artery (simple Fontan)

33617 Repair of complex cardiac anomalies (single ventricle) by modified Fontan

33735 Atrial septectomy or speptostomy; closed heart (Blalock-Hanlon)

33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig)

33766 Shunt; superior vena cava to pulmonary artery for flow to one lung (classic Glenn)

Line 150: BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE:
DOUBLE OUTLET RIGHT VENTRICLE
SHUNT/REPAIR

745.11 Double outlet right ventricle

CPT codes:

- 33611 Repair of double outlet right ventricle with IV tunnel repair
- 33612 Repair of double outlet right ventricle with IV tunnel repair; with repair of right ventricular outflow tract obstruction
- 33684 Closure of VSD, with or without patch; with pulmonary valvotomy or infundibular resection
- 33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig)
- 33755 Shunt; ascending aorta to pulmonary artery (Waterston)
- 33762 Shunt; descending aorta to pulmonary artery (Potts-Smith)
- 33764 Shunt; central, with prosthetic graft
- 33766 Shunt; superior vena cava to pulmonary artery for flow to one lung (classic Glenn)

Line 151: COMMON VENTRICLE
TOTAL REPAIR

745.3 Common ventricle

[745.7 Cor Biloculare \(from Line 96, VSD\)](#)

CPT codes:

- 33600 Closure of AV valve by suture or patch
- 33602 Closure of semilunar valve by suture or patch
- 33610 Repair of complex cardiac anomalies by surgical enlargement of VSD
- 33615 Repair of complex cardiac anomalies (tricuspid atresia) by closure of atrial septal defect and anastomoses of atria or vena cava to pulmonary artery (simple Fontan)
- 33617 Repair of complex cardiac anomalies (single ventricle) by modified Fontan
- 33690 Banding of pulmonary artery
- 33692 Complete repair tetralogy of Fallot without pulmonary atresia
- 33694 Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
- 33735 Atrial septectomy or septostomy; closed heart (Blalock-Hanlon)
- 33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig)
- 33764 Shunt; central, with prosthetic graft
- 33766 Shunt; superior vena cava to pulmonary artery for flow to one lung (classic Glenn)
- 33767 Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn)
- 33924 Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure

Line 152: CONGENITAL PULMONARY VALVE ATRESIA
SHUNT/REPAIR

746.00 Pulmonary valve anomaly, unspecified

746.01 Pulmonary valve atresia, congenital

CPT codes:

- 33470 Valvotomy, pulmonary valve, closed heart; transventricular
- 33471 Valvotomy, pulmonary valve, closed heart; via pulmonary artery
- 33472 Valvotomy, pulmonary valve, open heart; with inflow occlusion
- 33474 Valvotomy, pulmonary valve, open heart; with inflow occlusion, with CPB
- 33530 Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation
- 33608 Repair of complex cardiac anomaly other than pulmonary atresia with VSD by construction or replacement of conduit from right or left ventricle to pulmonary artery

- 33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig)
- 33755 Shunt; ascending aorta to pulmonary artery (Waterston)
- 33762 Shunt; descending aorta to pulmonary artery (Potts-Smith)
- 33764 Shunt; central, with prosthetic graft

33766 Shunt; superior vena cava to pulmonary artery for flow to one lung (classic Glenn)
33918 Repair of pulmonary atresia with VSD, by unifocalization of pulmonary arteries; without CPB
33919 Repair of pulmonary atresia with VSD, by unifocalization of pulmonary arteries; with CPB
33920 Repair of pulmonary atresia with VSD, by construction or replacement of conduit from right or left ventricle to pulmonary artery

Line 153: INTERRUPTED AORTIC ARCH
TRANSVERSE ARCH GRAFT

747.11 Interruption of aortic arch

CPT codes:

33608 Repair of complex cardiac anomaly other than pulmonary atresia with VSD by construction or replacement of conduit from right or left ventricle to pulmonary artery
33852 Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without CPB
33853 Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with CPB
33870 Transverse arch graft, with CPB

Line 195: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE
SURGICAL VALVE REPLACEMENT/VALVULOPLASTY

746.3 Congenital stenosis of aortic valve
746.4 Congenital insufficiency of aortic valve

[746.81, Subaortic Stenosis](#)

CPT codes:

33400 Valvuloplasty, aortic valve; open, with CPB
[33404 Construction of apical-aortic conduit](#)
33405 Replacement, aortic valve, with CPB; with prosthetic valve other than homograft or stentless valve
33406 Replacement, aortic valve, with CPB; with allograft valve
33410 Replacement, aortic valve, with CPB; with stentless tissue valve
33411 Replacement, aortic valve, with aortic annulus enlargement, noncoronary cusp
33412 Replacement, aortic valve, with transventricular aortic annulus enlargement (Konno)
33413 Replacement, aortic valve, by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross)
33414 Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415 Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416 Ventriculomyotomy for IHSS
33417 Aortoplasty (gusset) for supraaortic stenosis

Line 308: EBSTEIN'S ANOMALY
REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT

746.2 Ebstein's anomaly

CPT codes:

33460 Valvectomy, tricuspid valve, with CPB
33465 Replacement, tricuspid valve, with CPB
33468 Tricuspid valve repositioning and plication for Ebstein's anomaly
33641 Repair ASD, secundum, with CPB, with or without patch
33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647 Repair of ASD and VSD, with direct or patch closure

Line 310: DISEASES AND DISORDERS OF AORTIC VALVE

AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY

- 395 Rheumatic disease of aortic valve
- 424.1 Aortic valve disorders (insufficiency, stenosis)
 - ~~710.0 Systemic lupus erythematosus (already on Line 335, SLE)~~
 - ~~720.0 Ankylosing spondylitis (already on Line 369, RA)~~
 - ~~745.0 Common truncus (already on Line 148)~~
 - ~~747.21 Anomalies of aortic arch (already on Line 94)~~
 - ~~759.82 Marfan's syndrome (already on dysfunction lines)~~

CPT codes:

- 33400 Valvuloplasty, aortic valve; open, with CPB
 - 33401 Valvuloplasty, aortic valve; open, with inflow occlusion
 - 33403 Valvuloplasty, aortic valve; open, using transventricular dilation, with CPB
 - 33404 Construction of apical-aortic conduit
 - 33405 Replacement, aortic valve, with CPB; with prosthetic valve other than homograft or stentless valve
 - 33410 Replacement, aortic valve, with CPB; with stentless tissue valve
 - 33411 Replacement, aortic valve, with aortic annulus enlargement, noncoronary cusp
 - 33412 Replacement, aortic valve, with transventricular aortic annulus enlargement (Konno)
 - 33413 Replacement, aortic valve, by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross)
 - 33496 Repair of non-structural prosthetic valve dysfunction with CPB
 - ~~33973 Insertion of intra-aortic balloon assist device through the ascending aorta~~
 - ~~33974 Removal of intra-aortic balloon assist device from the ascending aorta, including repair of ascending aorta, with or without graft~~
- Recommend moving these, as well as other assist codes, to ancillary file; see below.

Line 315: ATRIAL SEPTAL DEFECT, SECUNDUM REPAIR SEPTAL DEFECT

745.5 Ostium secundum type ASD

CPT codes:

- 33641 Repair atrial septal defect, secundum, with CPB, with/without patch
- 33647 Repair of ASD and VSD with direct or patch closure

Line 316: DISEASES OF MITRAL VALVE VALVULOPLASTY, MITRAL VALVE REPLACEMENT, MEDICAL THERAPY

- 391.1 Acute rheumatic endocarditis
- 394 Rheumatic diseases of mitral valve
- 396 Rheumatic diseases of mitral and aortic valves
- 424.0 Mitral valve disorders (insufficiency, stenosis)
 - ~~746.5 Congenital mitral stenosis Currently on Line 147~~
 - ~~746.6 Congenital mitral insufficiency Move to Line 147~~

746.89 Other anomalies of heart (atresia of cardiac vein, congenital cardiomegaly, LV diverticulum)

CPT codes:

- 33420 Valvotomy, mitral valve; closed heart
- 33422 Valvotomy, mitral valve; open heart, with CPB
- 33425 Valvuloplasty, mitral valve, with CPB
- 33426 Valvuloplasty, mitral valve, with CPB; with prosthetic ring
- 33427 Valvuloplasty, mitral valve, with CPB; radical reconstruction, with or without ring
- 33430 Replacement, mitral valve, with CPB
- 33496 Repair of non-structural prosthetic valve dysfunction with CPB

~~33973 Insertion of intra-aortic balloon assist device through the ascending aorta~~
~~33974 Removal of intra-aortic balloon assist device from the ascending aorta, including repair of~~
~~—— ascending aorta, with or without graft~~

Recommend moving these, as well as other assist codes, to ancillary file; see below.

Line 367: HYPOPLASTIC LEFT HEART SYNDROME
REPAIR

746.7 Hypoplastic left heart syndrome

CPT codes:

33615 Repair of complex cardiac anomalies (tricuspid atresia) by closure of atrial septal defect and anastomoses of atria or vena cava to pulmonary artery (simple Fontan)
33617 Repair of complex cardiac anomalies (single ventricle) by modified Fontan
33619 Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (Norwood)
33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig)
33766 Shunt; superior vena cava to pulmonary artery for flow to one lung (classic Glenn)
33767 Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn)

Line 368: CONGENITAL PULMONARY VALVE STENOSIS
PULMONARY VALVE REPAIR

746.02 Pulmonary valve stenosis, congenital

746.83 Infundibular pulmonic stenosis (from Line 97)

CPT codes:

33470 Valvotomy, pulmonary valve, closed heart; transventricular
33478 Outflow tract augmentation, with/without commissurotomy or infundibular resection
33496 Repair of non-structural prosthetic valve dysfunction with CPB
33476 Right ventricular resection for infundibular stenosis, with or without commissurotomy

Cardiac assist codes:

33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours - Line 135
33961 Prolonged extracorporeal circulation for cardiopulmonary insuff; each add 24 hours - Lines 10, 135
33967 Insertion of intra-aortic balloon assist device, percutaneous - Line 261
33968 Removal of intra-aortic balloon assist device, percutaneous - No Line currently
33970 Insertion of intra-aortic balloon assist device through femoral artery, open approach - Line 261
33971 Removal of intra-aortic balloon assist device including repair of femoral artery - Line 261
33973 Insertion of intra-aortic balloon assist device, through ascending aorta - Lines 174, 206, 261, 291,
306, 310, 316, 320, 321
33974 Removal of intra-aortic balloon assist device from ascending aorta, including repair - Lines 174,
206, 261, 291, 306, 310, 316, 320, 321

Recommend removal of all these codes from the lines they currently reside on and moving to Ancillary File.

ATTACHMENT C

DRAFT PRIORITIZATION METHODOLOGY FOR HSC'S 2006 BIENNIAL REVIEW OF LIST

Each line item on the Prioritized List will initially be assigned to one of the following ranked categories of care.

- 1) Maternity & Newborn Care - Obstetrical care for pregnancy. *Prenatal care; delivery services; postpartum care; newborn care for conditions intrinsic to the pregnancy.*
- 2) Primary Prevention and Secondary Prevention - Effective preventive services used prior to the presence of disease and screenings for the detection of diseases at an early stage. *Immunizations; fluoride treatment in children; mammograms; pap smears; blood pressure screening; well child visits; routine dental exams.*
- 3) Chronic Disease Management - Predominant role of treatment in the presence of an established disease is to prevent an exacerbation or a secondary illness. *Medical therapy for diabetes mellitus, asthma, and hypertension. Medical/psychotherapy for schizophrenia.*
- 4) Reproductive Services - Excludes maternity and infertility services. *Contraceptive management; vasectomy; tubal occlusion; tubal ligation.*
- 5) Comfort Care - Palliative therapy for conditions in which death is imminent. *Hospice care; pain management.*
- 6) Fatal Conditions, Where Treatment is Aimed at Disease Modification or Cure - *Appendectomy for appendicitis; medical & surgical treatment for treatable cancers; dialysis for end-stage renal disease; medical therapy for stroke; medical/psychotherapy for single episode major depression.*
- 7) Nonfatal Conditions, Where Treatment is Aimed at Disease Modification or Cure - *Treatment of closed fractures; medical/psychotherapy for obsessive-compulsive disorders; medical therapy for chronic sinusitis.*
- 8) Self-limiting conditions - Treatment expedites recovery for conditions that will resolve on their own whether treated or not. *Medical therapy for diaper rash, acute conjunctivitis and acute pharyngitis.*
- 9) Inconsequential care - Services that have little or no impact on health status due to the nature of the condition or the ineffectiveness of the treatment. *Repair fingertip avulsion that does not include fingernail; medical therapy for gallstones without cholecystitis, medical therapy for viral warts.*

It was felt that the dysfunction lines will have to be handled separately as they were in the prioritization of the initial list.

Population & Individual Impact Measures

Impact on Health Life Years - to what degree will the condition impact the health of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, where the impacts could potentially be experienced over a person's entire lifespan)? *Range of 0 (no impact) to 10 (high impact).*

Impact on Suffering - to what degree does the condition result in pain and suffering? Effect on family members (e.g. dealing with a loved one with Alzheimer's disease or needing to care for a person with a life-long disability) should also be factored in here. *Range of 0 (no impact) to 5 (high impact).*

Population Effects - the degree to which individuals other than the person with the illness will be affected. Examples include public health concerns due the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness. *Range of 0 (no effects) to 5 (widespread effects).*

Vulnerability of Population Affected - to what degree does the condition affect vulnerable populations such as those of certain racial/ethnic descent or those afflicted by certain debilitating illnesses such as HIV disease or alcohol & drug dependence? *Range of 0 (no vulnerability) to 5 (high vulnerability).*

Tertiary Prevention - in considering the ranking of services within new categories 6 and 7, to what degree does early treatment prevent complications of the disease (not including death)? *Range of 0 (doesn't prevent complications) to 5 (prevents severe complications).*

Effectiveness - to what degree does the treatment achieve its intended purpose? *Range of 0 (no effectiveness) to 5 (high effectiveness).*

Need for Medical Services - the percentage of time in which medical services would be required after the diagnosis has been established. *Percentage from 0 (services never required) to 1 (services always required).*

Net Cost - the cost of treatment for the typical case (including lifetime costs associated with chronic diseases) minus the expected costs if treatment is not provided -- including costs incurred through safety net providers (e.g., emergency departments) for urgent or emergent care related to the injury/illness or resulting complications. *Range of 0 (high net cost) to 5 (cost saving).*

To arrive at a total score for a line item the ratings for the first four measures (five for categories 6 and 7) will be summed and then multiplied by both the effectiveness rating and the need for medical services. The rating for net cost will be used as a tiebreaker in the case of equal total scores within categories for two or more line items. It may also be considered along with other factors in making "hand-adjustments" after the initial computer sort.

Minutes

HEALTH SERVICES COMMISSION

June 29, 2006

Members Present: Eric Walsh MD, Chair; Daniel Mangum DO; Somnath Saha MD, MPH; Kevin Olson MD; Laurie Theodorou LCSW; Bryan Sohl MD; Susan McGough (arrived at 11:17 am); Bruce Abernethy; Leda Garside RN, BSN (arrived at 10:40 am).

Members Absent: Dan Williams and Kathryn Weit.

Staff Present: Darren Coffman; Alison Little, MD, MPH; Dorothy Allen.

Also Attending: Chris Kirk, MD, OHP Medical Directors; Bill Struyk, Johnson & Johnson; Wally Shaffer MD and Chris Barber, Office of Medical Assistance Programs (OMAP); Ariel Salzman, PT Northwest; Shiela Rittenberg, National Psoriasis Foundation; Rick Wopat, MD; Laura Sisulak, OPCA; Ann Uhler, Kathy Savicki and David Pollack, MD, MHCD Subcommittee.

I. Call to Order

Dr. Eric Walsh, Chair, called the Health Services Commission (HSC) meeting to order at 10:06 a.m. in room 117B&C at Meridian Park Hospital, Community Health Education Center, 19300 SW 65th Avenue, Tualatin, Oregon. Mr. Darren Coffman called the roll.

II. Approval of Minutes

MOTION: Accept the May 25, 2006 Minutes without changes. MOTION CARRIES: 7-0.

III. Chair's Report

Dr. Walsh explained this Commission's historic process for selecting a new chair of the Health Services Commission (HSC) and the Health Outcomes Subcommittee (HOSC), whereby the chair of the HOSC becomes the HSC Chair and the most senior member of the HOSC becomes that subcommittee's chair.

Dr. Walsh nominated Dr. Daniel Mangum, the HOSC current chair to become the HSC Chair.

Dr. Walsh explained that though Dr. Bryan Sohl is most senior member of the HOSC, based on a phone conversation this past week, Dr. Sohl's schedule demands will not allow him the flexibility to take on the chairmanship. Therefore, Dr. Walsh nominated Dr. Somnath Saha.

MOTION: To accept elect Dr. Mangum as Chair of HSC and Dr. Saha as the Chair of HOSC. MOTION CARRIES: 7-0.

IV. Director's Report /OHP Update

Mr. Coffman thanked Dr. Alison Little and Dr. Walsh for their time served with the Commission and expressed his appreciation for their high quality level of work and dedication.

Mr. Coffman updated the members regarding filling the Medical Director position. The position is likely to be posted in July, hoping to name a new director in August. Dr. Kathy Weaver, the Health Resources Commission Director and former HSC Medical Director will be helping until the position is filled.

Mr. Coffman stated that once the Commission approves the Prioritized List of Health Services, the Governor's Office would seek stakeholder input. There have been reports of a formal body convening to gather and analyze the input.

Mr. Coffman discussed reviving the Line Zero Task Force with a potential meeting to be held in August. Some suggestions include limiting certain tests for both benefit packages and tailoring Line Zero diagnostics to match OHP Standard benefits.

The OHP contractors have requested the interim modifications to the list as soon as possible as the new ICD-9-CM codes must be implemented by October 1, 2006 according to HIPAA regulations. Due to the volume of work the staff has been producing, the ICD-9-CM codes are not yet ready for review. This will need to be addressed in August, either by a phone conference or a meeting.

The CPT codes will need to be reviewed and finalized at the December 2006 meeting, with a very short turn around to OHP, becoming effective January 1, 2007.

V. Medical Director's Report

Dr. Alison Little shared that she felt honored to have been a part of this process for the past ten years and is proud to have seen this commission move to a scientific-based approach versus a politically-based approach.

Dr. Little turned the floor over to Dr. Wally Shaffer to speak about the Center For Evidence-Based Policy, Medicaid Evidence-based Decisions Project (MED).

Dr. Shaffer introduced himself, sharing though he is now the medical director of OMAP, he was the Health Resources Commission Chair.

The MED Project is a multi-state Medicaid project designed to find evidence for coverage decisions by Medicaid agencies. The Oregon Project is in the process of joining this effort. The HSC will have access to the MED Project's information and research.

There will be a web-based Information Clearinghouse for, in part, posting and downloading documents, discussion threads and background documentation. Information will include CMS decisions and other state's policies and procedures. Systematic reviews will be also conducted.

A membership to an established research pool will be negotiated for conducting technology assessments on medical devices, durable equipment and other treatment adjuncts. State membership costs \$150,000 per year for two years.

VI. Report from Health Outcomes Subcommittee

Mr. Coffman stated there were some items that were recommended at the May 25, 2006 HOSC meeting that were not discussed in the HSC meeting that need to be approved.

- 1) In addition to adding V50.41, Prophylactic breast removal, to Line 181, PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE 10, include a guideline to this line stating that coverage is for women with high-risk of breast cancer defined as being BRCA positive.

MOTION: To add a guideline for prophylactic breast removal to the adult prevention line as recommended. MOTION CARRIES:7-0.

- 2) Add 35452, Balloon angioplasty to Line 195, Congenital stenosis & insufficiency of aortic valve, Line 310, Diseases/disorders of aortic valve, and Line 368, Congenital pulmonary valve stenosis.

MOTION: To add these CPT codes to the congenital heart lines as recommended. MOTION CARRIES 7-0.

Dr. Mangum discussed with the Commissioners technical corrections listed in the document entitled, "Interim Modifications for Review on 6/29/06" (see Attachment A), noting in particular the Subcommittee's discussion of breast reconstruction after a mastectomy, where the healthy breast is very large. The Subcommittee deliberated over whether it made sense to allow a reduction of the healthy breast rather than to reconstruct the other to a very large size. Input from OMAP indicated that this procedure has been performed in the past, but on an exception basis. The Subcommittee recommended against adding this code to the list.

MOTION: To accept the HOSC's technical correction recommendations appearing in Attachment A with the exception of adding reduction mammoplasty (19318) to line 225. MOTION CARRIES: 8-0.

The Subcommittee recommends to add V-codes to the list as they come up rather than try to add every V-code to the appropriate line(s) of the list at this time.

The OHP Medical Director's had some issues with the new psoriasis guideline approved in the last meeting. The Subcommittee discussed adding new language to the guideline to address these concerns. It was suggested to add the phrase "functional impairment" to the first part of the guideline defining who would qualify for treatment.

The complete guideline will now read:

Moderate to severe psoriasis is defined as having functional impairment and one or more of the following:

- a) 10% body surface area and/or
- b) Hand, foot or mucus membrane involvement..

First line agents include topical agents, oral retinoids, phototherapy and methotrexate. Use of other systemic agents should be limited to those who fail, have contraindications to, or do not have access to first line agents.

MOTION: To approve the new psoriasis guideline as stated. MOTION CARRIES: 8-1.

The Subcommittee discussed the therapy guideline that was amended during the May meeting. There were discussions with OMAP regarding definition of the phrase “immediately following stabilization from an acute event.” OMAP agreed to use the current guideline and report back with issues.

The Subcommittee heard testimony from representatives from a subsidiary of Johnson & Johnson regarding surgical treatment of obesity. Discussions were tabled until the Health Resources Commission evidence-based study is complete.

VII. Report from Interim Workgroup

Dr. Walsh reported on the interim workgroup’s discussion of weighting categories in the reprioritization methodology. Each category was weighted by a multiplier as listed in the chart below.

Category	Name	Multiplier
1	Maternity & Newborn Care	100
2	Primary Prevention and Secondary Prevention	95
3	Chronic Disease Management	75
4	Reproductive Services	70
5	Comfort Care	65
6	Fatal Conditions, Where Treatment is Aimed at Disease Modification or Cure	40
7	Nonfatal Conditions, Where Treatment is Aimed at Disease Modification or Cure	20
8	Self-limiting conditions	5
9	Inconsequential care	1

Dr. Rick Wopat and Dr. Saha shared their opinions about reordering the list in ways that made sense and presented a cohesive package.

A suggestion was made that perhaps there be no co-pay for preventive services and a reasonable co-pay for acute conditions.

Dr. Wopat shared, regarding the HSC’s issue with Line Zero, that Medicare requires a diagnosis code with every diagnostic test for payment. Currently the OHP does not. He suggested that tests for diagnoses below the line should also not be covered.

VIII. Report from MHCD Subcommittee

Darren Coffman reported that the Subcommittee has met every month since March 2006. During the last meeting the members adjusted their criteria ratings for some of the MHCD lines in order to align to the scale of the ratings with those of the physical health lines.

Representatives from the Mental Health and Chemical Dependency Subcommittee spoke to the Commission about their recommendation to give an effectiveness score of 3 to treatment of substance abuse and dependence, disorders as the outcome studies show a 60 percent success rate for one year.

Dr. David Pollock expressed that relapse is part of the substance abuse disorder illness, referencing a JAMA article comparing diabetes and hypertension to chronic drug and alcohol addiction. Ms. Kathy Savicki stated that dependence and abuse conditions are on the same line but these conditions are at very different stages, much like cancer lines.

Dr. Mangum mentioned the high per member per month cost for treatment of this condition. The Subcommittee members explained that the cost of drugs – which includes the cost of nursing staff to distribute – is included in the pricing of this line, as opposed to physical illness lines, whose drug costs are aggregated and then distributed across all lines by the actuary.

Ms. Savicki informed the Commission that there are new and very effective treatments for borderline personality disorder. Many patients are leaving mental health treatment due to this treatment. This treatment (Dialectical Behavior Therapy or DBT) is more readily available in public treatment and much more limited in private practice.

IX. Review of Draft 2007-09 Prioritized List

Dr. Walsh commented that 75 percent of the lines of the 1993 Prioritized List of Health Services were hand-moved for final placement. This year's iteration has been compiled using mathematical formulas to bring it as close to complete as possible; however, there are still lines that should be considered for movement. For instance, there have been common-sense questions raised that the members will need to review such as: Why are all the abscess and wound lines so far apart? Mr. Coffman mentioned there have been concerns about the scoring criteria of certain lines which should be discussed as well.

Several line's scoring criteria were examined and other lines were scrutinized for common-sense placement resulting in the following motions:

MOTION: To merge all lines relating to deep and periorbital abscesses into new line 92 and combine all superficial abscesses into new line 222 (and without hand moving it as previously suggested). MOTION CARRIES: 7-0.

MOTION: To keep morbid obesity (gastric bypass treatment) in it's current relative position until the HRC's evidence-based report can be reviewed. MOTION CARRIES: 8-0.

MOTION: To move the non-surgical line for the treatment of obesity (with no pharmaceutical support included) next to the line including preventive care for adults, with a guideline to be developed based on the recommendations of the US Preventive Services Task Force. MOTION CARRIES: 9-0.

X. Public Testimony

Laura Sisulak introduced herself as the Director of Policy for the Oregon Primary Care Association, an organization that serves the uninsured and the OHP Standard population.

Ms. Sisulak shared that their organization is generally supportive of the Commission's work but expressed concern about the potential of offering a very slim benefit package for OHP Standard, excluding specialty care and non-emergency care.

Dr. Walsh clarified that it's the legislature that defines the benefit package by drawing the line where it deems appropriate.

XI. Continued Review of Draft 2007-09 Prioritized List

After public testimony was taken, discussion continued on the criteria scores and rankings of the individual line items.

MOTION: To accept the recommendation of the MHCD Subcommittee on the placement of the mental health and chemical dependency lines based on the revised criteria scores. MOTION CARRIES: 8-1.

MOTION: To move the contents of the exophthalmus to line 483. MOTION CARRIES: 9-0.

Dr. Sohl and Dr. Saha suggested identifying ten conditions that meet the Commission's prevention model and hand moving those conditions to the top of the list. Twelve were identified and dubbed "The Healthy Dozen."

- | | |
|--|---|
| 1- Pregnancy | 7- Reproductive services |
| 2- Birth of infant | 8- Obesity (non-surgical) |
| 3- Preventive services, birth thru age 10 (incl. dental) | 9- Recurrent major depression |
| 4- Preventive services, over age 10 | 10- Type I diabetes mellitus |
| 5- Substance abuse & dependence | 11- Asthma |
| 6- Tobacco dependency | 12- Hypertension & hypertensive disease |

MOTION: To approved the preceding 12 conditions as the Top 12 line items on the new list. MOTION CARRIES: 7-0.

MOTION: To move benign lesions of the tongue and central renal artery occlusion just above the lines labeled "with no effective treatment or no treatment necessary" (above new line 669). MOTION CARRIES: 7-0.

MOTION: To accept the criteria ratings and resulting placement of the dysfunction lines as recommended by Kathryn Weit. MOTION CARRIES: 7-0.

XII. Approval of Prioritized List of Health Services for 2007-09 Biennium

MOTION: To submit the new list to the actuary for pricing and subsequently to the legislature for acceptance for determining OHP benefits for the 2007-09 biennium. MOTION CARRIES: 8-0.

XIII. Other Business

No other business was brought forth at this time.

XIV. Adjournment

Dr. Walsh adjourned the meeting of the Health Services Commission at 4:47 p.m.

Interim Modifications for Review on 6/29/06

2) Inappropriate pairings: discussion required

19324 Mammoplasty, augmentation; without prosthetic implant

19325 Mammoplasty, augmentation; with prosthetic implant

Not Indicated Provider

DELETE 225 CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

3) Non-pairings: discussion required

19318 Reduction mammoplasty

Non-Pairing Provider is symmetry procedure covered?

~~ADD 225 CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL~~

NOTE: After discussion, HSC accepted the recommendation of the HOSC to not make this change.

10) Inappropriate pairings: straightforward

54435 Corpora cavernosa-glans penis fistulization (biopsy needle, Winter procedure, rongeur, punch) for priapism

Not Indicated Provider

DELETE 516 HYPOSPADIUS AND EPISPADIUS

58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

Error OMAP - RN move to Line 93

DELETE 53 BIRTH CONTROL

ADD 93 STERILIZATION

11) Non-pairings: straightforward**45380 Colonoscopy; with biopsy, single or multiple****45382 Colonoscopy; with control of bleeding***Non-Pairing OMAP - MD pair with 211.3 benign neoplasm of bowel*

ADD 266 ANAL, RECTAL AND COLONIC POLYPS

53270 Excision, skene's gland*Non-Pairing Provider pair with 597.0, abscess of skene's gland*

ADD 351 ABSCESS AND CELLULITIS, NON-ORBITAL

54420 Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral**54435 Corpora cavernosa-glans penis fistulization (biopsy needle, Winter procedure, rongeur, punch) for priapism***Non-Pairing Provider pair with 607.3 priapism*ADD 431 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER
OUTLET OBSTRUCTION**96409 Chemotherapy administration, IV, push technique, single or initial substance****96411 Chemotherapy administration, IV, push technique, each add'l substance****96413 Chemotherapy administration, infusion technique, up to 1 hour, single or initial substance****96415 Chemotherapy administration, infusion technique, each add'l hour, 1 to 8 hours***Non-Pairing OMAP - MD*

ADD 293 REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE

ADD 369 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, ASEPTIC NECROSIS OF
BONE**T1015 Clinic visit/ encounter; all-inclusive***Omission OMAP - RN used by family planning clinics*

ADD 53 BIRTH CONTROL

Minutes

HEALTH SERVICES COMMISSION CONFERENCE CALL

July 7, 2006

Members Present: Eric Walsh MD, Chair; Daniel Mangum DO; Somnath Saha MD, MPH; Kevin Olson MD (arrived at 8:26 am); Laurie Theodorou LCSW (arrived at 8:34 am); Susan McGough; Bruce Abernethy; Leda Garside RN, BSN.

Members Absent: Bryan Sohl MD.

Staff Present: Darren Coffman; Dorothy Allen.

Also Attending: Bill Struyk, Johnson & Johnson; Kathy Savicki and David Pollack, MD, MHCD Subcommittee.

I. Call to Order –

Dr. Eric Walsh, Chair, called to order the Health Services Commission (HSC) meeting via conference call originating in the OHPR Conference Room at 255 Capitol Street NE, Salem, Oregon at 8:00 a.m. Mr. Darren Coffman called the roll.

II. Miscellaneous Items Regarding New List Needing Resolution

Dr. Walsh explained that following the last meeting where the 2006 Biennial Review was completed and line placement's altered, Mr. Coffman brought to his attention the need to review a few more codes and their placements.

a) **Placement of old line 701, INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY**

Mr. Coffman explained that old line 701 was deleted erroneously from the list. It is suggested that this line be placed after old line 705, MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY.

MOTION: To place old line 701 after old line 705. MOTION CARRIES: 6-0.

b) **Potential merging of old line 401, GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS/EXTRACTION OF CATARACT into new glaucoma line**

Should old Line: 401, GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS/EXTRACTION OF CATARACT, also be merged into the new medical & surgical

treatment of glaucoma line, since medical therapy for glaucoma associated with disorders of the lens is already there?

MOTION: To merge old line 401 with the new medical and surgical treatment of glaucoma line. MOTION CARRIES: 7-0.

c) Deletion of ICD-9-CM code 738.0, acquired deformity of nose, from old Line: 51, DEFORMITIES OF HEAD, COMPOUND/DEPRESSED FRACTURES OF SKULL

Should ICD-9-CM code 738.0, acquired deformity of nose, be deleted from old Line: 51, DEFORMITIES OF HEAD, COMPOUND/DEPRESSED FRACTURES OF SKULL? It is already on old line 612, DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE.

MOTION: To delete code 738.0 from old line 51. MOTION CARRIES: 7-0.

d) Wording for non-surgical treatment of obesity based on US Preventive Services Task Force recommendations

MOTION: To change the wording for the treatment description for the line on the non-surgical treatment of obesity to read "Intensive nutritional/physical activity counseling and behavioral interventions." MOTION CARRIES: 7-0.

e) Composition of new line combining somatoform and somatization disorders

Should the new line combining somatoform and somatization disorders include residential treatment and community psychiatric supportive treatment?

MOTION: To delete residential treatment and community psychiatric supportive treatment codes from the new somatoform/somatization disorders line. MOTION CARRIES: 7-0.

f) Discussion of intent of deleting old line 183, PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS

Mr. Coffman pointed out that if old Line: 183, PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS, is deleted, preventive foot care will be high for diabetes, much lower for peripheral atherosclerosis, not covered for alcoholic polyneuropathy, and not on the list at all for hereditary and idiopathic peripheral neuropathy (because pairing it on the dysfunction lines would pair it with far too many codes and these codes don't appear elsewhere). Is this the intent?

MOTION: To leave PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS, intact, and in its current relative position on the list. MOTION CARRIES: 7-0.

g) Placement of new line for foreign body in ear and nose

This is necessary due to splitting foreign body in ear and nose from cerumen impaction.

MOTION: To place foreign body in ear and nose at or near line 500. MOTION CARRIES: 7-0.

h) Placement of new line for atopic dermatitis

Where should the new line for atopic dermatitis be placed after being split out from contact dermatitis?

MOTION: To split atopic dermatitis and place on new line 546, just above CONTACT DERMATITIS AND OTHER ECZEMA. MOTION CARRIES: 8-0.

i) Placement of old line 408, CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA LINE\KERATOPLASTY

MOTION: To place cataract surgery one line ahead of after-cataract surgery. MOTION CARRIES: 8-0.

MOTION: To place CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA LINE at or near line 300. MOTION CARRIES: 8-0.

IV. Placement of Line Items Around Projected OHP Plus Funding Level

The Commission examined lines placed at or near the current funding level.

MOTION: To move new lines 584 (BREAST CYSTS AND OTHER DISORDERS OF THE BREAST), 573 (CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA) and 559 (CYSTS OF BARTHOLIN'S GLAND AND VULVA) to just below new line 503. MOTION CARRIES: 9-0.

V. Public Comment

No public comment was offered at this time.

VI. Approval of Prioritized List of Health Services for 2007-09 Biennium

MOTION: To approve the List of Prioritized Health Services for actuarial pricing. MOTION CARRIES: 8-0.

VII. Other Business

MOTION: To swap the placement of new line 169, NON-HODGKIN'S LYMPHOMA/MEDICAL THERAPY, with the placement of new line 224, HODGKIN'S LYMPHOMA/MEDICAL THERAPY. MOTION CARRIES: 8-0.

MOTION: To move GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES to or about line 55. MOTION CARRIES: 8-0.

MOTION: To allow Mr. Coffman to make minor coding and placement changes as recommended by the former medical director's' review with other physicians. MOTION CARRIES: 8-0.

VIII. Adjournment

Dr. Walsh adjourned the meeting of the Health Services Commission at 9:03 a.m.

Minutes

HEALTH SERVICES COMMISSION CONFERENCE CALL

August 24, 2006

Members Present: Daniel Mangum DO, Chair; Somnath Saha MD, MPH; Susan McGough (departed at 10:07 am); Bruce Abernethy; Leda Garside RN, BSN (arrived at 9:40 am); Kathryn Weit.

Members Absent: Bryan Sohl MD; Kevin Olson MD; Laurie Theodorou LCSW, Dan Williams.

Staff Present: Darren Coffman; Dorothy Allen.

Also Attending: Jeanene Smith MD, Office of Health Policy & Research; Tina Kitchen MD, DHS; Monica Herrera and Walter Shaffer MD, Office of Medical Assistance Programs; Jay Yedziniak, Office of Mental Health and Addiction Services.

I. Call to Order –

Dr. Dan Mangum, Chair, called to order the Health Services Commission (HSC) meeting via conference call originating in the Meridian Park Hospital, Community Health Education Center Room 107, 19300 SW 65th Avenue, Tualatin, Oregon at 9:15 a.m. Darren Coffman called the roll.

II. Placement of New ICD-9-CM Codes for October 1, 2006

The Commissioner's reviewed the newest ICD-9-CM codes released by the Center for Medicare & Medicaid Services for placement on the Prioritized List of Health Services.

MOTION: To accept the new ICD-9-CM code placement with the changes made by the Commission as interim modifications to list for implementation on October 1, 2006.

MOTION CARRIES: 5-0. (See Attachment A)

III. Approval of Minutes

MOTION: Accept the June 26, 2006 and July 7, 2006 minutes without changes.

MOTION CARRIES: 5-0.

IV. Other Business

The 2007-09 Prioritized List of Health Services has been submitted to the actuarial firm PricewaterhouseCoopers for pricing. After the submission, Mr. Coffman found some items that needed to be brought to the Commission's attention.

ICD-9-CM code 278.02 (Overweight) was included on the line for the non-surgical management of obesity. It was clear that the HSC wanted the services included on this line to follow the recommendations of the US Preventive Services Task Force, yet it was discovered that they are not recommending treatment for those that are overweight, only those that are obese.

MOTION: To take the ICD-9-CM code 278.02 (Overweight) off of line 8 on the new list for the 2007-09 biennium and place it on Non-OHP Services list. MOTION CARRIES: 5-0.

Mr. Coffman also discovered that a change approved by the Commission, to add preventive dental to the prevention line for children under 10 years of age, was not included in the final document. The Commission discussed several ways to rectify the situation and arrived at the following motion.

MOTION: On the 2007-09 Prioritized List of Health Services, keep the preventive dental line separate from the prevention line. MOTION CARRIES: 5-0.

ICD-9-CM code 370.0 was removed from the keratoplasty line during the biennial review assuming this was a duplication since the code appeared elsewhere on the list. It was found that this was the only line that paired corneal transplant with this diagnosis.

MOTION: Add back ICD-9-CM code 370.0, corneal ulcer, to the keratoplasty line (Line 335) on the 2007-09 Prioritized List. MOTION CARRIES: 5-0.

V. Public Comment

No public comment was offered at this time.

VI. Adjournment

Dr. Mangum adjourned the meeting of the Health Services Commission at 10:27 a.m.

Code	Description	Line Placement
052.2	Postvaricella myelitis	<u>644 (VIRAL, SELF-LIMITING ENCEPHALITIS & MYELITIS); 216, 333, 446, 447 (DYSFUNCTION LINES).</u>
53.14	Herpes zoster myelitis	<u>168 (OPPORTUNISTIC INFECTIONS); 203 (HERPES SIMPLEX & ZOSTER W/COMPLICATIONS);</u>
54.74	Herpes simplex myelitis	
238.74	Myelodysplastic syndrome with 5q deletion	<u>Add to 170 ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS & 121 OTHER SPECIFIED APLASTIC ANEMIAS</u>
238.75	Myelodysplastic syndrome, unspecified	<u>Add to 170 ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS & 121 OTHER SPECIFIED APLASTIC ANEMIAS</u>
238.71	Essential thrombocythemia	<u>117 (ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME/BMT); 170 ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS</u>
238.72	Low grade myelodysplastic syndrome lesions	
238.73	High grade myelodysplastic syndrome lesions	
238.76	Myelofibrosis with myeloid metaplasia	
238.79	Other lymphatic and hematopoietic tissues	
277.30	Amyloidosis, unspecified	<u>703 (ENDOCRINE & METABOLIC W/NO EFFECTIVE TX).</u>
277.31	Other amyloidosis	
277.39	Familial mediterranean fever	<u>178 (HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA).</u>
284.01	Constitutional red blood cell aplasia	<u>120 (CONSTITUTIONAL APLASTIC ANEMIA/MEDICAL), 437 (BMT)</u>
284.09	Other constitutional red blood cell aplasia	
284.1	Pancytopenia	<u>SIGNS & SYMPTOMS</u>
284.2	Myelophthisis	<u>170 ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS</u>
288.00	Neutropenia, unspecified	<u>197 (AGRANULOCYTOSIS)</u>
288.01	Congenital neutropenia	
288.02	Cyclic neutropenia	
288.03	Drug induced neutropenia	
288.04	Neutropenia due to infection	
288.09	Other neutropenia	
288.4	Hemophagocytic syndromes	<u>197 (AGRANULOCYTOSIS);</u>
288.50	Leukocytopenia, unspecified	

Code	Description	Line Placement
288.51	Leukocytopenia	<u>SIGNS & SYMPTOMS</u>
288.59	Other decreased white blood cell count	
288.60	Leukocytosis, unspecified	
288.61	Leukocytosis (symptomatic)	
288.62	Leukemoid reaction	
288.63	Monocytosis (symptomatic)	<u>SIGNS & SYMPTOMS</u>
288.64	Plasmacytosis	
288.65	Basophilia	
288.69	Other elevated white blood cell count	
289.53	Neutropenic splenomegaly	<u>173 (HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, DISORDERS OF SPLEEN)</u>
289.83	Myelofibrosis	<u>170 ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS</u>
323.01	Encephalitis and encephalomyelitis in viral diseases classified elsewhere	<u>216, 333, 446, 447 (DYSFUNCTION LINES), 644 (VIRAL ENCEPHALITIS)</u>
323.02	Myelitis in viral diseases classified elsewhere	
323.41	Other encephalitis and encephalomyelitis due to infection classified elsewhere	
323.42	Other myelitis due to infection classified elsewhere	
323.61	Infectious acute disseminated encephalomyelitis (ADEM)	
323.62	Other postinfections encephalitis and encephalomyelitis	
323.63	Postinfectious myelitis	
323.71	Toxic encephalitis and encephalomyelitis	
323.72	Toxic myelitis	
323.51	Encephalitis and encephalomyelitis following immunization procedures	
323.52	Myelitis following immunization procedures	
323.81	Other causes of encephalitis and encephalomyelitis	<u>216, 333, 446, 447 (DYSFUNCTION LINES); 644 (VIRAL ENCEPHALITIS)</u>
323.82	Other causes of myelitis	
331.83	Mild cognitive impairment, so stated	<u>Signs & Symptoms list</u>
333.71	Athetoid cerebral palsy	<u>216, 333, 446, 447 (DYSFUNCTION LINES) & 344 DYSTONIA (UNCONTROLLABLE)</u>
333.72	Acute dystonia due to drugs	
333.79	Other acquired torsion dystonia	

Code	Description	Line Placement
333.85	Subacute dyskinesia due to drugs	<u>344 (DYSTONIA); 216, 333, 446, 447 (DYSFUNCTION LINES)</u>
333.94	Restless legs syndrome	<u>610 (DISORDERS OF SLEEP W/O APNEA)</u>
338.0	Central pain syndrome	<u>Non-OHP Services</u> list pending a discussion of the OHP Medical Directors at their Sept. 11th meeting.
338.11	Acute pain due to trauma	
338.12	Acute post-thoracotomy pain	
338.18	Other acute postoperative pain	
338.19	Other acute pain	
338.21	Chronic pain due to trauma	
338.22	Chronic post-thoracotomy pain	
338.28	Other chronic postoperative pain	
338.29	Other chronic pain	
338.4	Chronic pain syndrome	
338.3	Neoplasm related pain (acute) (chronic)	
341.20	Acute (transverse) myelitis NOS	
341.21	Acute (transverse) myelitis in conditions classified elsewhere	<u>216, 333, 446, 447 (DYSFUNCTION LINES), 644 VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS</u>
341.22	Idiopathic transverse myelitis	
377.43	Optic nerve hypoplasia	<u>702 (SENSORY ORGAN CONDITIONS W/NO TX)</u>
379.60	Inflammation (infection) of postprocedural bleb, unspecified	<u>296 (COMPLICATIONS USUALLY REQUIRING TX)</u>
379.61	Inflammation (infection) of postprocedural bleb, stage 1	
379.62	Inflammation (infection) of postprocedural bleb, stage 2	
379.63	Inflammation (infection) of postprocedural bleb, stage 3	
389.15	Sensorineural hearing loss, unilateral	<u>299 (HEARING LOSS <= AGE 5/MEDICAL), 300 (<= AGE 5/COCHLEAR IMPLANT), 499 (> AGE 5/MEDICAL), 501 (> AGE 5/COCHLEAR IMPLANT)</u>
389.16	Sensorineural hearing loss, asymmetrical	

Code	Description	Line Placement
429.83	Takotsubo syndrome	<u>261 (ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION).</u>

Code	Description	Line Placement
478.11	Nasal mucositis (ulcerative)	<u>542 (NASAL POLYPS)</u>
478.19	Other diseases of nasal cavity and sinuses	
518.7	Transfusion related acute lung injury (TRALI)	<u>145 (COMPLICATIONS ALWAYS REQUIRING TX)</u>
519.11	Acute bronchospasm	<u>288 (ACUTE BRONCHITIS & BRONCHIOLITIS)</u>
519.19	Other diseases of trachea and bronchus	
521.81	Cracked tooth	<u>354 (URGENT DENTAL) 495 (DENTAL CARIES, FRACTURED TOOTH).</u>
521.89	Other specific diseases of hard tissues of teeth	
523.00	Acute gingivitis, plaque induced	<u>298 (PREVENTIVE DENTAL).</u>
523.01	Acute gingivitis, non-plaque induced	
523.10	Chronic gingivitis, plaque induced	
523.11	Chronic gingivitis, non-plaque induced	
523.30	Aggressive periodontitis, unspecified	
523.31	Aggressive periodontitis, localized	
523.32	Aggressive periodontitis, generalized	<u>496 (SEVERE TOOTH DECAY/STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVES)</u>
523.33	Acute periodontitis	
523.40	Chronic periodontitis, unspecified	
523.41	Chronic periodontitis, localized	
523.42	Chronic periodontitis, generalized	
525.60	Unspecified unsatisfactory restoration of tooth	
525.62	Unrepairable overhanging of dental restorative materials	<u>707 (COSMETIC DENTAL).</u>
525.67	Poor aesthetics of existing restoration	
525.69	Other unsatisfactory restoration of existing tooth	
525.61	Open restoration margins	
525.63	Fractured dental restorative material without loss of material	<u>495 (DENTAL CARIES).</u>
525.64	Fractured dental restorative material with loss of material	
525.65	Contour of existing restoration of tooth biologically incompatible with oral teeth	

Code	Description	Line Placement
525.66	Allergy to existing dental restorative material	<u>681 (DENTAL TX W/MARGINAL IMPROVEMENT).</u>
526.61	Perforation of root canal space	<u>354 (URGENT DENTAL</u>
526.62	Endodontic overfill	
526.63	Endodontic underfill	
526.69	Other periradicular pathology associated with previous endodontic treatment	
528.00	Stomatitis and mucositis, unspecified	<u>548 (STOMATITIS & OTHER DISEASES OF ORAL SOFT TISSUES) 296</u> <u>COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING</u> <u>TREATMENT</u>
528.01	Mucositis (ulcerative) due to antineoplastic therapy	
528.02	Mucositis (ulcerative) due to other drugs	<u>548 (STOMATITIS & OTHER DISEASES OF ORAL SOFT TISSUES)</u>
528.09	Other stomatitis and musositis (ulcerative)	<u>548 (STOMATITIS & OTHER DISEASES OF ORAL SOFT TISSUES)</u>
538	Gastrointestinal mucositis (ulcerative)	<u>548 (STOMATITIS & OTHER DISEASE OF ORAL SOFT TISSUES); 296</u> <u>COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING</u> <u>TREATMENT</u>
608.20	Torsion of testis, unspecified	<u>8 (TORSION OF TESTIS)</u>
608.21	Extravaginal torsion of spermatic cord	
608.22	Intravaginal torsion of spermatic cord	
608.23	Torsion of appendix testis	
608.24	Torsion of appendix epididymis	
616.81	Mucositis (ulcerative) of cervix, vagina and vulva	<u>512 (CYSTS OF BARTHOLIN'S GLAND & VULVA)</u>
616.89	Other inflammatory disease of cervix, vagina and vulva	
618.84	Cervical stump prolapse	<u>509 UTERINE PROLAPSE; CYSTOCELE</u>
629.29	Other female genital mutilation status	<u>698 (GU CONDITIONS WITH NO TX)</u>
629.81	Habitual aborter without current pregnancy	<u>457 SPONTANEOUS ABORTION</u>
629.89	Other specified disorders of female genital organs	<u>698 GENITOURINARY CONDITIONS WITH NO EFFECTIVE</u> <u>TREATMENTS OR NO TREATMENT NECESSARY</u>
649.00	Tobacco use disorder complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable.	

Code	Description	Line Placement
649.01	Tobacco use disorder complicating pregnancy, childbirth or the puerperium, delivered, with or without mention of antepartum conditions.	<u>54 (PREGNANCY)</u>
649.02	Tobacco use disorder complicating pregnancy, childbirth or the puerperium, delivered, with mention of antepartum conditions.	
649.03	Tobacco use disorder complicating pregnancy, childbirth or the puerperium, antepartum condition or complication.	
649.04	Tobacco use disorder complicating pregnancy, childbirth or the puerperium, postpartum condition or complication.	
649.10	Obesity complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable.	
649.11	Obesity complicating pregnancy, childbirth or the puerperium, delivered, with or without mention of antepartum condition.	
649.12	Obesity complicating pregnancy, childbirth or the puerperium, delivered, with mention of postpartum complication.	
649.13	Obesity complicating pregnancy, childbirth or the puerperium, antepartum condition of complication.	
649.14	Obesity complicating pregnancy, childbirth or the puerperium, postpartum condition or complication.	
649.20	Bariatric surgery status complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable.	
649.21	Bariatric surgery status complicating pregnancy, childbirth or the puerperium, delivered, with or without mention of antepartum condition.	
649.22	Bariatric surgery status complicating pregnancy, childbirth or the puerperium, delivered, with mention of postpartum complication.	
649.23	Bariatric surgery status complicating pregnancy, childbirth or the puerperium, antepartum condition or complication.	
649.24	Bariatric surgery status complicating pregnancy, childbirth or the puerperium, postpartum condition or complication.	

Code	Description	Line Placement
649.30	Coagulation defects complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable.	
649.31	Coagulation defects complicating pregnancy, childbirth or the puerperium, delivered, with or without mention of antepartum condition.	
649.32	Coagulation defects complicating pregnancy, childbirth or the puerperium, delivered, with mention of postpartum complication.	
649.33	Coagulation defects complicating pregnancy, childbirth or the puerperium, antepartum condition or complication.	
649.34	Coagulation defects complicating pregnancy, childbirth or the puerperium, postpartum condition or complication.	
649.40	Epilepsy complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable.	
649.41	Epilepsy complicating pregnancy, childbirth or the puerperium, delivered, with or without mention of antepartum condition.	<u>54 (PREGNANCY)</u>
649.42	Epilepsy complicating pregnancy, childbirth or the puerperium, delivered, with mention of postpartum complication.	
649.43	Epilepsy complicating pregnancy, childbirth or the puerperium, antepartum condition or complication.	
649.44	Epilepsy complicating pregnancy, childbirth or the puerperium, postpartum condition or complication.	
649.50	Spotting complication pregnancy, unspecified as to episode of care or not applicable.	
649.51	Spotting complication pregnancy, delivered, with or without mention of antepartum condition.	
649.53	Spotting complication pregnancy, antepartum condition or complication.	
649.60	Uterine size date discrepancy, unspecified as to episode of care or not applicable.	
649.61	Uterine size date discrepancy, delivered, with or without mention of antepartum condition.	
649.62	Uterine size date discrepancy, delivered, with mention of postpartum complication.	

Code	Description	Line Placement
649.63	Uterine size date discrepancy, antepartum condition or complication.	<u>54 (PREGNANCY)</u>
649.64	Uterine size date discrepancy, postpartum condition or complication.	
729.71	Nontraumatic compartment syndrome of upper extremity.	
729.72	Nontraumatic compartment syndrome of lower extremity.	
729.73	Nontraumatic compartment syndrome of abdomen.	<u>146 (CRUSH INJURIES)</u>
729.78	Nontraumatic compartment syndrome of other sites.	
731.3	Major osseous defects	<u>Signs & Symptoms list</u>
768.7	Hypoxic-ischemic encephalopathy (HIE)	<u>74 (BIRTH TRAUMA FOR BABY); 216, 333, 446, 447 (DYSFUNCTION LINES)</u>
770.87	Respiratory arrest of newborn	
770.88	Hypoxemia of newborn	<u>59 (OTHER RESPIRATORY CONDITIONS OF FETUS/NEWBORN);</u>
775.81	Other acidosis of newborn	
775.89	Other neonatal endocrine and metabolic disturbances	<u>84 (HYPOCALCEMIA, HYPOMAGNESEMIA, OTHER ENDOCRINE/METABOLIC DISTURBANCES TO FETUS/NEWBORN)</u>
779.85	Cardiac arrest of newborn	<u>54 (BIRTH OF INFANT)</u>
780.32	Complex febrile convulsions	<u>292 (EPILEPSY & FEBRILE CONVULSIONS)</u>
780.96	Generalized pain	
780.97	Altered mental status	
784.91	Postnasal drip	
784.99	Other symptoms involving head and neck	
788.64	Urinary hesitancy	
788.65	Straining on urination	
793.91	Image test inconclusive due to excess body fat	<u>Signs & Symptoms list</u>

Code	Description	Line Placement
793.99	Other nonspecific abnormal findings on radiological and other examinations of body structure	
795.81	Elevated carcinoembryonic antigen (CEA)	
795.82	Elevated cancer antigen 125 (CA 125)	
795.89	Other abnormal tumor markers	
958.90	Compartment syndrome, unspecified	
958.91	Traumatic compartment syndrome of upper extremity	
958.92	Traumatic compartment syndrome of lower extremity	146 (CRUSH INJURIES).
958.93	Traumatic compartment syndrome of abdomen	
958.99	Traumatic compartment syndrome of other sites	
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy	<u>271 CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL</u>
995.20	Unspecified adverse effect of unspecified drug, medicinal and biological substance	
995.21	Arthus phenomenon	
995.22	Unspecified adverse effect of anesthesia	<u>296 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT</u>
995.23	Unspecified adverse effect of insulin	
995.27	Other drug allergy	
995.29	Unspecified adverse effect of other drug, medicinal and biological substance	
V18.51	Family history, colonic polyps	<u>Non-OHP Services</u>
V18.59	Family history, other digestive disorders	
V26.34	Testing male for genetic disease carrier status	<u>53 BIRTH CONTROL</u>
V26.35	Encounter for testing of male partner of habitual aborter	<u>Non-OHP Services list.</u>
V26.39	Other genetic testing of male	
V45.86	Bariatric surgery status	<u>Non-OHP Services list.</u>
V58.30	Encounter for change or removal of nonsurgical wound dressing	
V58.31	Encounter for change or removal of surgical wound dressing	<u>Ancillary Services list</u>
V58.32	Encounter for removal of sutures	
V72.11	Encounter for hearing examination following failed hearing screening	<u>181 (PREVENTION, AGE 10+). 141 (PREVENTION, < AGE 10).</u>
V72.19	Other examination of ears and hearing	
V82.71	Screening for genetic disease carrier status	

Code	Description	Line Placement
V82.79	Other genetic screening	<u>141 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE</u>
V85.51	Body mass index, pediatric, less than 5th percentile for age	<u>Non-OHP Services list.</u>
V85.52	Body mass index, pediatric, 5th percentile to less than 85th percentile for age	
V85.53	Body mass index, pediatric, 85th percentile to less than 95th percentile for age	
V85.54	Body mass index, pediatric, greater than or equal to 95th percentile for age	
V86.0	Estrogen receptor positive status [ER+]	
V86.1	Estrogen receptor negative status [ER-]	

Minutes
HEALTH SERVICES COMMISSION

October 26, 2006

Members Present: Daniel Mangum DO, Chair; Somnath Saha MD, MPH; Kevin Olson MD; Laurie Theodorou LCSW (Arrived at 11:41); Bryan Sohl MD (left at 2:07 pm); Susan McGough; Lisa Dodson, MD (left at 11:30 am); Kathryn Weit; Dan Williams.

Members Absent: Bruce Abernethy, Leda Garside RN, BSN.

Staff Present: Darren Coffman; Dorothy Allen.

Also Attending: Chris Kirk MD, OHP Medical Directors; Wally Shaffer MD, Monica Herrera and Caroline Price, Division of Medical Assistance Programs (DMAP); Jeanene Smith MD, Oregon Health Policy & Research; Stephanie Davis and Ed Fischer, Mercer; Pam Marrea-Nason and Emily Katz, CareOregon; Devon O'Brien, Willamette Dental.

I. Call to Order

Dr. Dan Mangum, Chair, called the Health Services Commission (HSC) meeting to order at 11:17 a.m. in Room 112 at Clackamas Community College, Wilsonville Training Center, 29353 SW Town Center Loop E, Wilsonville, Oregon. Mr. Darren Coffman called the roll.

Dr. Mangum welcomed and introduced new commissioner Lisa Dodson, MD. Dr. Dodson spent seven years in John Day and currently practices at OHSU, in clinic three days a week, where she also teaches and administers the Rural Health Education program. She is also a former member of the Board of Medical Examiners.

II. Approval of Minutes (August 24, 2006)

Correction: Add Mr. Dan Williams to the "Members Absent" line.

MOTION: To approved the August 24, 2006 minutes with correction: MOTION CARRIES: 8-0.

III. Chair's Report

Dr. Mangum reported that he and Dr. Som Saha made a presentation to the Oregon Medical Association (OMA) Access Committee. This group expressed that they felt their input was not received before the list was re-prioritized and that Oregonians should have played a larger role in the process. They felt there are too many family practice physicians on the Commission and that the methodology was subjective and untested.

One of the points the OMA members made is that they felt Medicaid reimbursement rates are far too low and that should be addressed before access should be expanded. Expanding access will do nothing if practitioners will not accept Medicaid patients into their practice. Emergency room physicians complained that they felt Medicaid patients were being forced to the Emergency Department, where they must provide care whether or not payment is made or can be made. They feel focus should be placed on fixing the delivery system.

The Access Committee's chair expressed that the Prioritized List of Health Services should exist to "save lives." Dr. Mangum stressed that the purpose of the list is to promote health.

IV. Director's Report

Mr. Coffman reports that the medical director position has not yet been filled. The administration is looking at contracting out various projects, with hopes to eventually place someone permanently.

V. Report from Line Zero Task Force

Dr. Mangum reports there have been two meetings of the Line Zero Task Force (LZTF). "Line Zero" refers to diagnostic visits and tests that account for 25-33% of the total Oregon Health Plan (OHP) costs, an alarming statistic. The group focused on potential changes only for OHP Standard.

As the highest costs items, Emergency Department (ED) visits and imaging studies were examined (~ \$183M each). For imaging, the LZTF is recommending that expensive imaging studies go through a pre-authorization process. For ED visits, DMAP is already introducing a triage services fee paid when only an assessment is necessary. If the situation is not a true emergency, the patients should not be seen in the ED, but rather referred to primary care.

Dr. Christopher Kirk, representing the OHP Medical Directors, shared that in conjunction with DMAP's triage plan, if the patient decides to seek care in the ED for a non-covered issue, the patient could be billed for the service. This would require change to the Oregon Revised Statutes.

Mr. Coffman shared that there are many line items on Line Zero that should be accounted for on specific lines. This won't have an effect on saving money, but it may uncover some of the real issues with what are truly line zero services.

The task force looked at capping services, finding this approach reasonable, but generally rejected it due to lack of evidence-based medicine and potential unintended consequences to the patient.

Dr. Saha stated that signs and symptoms codes are not currently prioritized, but could be over time. Dr. Wally Shaffer suggests that the HSC develop evidence-based guidelines for Line Zero items.

Motion: To recommend that DMAP pre-authorize imaging studies either by pursuing a utilization management service or through existing evidence-based guidelines. MOTION CARRIES: 8-0

VI. Report from Health Outcomes Subcommittee (HOSC)

Dr. Saha reviewed for the Commission the attached document “Interim Modifications for Review on 10/26/06” (See Attachment A). All changes are recommended with the following exceptions:

- Page 1: Code 35221 – There is a typo – add to Line 146 instead of Line 148.
- Page 2: Code 61795 - Consult with a neurosurgeon before making a recommendation.
- Page 3: Code 83631 – Do not cover. This is a lab test for a condition not covered on the list.
- Page 3: Code 86395 – This is a lab test that is not currently used but may become more greatly used in the future. The HOSC will continue to research this before making a recommendation.
- Page 4: Code 86480 – This is an alternant test for TB. The Health Division is advocating for this test to be used, though it is expensive. The HOSC will work with the Health Division to develop appropriate guidelines for this test’s use. No recommendation at this time.
- Page 4: Code S4989 – This is the code for a contraceptive intrauterine device. It was recommended to remove this code from Line 53, as device codes only appear in ancillary services. Due to potential inappropriate billing, the HOSC recommends keeping this code on the line and remove it from ancillary services.

Motion: To accept the recommendation of the HOSC on technical corrections effective January 1, 2007 shown in Attachment A with the noted exceptions. MOTION CARRIES: 8-0.

Dr. Saha reviewed for the Commission the attached document “Outstanding Questions on 2007-09 Prioritized List” (See Attachment B). All changes were recommended by the Subcommittee with the following exception:

- Paragraph 2: Do not add the cardiology medical codes to these lines.
- Only delete codes 719.0, 719.4, 719.5, 719.7 and 719.9 from the list.

- Paragraph 5: Do not add “WITH PROVEN EFFECTIVENESS” to line 3 and take this language off of line 4, Preventive Services, Age 10 and Above, as it is the Commission’s view that it should be an assumption made that every line carry the weight of proven effectiveness.

Motion: To accept the recommendations of the HOSC on changes to the Draft 2007-09 Prioritized List of Health Services as outlined in Attachment B with the noted exceptions. MOTION CARRIES: 8-0.

The HOSC heard a presentation from Dr. Ruth Medak and Dr. Kathleen Weaver on the Health Resources Commission’s MedTap Report on the surgical treatment of obesity. Testimony was also heard from Dr. Neal Gorrin of Oregon Bariatric Center and Dr. Bruce Wolfe of OHSU.

The HRC indicated there are only a handful of old randomized trials using procedures no longer in use. Most of the evidence presented is observational which may have issues of selection-bias, meaning there is a chance that subjects are selected because they are better candidates for surgery. They stressed that when an effect is so dramatic, one must conclude the weight loss and co-morbidity reduction were due to the surgery, regardless if the patients were more motivated than the majority of the populace. The best case for the least complications is when surgeries are performed in a high volume center by a high volume surgeon. There is no evidence regarding cost effectiveness.

Some members expressed that they felt the evidence presented was one-sided, feeling almost like a sales-pitch. Others felt the HRC representatives were enthusiastic because they were surprised by the data.

When asked how controversial this issue of surgical treatment of obesity is, Dr. Saha explained that there is a prevailing stereotype that obesity is a behavioral problem rather than a medical problem. Recent studies have shown that hormone differences and other physiological evidence make obesity a medical issue.

Dr. Kirk presented reaction from OHP Medical Directors, who discussed this issue at their last meeting and were unanimously opposed to funding this for OHP clients, citing selection criteria and other issues with the population served by Medicaid. They urged the HSC to start with a pilot project if it is decided to cover surgical treatment of obesity.

The group acknowledged the financial implications to covering this condition and treatment, which are beyond the scope of this Commission. The HOSC will continue to study this topic and will develop a recommendation to the full commission on whether its placement should be changed on the 2007-09 Prioritized List.

VII. Report from Genetics Advisory Committee

Dr. Bryan Sohl reported that this new group met proactively to look at potentially expensive genetic tests which are currently included in Line Zero. The group is comprised mostly of physicians, geneticists and genetic counselors.

This group's goal for the remainder of this year is to recommend guidelines for genetic testing related to breast, ovarian, and colorectal cancer and mental retardation/developmental delay. The following year they plan to review pre-natal genetic testing issues.

VIII. Report from OHP Standard Benefit Design Workgroup

Dr. Jeanene Smith reported that she, Dr. Saha, Dr. Mangum and Mr. Coffman have been participation on the OHP Standard Benefit Design Workgroup called by the Governor's Office. The group is having discussions about how best to use the newly prioritized list to serve a larger population of Oregonians.

Providers have expressed concerns over the issue of cost shifting should a larger segment of emergency care not be reimbursed.

Darren Coffman discussed a draft document (inserted on the following page) distributed at the workgroup's meeting on October 13, 2006. It shows the number of individuals who could be covered under OHP Standard in 2007-09 if a second funding line were drawn on the new Prioritized List. The document assumes approval of a budget that would allow the coverage of 24,000 people at current service levels. Current service levels would include coverage of lines 1-503 on the new list (which best equates to the benefits on lines 1-530 on the current list) and the additional exclusions now in place for OHP Standard (e.g., limited hospital benefit package, emergency only dental care, no vision services). The chart shows that approximately the same number of people could be covered if the OHP Standard benefit package were instead defined solely by the services included on lines 1-400 of the new list. He explained that additional people could be served if the funding level were drawn higher on the list (e.g., at line 300, about 4,000 more people could be served for a total of 28,000). Alternatively, fewer people would be served at a funding level farther down the list (e.g., at line 503, there would be no additional exclusions and the package would equate that provided to OHP Plus, resulting in approximately 22,000 on OHP Standard). It is estimated that only 20,000 individuals could be covered by OHP Standard if the Prioritized List were not in place.

Mr. Coffman then explained that the columns to the right of the first two show the types of services covered at five different levels of funding on the new list. For example, a funding line drawn at line 300 would include all maternity & newborn care (which is very small in OHP Standard), preventive services, and comfort care that is provided now. Additionally, nearly all of the costs associated with chronic disease management and reproductive services currently provided would continue to be funded at this level. For Category 6, Fatal Conditions where Treatment is Aimed at Disease Modification or Cure, 207 of the 267 lines currently funded (out of 270 on the entire list) would continue

Potential OHP Standard Benefit Design Options Based on the 2007-09 Prioritized List and Funding Reflected by the DHS Agency Recommended Budget¹

For Discussion Only

Lines on Prioritized List	Approx. OHP Standard Population	HSC Health Care Categories									
		1) Maternity/Newborn Care	2) Prevention	3) Chronic Disease Management	4) Reproductive Services	5) Comfort Care	6) Fatal Disease Modification/Cure	7) Nonfatal Disease Modification/Cure	8) Self-Limited Conditions	9) Inconsequential	
100	41,000	100% of costs (18/24 lines)	55% of costs (5/11 lines)	79% of costs (25/59 lines)	95% of costs (2/3 lines)	100% of costs (1/1 line)	22% of costs (49/270 lines)	0%	0%	0%	
200	33,000	100% of costs (21/24 lines)	100% of costs (10/11 lines)	89% of costs (37/59 lines)	95% of costs (2/3 lines)	100% of costs (1/1 line)	50% of costs (127/270 lines)	0%	0%	0%	
300	28,000	100% of costs (22/24 lines)	100% of costs (11/11 lines)	92% of costs (49/59 lines)	95% of costs (2/3 lines)	100% of costs (1/1 line)	82% of costs (203/270 lines)	3% of costs (12/248 lines)	0%	0%	
400	24,000	100% of costs (24/24 lines)	100% of costs (11/11 lines)	100% of costs (54/59 lines)	100% of costs (3/3 lines)	100% of costs (1/1 line)	99% of costs (257/270 lines)	43% of costs (50/248 lines)	0%	0%	
503 ²	22,000	100% of costs (24/24 lines)	100% of costs (11/11 lines)	100% of costs (54/59 lines)	100% of costs (3/3 lines)	100% of costs (1/1 line)	100% of costs (267/270 lines)	100% of costs (141/248 lines)	0% of costs (0/22 lines)	0% of costs (0/42 lines)	
680	20,000 ³	Actuarial pricing of below the line services has not been performed since the development of the 1997-99 per capita cost report.									

¹ The percentages in the matrix represent the portion of expenditures within an HSC category of care covered through various funding to an OHP Plus equivalent benefit package (i.e., assuming no additional exclusions such as a limited hospital benefit, emergency dental)

² Line 503 on 2007-09 Prioritized List is best equivalence to current benefits thru line 530 on 2005-07 List.

to be covered, representing 82% of the current expenditures for these services. Finally, only 12 lines in Category 7, Nonfatal Conditions where Treatment is Aimed at Disease Modification or Cure, representing 3% of current costs, would be covered and this funding level. No services for self-limited conditions or categorized as inconsequential care are currently funded by OHP, nor would they be using the new list unless additional lines were funded beyond those covered now.

Mr. Coffman noted that he and Dr. Smith are to return to the next meeting of the workgroup with examples of services, described in layman's terms, that would be added under the various categories as the funding line is moved further down the list (e.g., what are examples of services included in the 54 lines added in Category 6 if the funding line were drawn at line 400 instead of 300).

Dr. Smith noted that Dr. Saha will be making a presentation to the Senate Commission on Health Care Access and Affordability in late October. Also, OHP has been working on the Governor's Healthy Kids Initiative and has recently held stakeholder meetings with providers, advocates and carriers. Cost-sharing recommendations would be for those with incomes over 200% of FPL.

IX. Mercer Presentation

Mr. Coffman opened by saying that in 2003, the HSC became statutorily required to establish benchmark rates to show what OHP is paying providers vs. what it is costing providers to deliver services.

Ms. Stephanie Davis and Mr. Ed Fischer, Mercer, discussed the various data sources and other assumptions, including eligibility groups, categories of service and program type (fee-for-service vs. managed care). Mercer will plan to trend forward projections from the 2004 report, which utilized data from 2002.

Mr. Fischer explained that the 2006 report would be an update of the previous publication, including an executive level summary (which will include a comparison of the initial benchmark rates to current per capita and managed care costs of 2006), a description of the methodology and a broad overview of the implications the data reveals.

The chart from the 2004 report comparing 2002 OHP fee-for-service reimbursements to benchmark rates was discussed. Of note was that durable medical equipment (DME) providers were being reimbursed at 101% of the benchmark rate, yet the legislature chose to only increase in the rates paid to this provider group. The lowest rate of payment was for mental health inpatient services (45%), which may be a possible reason as to why the waiting list for these services is so long. Other reimbursement rates included 78% of benchmark rates for hospitals and 70% for dental services.

The members expressed a desire to become more involved in the legislative process and would like to present the findings of the new report to the appropriate legislative committee.

Mr. Coffman reported that the Actuarial Advisory Committee has been reconvened and will be meeting with Mercer in early November.

X. Other Business

No other business was offered at this time.

XI. Public Comment

No public comment was offered at this time.

XII. Adjournment

Dr. Mangum adjourned the meeting of the Health Services Commission at 2:30 pm.

Interim Modifications for Review on 10/26/06

2) Inappropriate pairings: discussion required

55400 Vasovasostomy, vasovasorrhaphy

Not Indicated OMAP - HPU *Used only for infertility?*

DELETE 431 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER
OUTLET OBSTRUCTION

3) Non-pairings: discussion required

10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

Omission OMAP - HPU

ADD 243 PERITONSILLAR ABSCESS

35221 Repair blood vessel, direct; intra-abdominal

Omission OMAP - HPU *Pair with 902, Injury to blood vessels of abdomen and pelvis*

ADD 148 COMMON TRUNCUS

48140 Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy

48145 Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy

48146 Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)

48148 Excision of ampulla of Vater

48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy

48152 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy (Cont'd on next page)

- 48153 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy**
- 48154 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy**
Omission OMAP - HPU Pair with 863.94, Injury to pancreas, multiple and unspecified sites, with open wound into cavity
 ADD 10 INJURY TO INTERNAL ORGANS
- 61795 Stereotactic computer assisted volumetric procedure, intracranial, extracranial, or spinal**
Omission OMAP - HPU Pair with 348.0, cerebral cysts
 ADD 166 BENIGN CEREBRAL CYSTS
- 62140 Cranioplasty for skull defect; up to 5 cm diameter**
Omission OMAP - HPU Pair with 801.70, Open fracture of base of skull w/subarachnoid, subdural, and extradural hemorrhage
 ADD 51 DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL
- 69000 Drainage external ear, abscess or hematoma; simple**
Omission OMAP - HPU
 ADD 492 NON-MALIGNANT OTITIS EXTERNA
- 97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**
- 97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**
Omission OMAP - HPU Pair with 882.2, Open wound of hand (except fingers alone), with tendon involvement
 ADD 375 DEEP OPEN WOUNDS
- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes (Cont'd on next page)**

97535 Self-care/home management training (eg, activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct 1-on-1 contact by provider, each 15 min

Omission OMAP - HPU *Pair with 882.2, Open wound of hand (except fingers alone), with tendon involvement*

ADD 375 DEEP OPEN WOUNDS

ADD 593 SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

4) Previously discussed issues

83631 Lactoferrin, fecal; quantitative

Omission OMAP - HPU *83630 (qualitative) is on the diagnostic list. This is an old test and not overused. CIGNA does not cover it, but Medicare does. Used to detect irritable bowel syndrome (???)*

ADD TO DIAGNOSTIC LIST

83695 Lipoprotein (a)

Omission OMAP - HPU *This specific code was developed because about half billed it under 82172 (apolipoprotein) and the other half billed it under the methodology used in the testing. The test has been used for many years. It has more significance than HDL or LDL.*

ADD TO DIAGNOSTIC LIST

83700 Lipoprotein, blood; electrophoretic separation and quantitation

83701 Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)

83704 Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear magnetic resonance spectroscopy)

Omission OMAP - HPU *CPT deleted codes 83715 and 83716 and added these new codes for code number sequencing. Code 83700 is the exact same description as 83715. Code 83716 was split into two codes: 83701 and 83704, a more intricate test.*

ADD TO DIAGNOSTIC LIST

86480 Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response

Omission *OMAP - HPU* *FFS. If 86480 is the first line for screening, there is a huge impact. Patients who had BCG immunizations can't have PPD tests because of antibodies. Not many labs in US perform them. Health Division's TB unit wants to promote test in Oregon.*

ADD TO DIAGNOSTIC LIST

10) Inappropriate pairings: straightforward

S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies

Error *OMAP - HPU* *No other supply codes appear on list. IUD insertion codes do appear on line.*

DELETE 53 BIRTH CONTROL

11) Non-pairings: straightforward

92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits

92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

92014 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits

Omission *OMAP - HPU*

ADD 2 TYPE I DIABETES MELLITUS

ADD 203 HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS

ADD 311 TYPE II DIABETES MELLITUS

- 92626 Evaluation of auditory rehabilitation status; first hour**
- 92627 Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)**
- 92630 Auditory rehabilitation; pre-lingual hearing loss**
- 92633 Auditory rehabilitation; post-lingual hearing loss**
 - Omission* *OMAP - HPU*
 - ADD 300 SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER
 - ADD 501 SENSORINEURAL HEARING LOSS, OVER AGE 5

ATTACHMENT B

Outstanding Questions on 2007-09 Prioritized List

Does 478.22, Parapharyngeal Abscess, need to be added to new line 84, DEEP ABSCESSSES?

Add cardiology medical codes to SLE, RA lines?

Delete other codes of form 719.x on list and add to signs & symptoms list? Only some were. 719.0 - *Effusion of Joint*, 719.1 - *Hemarthrosis (hydrarthrosis, swelling of joint)*, 719.2 - *Villonodular Synovitis*, 719.3 - *Palindromic Rheumatism (Hench-Rosenberg syndrome, intermittent hydrarthrosis)*, 719.4 - *Pain in Joint (arthralgia)*, 719.5 - *Stiffness of Joint*, 719.6 - *Other Symptoms Referable to Joint (joint crepitus, snapping hip)*, 719.7 - *Difficulty in Walking*, 719.8 - *Other Specified Disorders of Joint (calcification of joint, fistula of joint)*, 719.9 - *Unspecified Disorder of Joint*.

Delete 389.03, Conductive Hearing Loss, Middle Ear, from new line 573, OPEN WOUND OF EAR/MEDICAL THERAPY? From new line 450, OPEN WOUND OF EAR/SURGERY?

Add "WITH PROVEN EFFECTIVENESS" to the title of line 3, PREVENTIVE SERVICES UNDER AGE 10?

Add hyphen on line 84, DEEP ABSCESSSES, changing "478.21478.24" to "478.21-478.24".

Move prophylactic breast removal from line 3, PREVENTIVE SERVICES UNDER AGE 10, to line 4, PREVENTIVE SERVICES OVER AGE 10 WITH PROVEN EFFECTIVENESS.

Minutes
HEALTH SERVICES COMMISSION

December 8, 2006

Members Present: Daniel Mangum, DO, Chair; Somnath Saha, MD, MPH; Bryan Sohl, MD (via teleconference); Susan McGough (via teleconference); Lisa Dodson, MD; Bruce Abernethy (via teleconference)

Members Absent: Kevin Olson, MD; Kathryn Weit; Leda Garside, RN, BSN; Dan Williams

Staff Present: Darren Coffman; Kathleen Weaver, MD, Dorothy Allen

Also Attending: Chris Kirk, MD, OHP Medical Directors; Wally Shaffer, MD, Isabel Bickle and Caroline Price, Division of Medical Assistance Programs (DMAP); Kerry Silvey, OHSU

I. Call to Order

Dr. Dan Mangum, Chair, called the Health Services Commission (HSC) meeting to order at 3:10 p.m. in room 117A at Meridian Park Hospital, Community Health Education Center, 19300 SW 65th Avenue, Tualatin, Oregon. Mr. Darren Coffman called the roll.

II. Approval of Minutes (October 26, 2006)

Dr. Mangum requested that three sentences of the Chair's report be edited to read:

*"This group expressed that they felt their input was not received before the list was re-prioritized and that Oregonians **have played a larger role in the process** should set the priorities not the HSC. They felt there are too many family practice **primary care** physicians on the Commission and that the methodology was subjective and untested.*

*One of their **main** points the OMA members made is that they felt Medicaid reimbursement rates are far too low and that should be addressed before access should be expanded."*

MOTION: To approved the August 24, 2006 minutes with corrections. MOTION CARRIES: 6-0.

III. Report from Health Outcomes Subcommittee (HOSC)

Dr. Somnath Saha reported the coding and technical correction recommendations of the subcommittee.

Tuberculosis (TB) blood test: Dr. Sean Schafer, Department of Human Services TB Control, presented evidence regarding the QuantiFERON TB Gold (QFT-G) blood test for latent tuberculosis and tuberculosis disease. The test is more accurate and does not require a return visit, though it is more expensive. The subcommittee recommends the following guideline:

QFT-G may be used in the following circumstances:

1. *Instead of Tuberculin Skin Test (TST) for investigation of contacts to confirmed cases of active TB disease.*
2. *Instead of TST for screening for latent TB in persons with definitive history or Bacillus Calmette-Guérin (BCG) or who have immigrated from countries with high prevalence (>10%) of latent TB where BCG is commonly given.*
3. *As a supplementary test to TST in foreign-born persons with a positive TST, history of BCG vaccination against tuberculosis, and no clinical evidence of current TB disease.*
4. *As a supplementary test in persons with a positive TST who are members of otherwise low-risk populations (e.g., U.S.-born persons and others who have immigrated to the U.S. > 5 years previously or more recently from low TB prevalence countries; absence of immunosuppressive conditions such as HIV infection, renal failure, diabetes mellitus or alcoholism; homelessness or incarceration; known exposure to someone with active TB), and no clinical evidence of current TB disease.*
5. *In populations that need rapid (within 24 hours) diagnosis in order to guide appropriate public health interventions such as isolation for infectious tuberculosis or contact evaluation.*
6. *In a high-risk patient (e.g. homelessness, immune suppression or deficiency, recent immigrant) who the treating clinician believes is unlikely to return on time for the TST reading.*

Liproprotien(a): This test has been developed as a new marker of cardiovascular risk, used in an isolated population of those who have no other good explanations for having cardiovascular disease, particularly at a young age. There is no compelling evidence to show that having this test would change medical care and management. Therefore, the subcommittee does not recommend this test for coverage.

DMAP Forwarded Items for Review on 12/8/06: All of DMAP's items are recommended as presented (indicated by a "*D" in Attachment A) except the following:

- "Percutaneous vertebroplasty..." (codes 22520-22522) – Requires further discussion.
- "Exploration of penetrating wound (separate procedure); chest" (code 20101) should be placed on Line 375, Deep Open Wound – Line originally listed was a typo.
- "Therapeutic activities, direct (one-on-one) patient contact by the provider..." (code 97530) – This is already placed on the dysfunction line for activities of daily living. Do not add to line 459.

MHCD Subcommittee Recommendations: The Health Outcomes Subcommittee accepted the MHCD Subcommittee's recommendation as written (indicated by an "*M" in Attachment A).

Also discussed was a recommendation to add behavioral services codes 96150-96155 to the physical health lines in the chronic disease management category. After extensive discussion, the HOSC members tabled this for further review. Dr. Dodson will take the lead on this examination and attend the next MHCD Subcommittee meeting to explore what these services involve, why they are being recommended, and how they fit into the scope of chronic disease management.

New CPT codes: All of the new CPT code changes are recommended as presented by staff except the following. See Attachment A for a description of the codes and the lines they are being added to. Descriptions of other lines considered are given below.

Codes 99363, 99364: Add ICD-9-CM code V58.61 to all lines these codes are being added to (lines 96, 97, 147, 154, 172, 195, 206, 211, 261, 284, 285, 310, 316, 320, 321, 635) and add V45.0 to those lines with atrial, mitral, and tricuspid valve replacement as a treatment (lines 147, 195, 310 and 316).

Code 15847: Add to line 660 instead of the Non-OHP Services list.

Code 17311-17315: Add to line 346 but not to line 331, DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU.

Code 19105: Add to OHP Non-covered Services instead of line 352, BREAST CYSTS AND OTHER DISORDERS OF THE BREAST.

Code 19300: Add only to line 643 but not to line 576, MACROMASTIA.

Code 25109: Add to lines 145, 473, 521, 556, 572.

Code 32998: Add to OHP Non-covered Services instead of line 262, TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS.

Codes 33254-33256: Add to lines 174 and 320 but not to line 169, EMPYEMA AND ABSCESS OF LUNG.

Code 33726: Add to lines 102 and 291 instead of to line 104, TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION.

Codes 35302-35306: Add to lines 145 and 366 but not to line 26, ACUTE BACTERIAL MENINGITIS.

Code 37210: Add to OHP Non-covered Services instead of line 471, UTERINE LEIOMYOMA.

Code 43647: Add to OHP Non-covered Services instead of line 2, TYPE I DIABETES MELLITUS.

Code 43648: Add to OHP Non-covered Services instead of line 145, COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT.

Code 43881: Add to OHP Non-covered Services instead of line 2, TYPE I DIABETES MELLITUS.

Code 43882: Add to OHP Non-covered Services instead of line 145, COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT..

Codes 44157-44158: Add to lines 266, 216 270 and 293.

Codes 49324-49326: Add to lines 2, 4, 163,175, 219, 246, 247, 249 and 311.

Code 58548: Add to lines 192 and 271.

Code 58958: Add to line 265 instead of line 674, MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL.

Codes 70554-70555: Add to OHP Non-covered Services instead of Diagnostic Services.

Code 76776: Add to lines 108, 435 and 109 instead of Diagnostic Services.

Codes 76813-76814: Add to line 54 instead of Diagnostic Services with a noted that DMAP should preauthorize and require the test be performed by certificated labs.

Code 76998: Add to ancillary services instead of Diagnostic Services.

Codes 77002-77003: Add to ancillary services instead of Diagnostic Services.

Codes 77012-77013: Add to ancillary services instead of Diagnostic Services.

Codes 77021-77022: Add to ancillary services instead of Diagnostic Services.

Codes 77031-77032: Add to ancillary services instead of Diagnostic Services.

Codes 77074-77075: Add to ancillary services instead of Diagnostic Services.

Codes 77083-77084: Add to OHP Non-covered Services instead of Diagnostic Services.

Codes 77371-77372: Add to lines 136, 277, 279, 284 and 503.

Code 82107: Add to OHP Non-covered Services instead of Diagnostic Services.

Code 83698: Add to OHP Non-covered Services instead of Diagnostic Services.

Code 83913: Add to OHP Non-covered Services instead of Diagnostic Services.

Code 87808: Add to OHP Non-covered Services instead of Diagnostic Services.

Code 92640: Add to OHP Non-covered Services.

Code 94005: Add to lines 17, 59, 128, 156, 158, 216, 281, 317, 476, 477 and 478.

Codes 94644-94645: Add to lines 156, 281 and 288.

Codes 94774-94777: Add to lines 59 and 201 but not to line 347, SLEEP APNEA.

Code 95012: Add to OHP Non-covered Services instead of to lines 50, ANAPHYLACTIC SHOCK; EDEMA OF LARYNX, 156, ASTHMA, and 477, OCCUPATIONAL LUNG DISEASES.

Code 96020: Add to OHP Non-covered Services Instead of to line 455, CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS.

Code 96040: Tabled until the Genetics Advisory Committee report.

Code 96904: Add to OHP Non-covered Services instead of to lines 13, MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL, and 181, PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10.

Those items in Attachment A with no asterisk correspond to changes related to the placement of new CPT codes.

New HCPCS Codes:

Accept all recommendations as presented (indicated by a “*H” in Attachment A) with the exception of code S2325: Add to OHP Non-covered Services.

A complete list of the adopted recommendations of the HOSC and MHCD involving coding changes are shown in Attachment A.

MOTION: To accept the recommendations of the HOSC in their entirety. MOTION CARRIES: 6-0

IV. Report from Genetics Advisory Committee

Dr. Bryan Sohl reported that the Genetics Advisory Committee (GAC) has met twice, with a variety of experts from throughout the state. The group has been discussing testing for developmental delay and mental retardation.

Recommendations:

- 1) Karyotype and Fragile X testing should not be subject to the 10% requirement of the HSC’s Non-Prenatal Genetic Testing Algorithm.
- 2) At this time there be no restrictions upon other testing for developmental delay/mental retardation (DD/MR).
- 3) For 2007 the committee will work with DMAP to gather actuarial data on the expense to the State re: testing for DD/MR.
- 4) The National Comprehensive Cancer Network (NCCN) guidelines for genetic testing for familial cancers be accepted.
- 5) “Genetic counseling” must accompany the ordering of tests such as BRCA. This counseling must be done by appropriate counselors such as board certified/active status medical geneticists, clinical geneticists, genetic counselors, and credentialed advanced practice nurses. At this time there should be no restrictions on the type of medical specialists ordering such tests.

For the coming year, the committee will monitor the frequency of BRCA testing and review what type of counseling each individual received. If it appears that inappropriate, expensive testing is being ordered the commission will track and review for 2008 whether recommendations limiting who can order the testing should be made.

Coding recommendations (indicated by a “*G” in Appendix A): All of the genetic testing and counseling codes should be diagnostic including new CPT code 96040. Mr. Coffman stated that certain genetic testing and counseling codes are currently placed on lines 53, BIRTH CONTROL, 141, PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE, and 181, PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10. It is recommended that these codes be removed from the list and considered diagnostic.

Line 53: Delete codes V26.31-V26.34 and V26.39.

Line 141: Delete codes V82.71 and V82.79.

Line 181: Delete codes V82.71 and V82.79.

MOTION: To accept the Genetics Advisory Committee's guideline and coding recommendations. MOTION CARRIES 6-0.

V. Bariatric Surgery:

Dr. Saha reported that there has been on-going discussions on the placement of bariatric surgery, with a recent focus on the possibility of adding this service to the diabetes line for the treatment of co-morbid diabetes and morbid obesity as a pilot project. The procedure would be performed only at certified Centers of Excellence. Both gastric bypass and lap-banding are being considered.

If a pilot program is to be implemented in 2008, a decision has to be reached at the next meeting, currently scheduled for January 25, 2007. Experts from OHSU and Legacy have been invited to the discussion.

VI. Public Comment

No public comment was offered at this time.

VII. Adjournment

Dr. Mangum adjourned the meeting of the Health Services Commission at 4:10 p.m.

ATTACHMENT A

**Interim Modifications to the October 1, 2006 Prioritized List of Health Services
Approved by the HSC on December 1, 2006**

Diagnosis: TYPE I DIABETES MELLITUS (Guideline Note 2)
Treatment: MEDICAL THERAPY
Line: 2

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
- ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure)
- ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
- ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (Guideline Note 2)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 4

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
- ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure)
- ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
- ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA
Treatment: MEDICAL THERAPY
Line: 17

- ADD 94002 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/ observation, initial day

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA,
BRONCHOPNEUMONIA

Treatment: MEDICAL THERAPY

Line: 17 (Cont'd)

- ADD 94003 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
- ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
- ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

Line: 21

- ADD 35506 Bypass graft, with vein; carotid-subclavian or subclavian-caroid
- ADD 35537 Bypass graft, with vein; aortoiliac
- ADD 35538 Bypass graft, with vein; aortobi-iliac
- ADD 35539 Bypass graft, with vein; aortofemoral
- ADD 35540 Bypass graft, with vein; aortobifemoral
- ADD 35637 Bypass graft, with other than vein; aortoiliac
- ADD 35638 Bypass graft, with other than vein; aortobi-iliac

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 23

- ADD 49402 Removal of peritoneal foreign body from peritoneal cavity

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

Line: 24

- ADD 35506 Bypass graft, with vein; carotid-subclavian or subclavian-caroid
 - ADD 35537 Bypass graft, with vein; aortoiliac
 - ADD 35538 Bypass graft, with vein; aortobi-iliac
 - ADD 35539 Bypass graft, with vein; aortofemoral
 - ADD 35540 Bypass graft, with vein; aortobifemoral
 - ADD 35637 Bypass graft, with other than vein; aortoiliac
 - ADD 35638 Bypass graft, with other than vein; aortobi-iliac
-

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 2, 3, 4)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION
Line: 27

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA
(See Guideline Note 1)
Treatment: SURGICAL TREATMENT
Line: 29

ADD 35537 Bypass graft, with vein; aortoiliac
ADD 35538 Bypass graft, with vein; aortobi-iliac
ADD 35539 Bypass graft, with vein; aortofemoral
ADD 35540 Bypass graft, with vein; aortobifemoral
ADD 35637 Bypass graft, with other than vein; aortoiliac
ADD 35638 Bypass graft, with other than vein; aortobi-iliac
ADD 49324 Laparoscopy, surgical; with insertion of
intraperitoneal cannula or catheter, permanent
ADD 49325 Laparoscopy, surgical; with revision of previously
placed intraperitoneal cannula or catheter, with
removal of intraluminal obstructive material if
performed
ADD 49326 Laparoscopy, surgical; with omentopexy (omental
tacking procedure (List separately in addition to
code for primary procedure)
ADD 49435 Insertion of subcutaneous extension to
intraperitoneal cannula or catheter with remote
chest exit site (List separately in addition to
code for primary procedure)
ADD 49436 Delayed creation of exit site from embedded
subcutaneous segment of intraperitoneal cannula or
catheter

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH
VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF
BODY SURFACE (See Guideline Note 1)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 40

ADD 15002 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
first 100 sq cm or 1% of body area of infants and
children
ADD 15003 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH
VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF
BODY SURFACE (See Guideline Note 1)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 40 (Cont'd)

ADD 15004 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, face, scalp, eyelids,
mouth, neck

ADD 15005 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area

Diagnosis: BIRTH CONTROL
Treatment: CONTRACEPTION MANAGEMENT
Line: 53

*D ADD 11981 Insertion, non-biodegradable drug delivery implant
*D ADD 11982 Removal, non-biodegradable drug delivery implant
*D ADD 11983 Removal with reinsertion, non-biodegradable drug
delivery implant

*G DELETE V26.30 Invalid code
*G DELETE V26.31 Testing female for genetic disease carrier status
*G DELETE V26.32 Other genetic testing of female
*G DELETE V26.33 Genetic counseling
*G DELETE V26.34 Testing male for genetic disease carrier status
*G DELETE V26.39 Other genetic testing of male

Diagnosis: PREGNANCY (See Guideline Note 5)
Treatment: MATERNITY CARE
Line: 54

ADD 76813 Ultrasound, pregnant uterus, real time with image
documentation, first trimester fetal nuchal
translucency measurement, transabdominal or
transvaginal approach; single or first gestation

ADD 76814 Ultrasound, pregnant uterus, real time with image
documentation, first trimester fetal nuchal
translucency measurement, transabdominal or
transvaginal approach; each additional gestation
(List separately in addition to code for primary
procedure)

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN

Treatment: MEDICAL THERAPY

Line: 57

- ADD 44157 Colectomy, total, abdominal, with proctectomy;
with continent ileostomy
- ADD 44158 Colectomy, total, abdominal, with proctectomy;
with ileoanal anastomosis, creation of ileal
reservoir (S or J), includes ileostomy, and rectal
mucosectomy, when performed

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

Line: 59

- ADD 94002 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, initial day
 - ADD 94003 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, each subsequent day
 - ADD 94004 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; nursing facility per day
 - ADD 94005 Home ventilator management care plan oversight of
a patient (patient not present) in home,
domiciliary or rest home (eg, assisted living)
 - ADD 94610 Intrapulmonary surfactant administration by a
physician through endotracheal tube
 - ADD 94774 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; includes monitor
attachment, download of data, physician review,
interpretation, and preparation of report
 - ADD 94775 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; monitor attachment
only (includes hook-up, initiation of recording
and disconnection)
 - ADD 94776 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; monitoring, download
of information, receipt of transmission(s) and
analyses by computer only
 - ADD 94777 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; physician review,
interpretation and preparation of report only
-

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 77

ADD 47719 Anastomosis, choledochal cyst, without excision
ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis
(Puestow-type operation)

Diagnosis: VENTRICULAR SEPTAL DEFECT (See Guideline Note 1)

Treatment: CLOSURE

Line: 96

ADD 33675 Closure of multiple ventricular septal defects;
ADD 33676 Closure of multiple ventricular septal defects;
with pulmonary valvotomy or infundibular resection
(acyanotic)
ADD 33677 Closure of multiple ventricular septal defects;
with removal of pulmonary artery band, with or
without gusset
ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days
ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days
ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR
OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART (See
Guideline Note 1)

Treatment: RESECTION, REPAIR

Line: 97

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days
ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days

Diagnosis: SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR
OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART (See
Guideline Note 1)

Treatment: RESECTION, REPAIR
Line: 97 (Cont'd)

ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION
Line: 99

ADD 15002 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
first 100 sq cm or 1% of body area of infants and
children

ADD 15003 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area

ADD 15004 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, face, scalp, eyelids,
mouth, neck

ADD 15005 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area

Diagnosis: TETRALOGY OF FALLOT (TOF) (See Guideline Note 1)

Treatment: TOTAL REPAIR TETRALOGY
Line: 102

ADD 33726 Repair of pulmonary venous stenosis

Diagnosis: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Note
1)

Treatment: COMPLETE REPAIR
Line: 104

ADD 33724 Repair of isolated partial anomalous pulmonary
venous return (eg, Scimitar Syndrome)

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 108

ADD 76776 Ultrasound, transplanted kidney, real time and
 duplex Doppler with image documentation

ADD V42.0 Kidney replaced by transplant

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME;
 HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS;
 CAROLI'S DISEASE (See Coding Specification Below) (See
 Guideline Note 6)

Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT

Line: 109

ADD 76776 Ultrasound, transplanted kidney, real time and
 duplex Doppler with image documentation

ADD V42.0 Kidney replaced by transplant

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY

Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS

Line: 110

*H Add D8693 REBONDING OR RECEMENTING; AND/OR REPAIR, AS
 REQUIRED, OF FIXED RETAINERS

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 2, 3)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 118

ADD 77014 Computer tomography guidance for placement of
 radiation therapy fields

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 2, 3, 4, 8)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 122

ADD 77014 Computer tomography guidance for placement of
 radiation therapy fields

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE
 TO PHYSICAL AND CHEMICAL AGENTS

Treatment: MEDICAL THERAPY

Line: 128

ADD 94002 Ventilation assist and management, initiation of
 pressure of volume preset ventilators for assisted
 or controlled breathing; hospital
 inpatient/observation, initial day

ADD 94003 Ventilation assist and management, initiation of
 pressure of volume preset ventilators for assisted
 or controlled breathing; hospital
 inpatient/observation, each subsequent day

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE
TO PHYSICAL AND CHEMICAL AGENTS

Treatment: MEDICAL THERAPY

Line: 128 (Cont'd)

- ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
- ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

Diagnosis: OPEN FRACTURE OF EXTREMITIES (See Guideline 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 131

- ADD 25606 Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
- ADD 25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
- ADD 25608 Open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
- ADD 25609 Open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 2, 3)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY

Line: 134

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: BENIGN NEOPLASM OF THE BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Line: 136

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields
 - ADD 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; multi-source Cobalt 60 based
 - ADD 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; linear accelerator based
-

Diagnosis: MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3, 4)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 137

- ADD 15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
- ADD 15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area
- ADD 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck
- ADD 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm/1% of body area
- ADD 15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian)
- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Prevention Tables)
Treatment: MEDICAL THERAPY
Line: 141

- *D ADD V04.89 Need for prophylactic vaccination and inoculation against other viral diseases
- *G DELETE V82.71 Screening for genetic disease carrier status
- *G DELETE V82.79 Other genetic screening

Diagnosis: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 142

- *M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 143

- *M ADD H2010 Comprehensive medication services, per 15 min
-

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See
Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 145

- ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each
- ADD 35302 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision superficial femoral artery
- ADD 35303 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision popliteal artery
- ADD 35304 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibioperoneal truck artery
- ADD 35305 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibial or peroneal artery, initial
- ADD 35306 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
- ADD 35883 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron ePTFE, bovine pericardium)
- ADD 35884 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
- ADD 49402 Removal of peritoneal foreign body from peritoneal cavity
- ADD 57296 Revision (including removal) of prosthetic vaginal graft; open abdominal approach

Diagnosis: CONGENITAL MITRAL VALVE STENOSIS (See Guideline Note 1)

Treatment: MITRAL VALVE REPLACEMENT

Line: 147

- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days

Diagnosis: CONGENITAL MITRAL VALVE STENOSIS (See Guideline Note 1)
Treatment: MITRAL VALVE REPLACEMENT
Line: 147 (Cont'd)

ADD V43.3 Heart valve replaced by other means
ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT
VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes
1, 6)
Treatment: CARDIAC TRANSPLANT
Line: 154

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days
ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days
ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: DISORDERS OF BILE DUCT
Treatment: EXCISION, REPAIR
Line: 155

ADD 47719 Anastomosis, choledochal cyst, without excision
ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis
(Puestow-type operation)

Diagnosis: ASTHMA
Treatment: MEDICAL THERAPY
Line: 156

ADD 94002 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, initial day
ADD 94003 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, each subsequent day
ADD 94004 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; nursing facility per day

Diagnosis: ASTHMA
Treatment: MEDICAL THERAPY
Line: 156 (Cont'd)

- ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)
- ADD 94644 Continuous inhalation treatment with aerosol medication for acute airway obstruction; first
- ADD 94645 Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)

Diagnosis: RESPIRATORY FAILURE
Treatment: MEDICAL THERAPY
Line: 158

- ADD 94002 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
- ADD 94003 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
- ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
- ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

Diagnosis: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 159

- *M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: MAJOR DEPRESSION, RECURRENT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 160

- *M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: BIPOLAR DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 161

- *M ADD H2010 Comprehensive medication services, per 15 min
-

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See
Guideline Note 1)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 162

- ADD 15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
- ADD 15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area
- ADD 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck
- ADD 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See
Guideline Note 2)

Treatment: MEDICAL THERAPY, DIALYSIS

Line: 163

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
 - ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
 - ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure)
 - ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
 - ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
-

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

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
Line: 164

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE
Line: 166

ADD 61795 Stereotactic computer assisted volumetric
procedure, intracranial, extracranial, or spinal

Diagnosis: HEART FAILURE (See Guideline Note 1, 10)

Treatment: MEDICAL THERAPY
Line: 172

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days

ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days

ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 174

ADD 33202 Insertion of epicardial electrode(s); open
incision (eg, thoracotomy, median sternotomy,
subxiphoid approach)

ADD 33203 endoscopic approach (eg, thracoscopy,
pericardioscopy)

ADD 33254 Operative tissue ablation and reconstruction of
atria, limited (eg, modified maze procedure)

ADD 33255 Operative tissue ablation and reconstruction of
atria, extensive (eg, maze procedure); without
cardiopulmonary bypass

ADD 33256 with cardiopulmonary bypass

ADD 33265 Endoscopy, surgical; operative tissue ablation and
reconstruction of atria, limited (eg, modified
maze procedure), without cardiopulmonary bypass

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 174 (Cont'd)

ADD 33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass

Diagnosis: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 175

ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure)
ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

Diagnosis: FRACTURE OF HIP, CLOSED (See Guideline Notes 1, 11)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 177

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE 10
Treatment: MEDICAL THERAPY
Line: 181

ADD 19303 Mastectomy, simple, complete
ADD 19304 Mastectomy, subcutaneous
*D ADD V04.89 Need for prophylactic vaccination and inoculation against other viral diseases
*G DELETE V82.71 Screening for genetic disease carrier status
*G DELETE V82.79 Other genetic screening

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 184

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 185

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 186

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 187

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 190

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 191

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 192

ADD 58548 Laparoscopy, surgical, with radical hysterectomy,
with bilateral total pelvic lymphadenectomy and
para-aortic lymph node sampling (biopsy), with
removal of tube(s) and ovary(s), if performed
ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF EYE AND ORBIT, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
Line: 193

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See
Guideline Note 1)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
Line: 195

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days

ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days

ADD V43.3 Heart valve replaced by other means

ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY
SURFACE (See Guideline Note 1)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 196

ADD 15002 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
first 100 sq cm or 1% of body area of infants and
children

ADD 15003 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area

ADD 15004 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, face, scalp, eyelids,
mouth, neck

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY
SURFACE (See Guideline Note 1)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 196 (Cont'd)

ADD 15005 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area

Diagnosis: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD

Treatment: MEDICAL THERAPY
Line: 201

ADD 94774 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; includes monitor
attachment, download of data, physician review,
interpretation, and preparation of report

ADD 94775 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; monitor attachment
only (includes hook-up, initiation of recording
and disconnection)

ADD 94776 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; monitoring, download
of information, receipt of transmission(s) and
analyses by computer only

ADD 94777 Pediatric home apnea monitoring event recording
including respiratory rate, pattern and heart rate
per 30-day period of time; physician review,
interpretation and preparation of report only

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 206

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days

ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 206 (Cont'd)

ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See
Guideline Notes 2, 3)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION
Line: 209

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP
Treatment: MEDICAL THERAPY
Line: 211

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days

ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days

ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS (See
Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES,
RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
Line: 216

ADD 44157 Colectomy, total, abdominal, with proctectomy;
with continent ileostomy

ADD 44158 Colectomy, total, abdominal, with proctectomy;
with ileoanal anastomosis, creation of ileal
reservoir (S or J), includes ileostomy, and rectal
mucosectomy, when performed

ADD 94002 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, initial day

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES,
RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

Line: 216 (Cont'd)

ADD 94003 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, each subsequent day

ADD 94004 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; nursing facility per day

ADD 94005 Home ventilator management care plan oversight of
a patient (patient not present) in home,
domiciliary or rest home (eg, assisted living)

Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER
THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)

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

Line: 224

ADD 15731 Forehead flap with preservation of vascular
pedicle (eg, axial pattern flap, paramedian)

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3, 14)

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

Line: 225

ADD 19301 Mastectomy, partial (eg, lumpectomy, tylectomy,
quadrantectomy, segmentectomy);

ADD 19302 Mastectomy, partial (eg, lumpectomy, tylectomy,
quadrantectomy, segmentectomy); with axillary
lymphadenectomy

ADD 19303 Mastectomy, simple, complete

ADD 19304 Mastectomy, subcutaneous

ADD 19305 Mastectomy, radical, including pectoral muscles,
axillary lymph nodes

ADD 19306 Mastectomy, radical, including pectoral muscles,
axillary and internal mammary lymph nodes (Urban
type operation)

ADD 19307 Mastectomy, modified radical, including axillary
lymph nodes, with or without pectoralis minor
muscle, but excluding pectoralis major muscle

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 226

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGAN, WHERE TREATMENT
WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline
Notes 2, 3)

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

Line: 228

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See
Guideline Notes 2, 3)

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

Line: 229

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)

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

Line: 230

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF BONES, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 1, 2, 3)

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

Line: 231

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)

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

Line: 232

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT
WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See
Guideline Notes 2, 3)

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

Line: 234

ADD 15731 Forehead flap with preservation of vascular
pedicle (eg, axial pattern flap, paramedian)
*D ADD 92526 Treatment of swallowing dysfunction and/or oral
function for feeding

Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 241

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 242

*M ADD H0018 Behavioral health; short term, residential (non-
hospital residential treatment program) without
room and board, per diem
*M ADD H0019 Behavioral health; residential (hospital
residential treatment program) without room and
board, per diem
*M ADD H0045 Respite care services, not in home, per diem
*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2013 Psychiatric health facility service, per diem
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min
*M ADD T1005 Respite care services, up to 15 min

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See
Guideline Note 2)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 246

ADD 49324 Laparoscopy, surgical; with insertion of
intraperitoneal cannula or catheter, permanent
ADD 49325 Laparoscopy, surgical; with revision of previously
placed intraperitoneal cannula or catheter, with
removal of intraluminal obstructive material if
performed
ADD 49326 Laparoscopy, surgical; with omentopexy (omental
tacking procedure (List separately in addition to
code for primary procedure)
ADD 49435 Insertion of subcutaneous extension to
intraperitoneal cannula or catheter with remote
chest exit site (List separately in addition to
code for primary procedure)

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See
Guideline Note 2)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 246 (Cont'd)

ADD 49436 Delayed creation of exit site from embedded
subcutaneous segment of intraperitoneal cannula or
catheter

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS (See Guideline Note
2)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 247

ADD 49324 Laparoscopy, surgical; with insertion of
intraperitoneal cannula or catheter, permanent

ADD 49325 Laparoscopy, surgical; with revision of previously
placed intraperitoneal cannula or catheter, with
removal of intraluminal obstructive material if
performed

ADD 49326 Laparoscopy, surgical; with omentopexy (omental
tacking procedure (List separately in addition to
code for primary procedure)

ADD 49435 Insertion of subcutaneous extension to
intraperitoneal cannula or catheter with remote
chest exit site (List separately in addition to
code for primary procedure)

ADD 49436 Delayed creation of exit site from embedded
subcutaneous segment of intraperitoneal cannula or
catheter

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

Treatment: MEDICAL THERAPY
Line: 249

ADD 49324 Laparoscopy, surgical; with insertion of
intraperitoneal cannula or catheter, permanent

ADD 49325 Laparoscopy, surgical; with revision of previously
placed intraperitoneal cannula or catheter, with
removal of intraluminal obstructive material if
performed

ADD 49326 Laparoscopy, surgical; with omentopexy (omental
tacking procedure (List separately in addition to
code for primary procedure)

ADD 49435 Insertion of subcutaneous extension to
intraperitoneal cannula or catheter with remote
chest exit site (List separately in addition to
code for primary procedure)

ADD 49436 Delayed creation of exit site from embedded
subcutaneous segment of intraperitoneal cannula or
catheter

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS
Treatment: DRAINAGE OF PANCREATIC CYST
Line: 257

- ADD 48105 Resection or debridement of pancreas and peripancreatic issue for acute necrotizing pancreatitis
- ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
(See Guideline Notes 1, 15)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 261

- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS (See Guideline Notes 2, 3, 16)
Treatment: COMFORT CARE
Line: 262

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 263

- *M ADD H2010 Comprehensive medication services, per 15 min
- *M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 264

- *M ADD H2010 Comprehensive medication services, per 15 min
-

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 265

ADD 58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;

ADD 58958 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS

Treatment: EXCISION OF POLYP

Line: 266

ADD 44157 Colectomy, total, abdominal, with proctectomy; with continent ileostomy

ADD 44158 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes ileostomy, and rectal mucosectomy, when performed

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL
CONDYLOMA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 268

ADD 57558 Dilation and curettage of cervical stump

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See
Guideline Notes 2, 3, 17)

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

Line: 270

ADD 44157 Colectomy, total, abdominal, with proctectomy; with continent ileostomy

ADD 44158 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes ileostomy, and rectal mucosectomy, when performed

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)

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

Line: 271

- ADD 57558 Dilation and curettage of cervical stump
- ADD 58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3, 4)

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

Line: 272

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)

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

Line: 273

- ADD 55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
- ADD 55876 Placement of interstitial devices(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME (See Guideline Notes 2, 3)

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

Line: 274

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields
-

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL
RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline
Notes 2, 3)

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

Line: 275

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)

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

Line: 276

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT
IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)

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

Line: 277

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

ADD 77371 Radiation treatment delivery, stereotactic
radiosurgery (SRS), complete course of treatment
of cerebral lesion(s) consisting for 1 session;
multi-source Cobalt 60 based

ADD 77372 Radiation treatment delivery, stereotactic
radiosurgery (SRS), complete course of treatment
of cerebral lesion(s) consisting for 1 session;
linear accelerator based

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Line: 279

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

ADD 77371 Radiation treatment delivery, stereotactic
radiosurgery (SRS), complete course of treatment
of cerebral lesion(s) consisting for 1 session;
multi-source Cobalt 60 based

ADD 77372 Radiation treatment delivery, stereotactic
radiosurgery (SRS), complete course of treatment
of cerebral lesion(s) consisting for 1 session;
linear accelerator based

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Treatment: MEDICAL THERAPY

Line: 281

- ADD 94002 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
- ADD 94003 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
- ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
- ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)
- ADD 94644 Continuous inhalation treatment with aerosol medication for acute airway obstruction; first
- ADD 94645 Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour

Diagnosis: STROKE (See Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 284

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields
 - ADD 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; multi-source Cobalt 60 based
 - ADD 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; linear accelerator based
 - ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
 - ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
 - ADD V58.61 Encounter for long-term (current) use of anticoagulants
-

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See
Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 285

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days

ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days

ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: ACUTE BRONCHITIS AND BRONCHIOLITIS

Treatment: MEDICAL THERAPY
Line: 288

ADD 94644 Continuous inhalation treatment with aerosol
medication for acute airway obstruction; first

ADD 94645 Continuous inhalation treatment with aerosol
medication for acute airway obstruction; each
additional hour (List separately in addition to
code for primary procedure)

Diagnosis: ANEURYSM OF PULMONARY ARTERY (See Guideline Note 1)

Treatment: SURGICAL TREATMENT
Line: 291

ADD 33726 Repair of pulmonary venous stenosis

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF
INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 293

ADD 44157 Colectomy, total, abdominal, with proctectomy;
with continent ileostomy

ADD 44158 Colectomy, total, abdominal, with proctectomy;
with ileoanal anastomosis, creation of ileal
reservoir (S or J), includes ileostomy, and rectal
mucosectomy, when performed

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See
Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 296

- ADD 15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
- ADD 15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area
- ADD 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck
- ADD 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area

Diagnosis: PREVENTIVE DENTAL SERVICES

Treatment: CLEANING AND FLUORIDE

Line: 298

- *H ADD D0145 ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH
- *H ADD D1206 TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES
- *H ADD D9612 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS

Diagnosis: POSTTRAUMATIC STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 301

- *M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 302

- *M ADD H0018 Behavioral health; short term, residential (non-hospital residential treatment program) without room and board, per diem

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 302 (Cont'd)

- *M ADD H0019 Behavioral health; residential (hospital
 residential treatment program) without room and
 board, per diem
- *M ADD H0045 Respite care services, not in home, per diem
- *M ADD H2010 Comprehensive medication services, per 15 min
- *M ADD T1005 Respite care services, up to 15 min

Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Note 1)
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
Line: 310

- ADD 99363 Anticoagulant management for an outpatient taking
 warfarin, physician review and interpretation of
 International Normalized Ration (INR) testing,
 patient instructions, dosage adjustment (as
 needed) and ordering of additional tests; initial
 90 days
- ADD 99364 Anticoagulant management for an outpatient taking
 warfarin, physician review and interpretation of
 International Normalized Ration (INR) testing,
 patient instructions, dosage adjustment (as
 needed) and ordering of additional tests; each
 subsequent 90 days
- ADD V43.3 Heart valve replaced by other means
- ADD V58.61 Encounter for long-term (current) use of
 anticoagulants

Diagnosis: TYPE II DIABETES MELLITUS (Guideline Note 2)
Treatment: MEDICAL THERAPY
Line: 311

- ADD 49324 Laparoscopy, surgical; with insertion of
 intraperitoneal cannula or catheter, permanent
 - ADD 49325 Laparoscopy, surgical; with revision of previously
 placed intraperitoneal cannula or catheter, with
 removal of intraluminal obstructive material if
 performed
 - ADD 49326 Laparoscopy, surgical; with omentopexy (omental
 tacking procedure (List separately in addition to
 code for primary procedure)
 - ADD 49435 Insertion of subcutaneous extension to
 intraperitoneal cannula or catheter with remote
 chest exit site (List separately in addition to
 code for primary procedure)
 - ADD 49436 Delayed creation of exit site from embedded
 subcutaneous segment of intraperitoneal cannula or
 catheter
-

Diagnosis: DISEASES OF MITRAL VALVE AND TRICUSPID VALVES (See Guideline Note 1)

Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
Line: 316

ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days

ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days

ADD V43.3 Heart valve replaced by other means

ADD V58.61 Encounter for long-term (current) use of anticoagulants

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG)

Treatment: MEDICAL THERAPY
Line: 317

ADD 94002 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

ADD 94003 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day

ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day

ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

Diagnosis: CARDIAC ARRHYTHMIAS (See Guideline Note 1)

Treatment: MEDICAL THERAPY, PACEMAKER
Line: 320

ADD 33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)

ADD 33203 endoscopic approach (eg, thracoscopy, pericardioscopy)

ADD 33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)

Diagnosis: CARDIAC ARRHYTHMIAS (See Guideline Note 1)
Treatment: MEDICAL THERAPY, PACEMAKER
Line: 320 (Cont'd)

- ADD 33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
- ADD 33256 with cardiopulmonary bypass
- ADD 33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
- ADD 33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

Diagnosis: MULTIPLE VALVULAR DISEASE (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
Line: 321

- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
 - ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
 - ADD V58.61 Encounter for long-term (current) use of anticoagulants
-

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Note 1, 20)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 324

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 2, 3)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION
Line: 326

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: ACUTE PANCREATITIS

Treatment: MEDICAL THERAPY
Line: 330

ADD 48105 Resection or debridement of pancreas and peripancreatic issue for acute necrotizing pancreatitis

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 1)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
Line: 333

ADD 27325 Neurectomy, hamstring muscle
ADD 27326 Neurectomy, popliteal (gastrocnemius)
ADD 28055 Neurectomy, intrinsic musculature of foot

Diagnosis: WEGENER'S GRANULOMATOSIS

Treatment: MEDICAL THERAPY
Line: 336

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: PANIC DISORDER; AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 337

*M ADD H0018 Behavioral health; short term, residential (non-hospital residential treatment program) without room and board, per diem
*M ADD H0019 Behavioral health; residential (hospital residential treatment program) without room and board, per diem
*M ADD H0045 Respite care services, not in home, per diem
*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD T1005 Respite care services, up to 15 min

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 338

- ADD 35506 Bypass graft, with vein; carotid-subclavian or subclavian-caroid
- ADD 35537 Bypass graft, with vein; aortoiliac
- ADD 35538 Bypass graft, with vein; aortobi-iliac
- ADD 35539 Bypass graft, with vein; aortofemoral
- ADD 35540 Bypass graft, with vein; aortobifemoral
- ADD 35637 Bypass graft, with other than vein; aortoiliac
- ADD 35638 Bypass graft, with other than vein; aortobi-iliac

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
Line: 343

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 345

- ADD 35506 Bypass graft, with vein; carotid-subclavian or subclavian-caroid
- ADD 35537 Bypass graft, with vein; aortoiliac
- ADD 35538 Bypass graft, with vein; aortobi-iliac
- ADD 35539 Bypass graft, with vein; aortofemoral
- ADD 35540 Bypass graft, with vein; aortobifemoral
- ADD 35637 Bypass graft, with other than vein; aortoiliac
- ADD 35638 Bypass graft, with other than vein; aortobi-iliac

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 346

- ADD 15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
- ADD 15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT
WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline
Notes 2, 3)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 346 (Cont'd)

- ADD 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck
 - ADD 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area
 - ADD 15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian)
 - ADD 17311 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stains
 - ADD 17312 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stains
 - ADD 17313 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stains
 - ADD 17314 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stains
 - ADD 17315 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stains
 - ADD 77014 Computer tomography guidance for placement of radiation therapy fields
-

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 350

- ADD 15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
- ADD 15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area
- ADD 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck
- ADD 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 352

- ADD 19105 Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 354

- *H ADD D9120 FIXED PARTIAL DENTURE SECTIONING

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)
Treatment: MEDICAL THERAPY, BURN TREATMENT
Line: 360

- ADD 15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)

Treatment: MEDICAL THERAPY, BURN TREATMENT

Line: 360 (Cont'd)

- ADD 15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm/1% of body area
- ADD 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck
- ADD 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm/1% of body area

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

Line: 366

- ADD 35302 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision superficial femoral artery
- ADD 35303 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision popliteal artery
- ADD 35304 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibioperoneal truck artery
- ADD 35305 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibial or peroneal artery, initial
- ADD 35306 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
- ADD 35539 Bypass graft, with vein; aortofemoral
- ADD 35540 Bypass graft, with vein; aortobifemoral

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Guideline Notes 1, 11)

Treatment: ARTHROPLASTY/RECONSTRUCTION

Line: 370

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 371

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY
DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 372

*M ADD H0018 Behavioral health; short term, residential (non-
hospital residential treatment program) without
room and board, per diem
*M ADD H0019 Behavioral health; residential (hospital
residential treatment program) without room and
board, per diem
*M ADD H0045 Respite care services, not in home, per diem
*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2013 Psychiatric health facility service, per diem
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min
*M ADD T1005 Respite care services, up to 15 min

Diagnosis: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 373

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR, SURGICAL TREATMENT
Line: 375

ADD 15731 Forehead flap with preservation of vascular
pedicle (eg, axial pattern flap, paramedian)
*D ADD 20101 Exploration of penetrating wound (separate
procedure); chest
ADD 64910 Nerve repair; with synthetic conduit or vein
allograft (eg, nerve tube), each nerve
ADD 64911 Nerve repair; with autogenous vein graft (includes
harvest of vein graft), each nerve

Diagnosis: CLEFT PALATE AND/OR CLEFT LIP
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 377

*H Add D8693 REBONDING OR RECEMENTING; AND/OR REPAIR, AS
REQUIRED, OF FIXED RETAINERS

Diagnosis: DELUSIONAL DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 384

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
Line: 408

ADD 92025 Computerized corneal topography, unilateral or
bilateral, with interpretation and report

Diagnosis: CHRONIC DEPRESSION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 417

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 419

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 420

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 424

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: FUNCTIONAL ENCOPRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 425

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 426

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG.
ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 427

*M ADD H0018 Behavioral health; short term, residential (non-
hospital residential treatment program) without
room and board, per diem

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG.
ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 427 (Cont'd)

*M ADD H0019 Behavioral health; residential (hospital
 residential treatment program) without room and
 board, per diem

*M ADD H0045 Respite care services, not in home, per diem

*M ADD H2010 Comprehensive medication services, per 15 min

*M ADD H2013 Psychiatric health facility service, per diem

*M ADD T1005 Respite care services, up to 15 min

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,
FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 428

ADD 58541 Laparoscopy, surgical, supracervical hysterectomy,
 for uterus 250 g or less

ADD 58542 Laparoscopy, surgical, supracervical hysterectomy,
 for uterus 250 g or less; with removal of tube(s)
 and or ovary(s)

ADD 58543 Laparoscopy, surgical, supracervical hysterectomy,
 for uterus greater than 250 g

ADD 58544 Laparoscopy, surgical, supracervical hysterectomy,
 for uterus greater than 250 g; with removal of
 tube(s) and or ovary(s)

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

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 431

ADD 54150 Circumcision, using clamp or other device with
 regional dorsal penile or ring block

ADD 54865 Exploration of epididymis, with or without biopsy

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding
Specification Below) (See Guideline Note 6)

Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER
KIDNEY (PAK) TRANSPLANT
Line: 435

ADD 76776 Ultrasound, transplanted kidney, real time and
 duplex Doppler with image documentation

ADD V42.0 Ultrasound, transplanted kidney, real time and
 duplex Doppler with image documentation

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline
Note 1)

Treatment: OPEN OR CLOSED REDUCTION

Line: 460

- ADD 25606 Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
- ADD 25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
- ADD 25608 Open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
- ADD 25609 Open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments

Diagnosis: IMPERFORATE HYMEN, ABNORMALITIES OF VAGINAL SEPTUM

Treatment: SURGICAL TREATMENT

Line: 463

- ADD 56442 Hymenotomy, simple incision

Diagnosis: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO
NEUROLOGICAL DYSFUNCTION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 467

- *M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note 30)

Treatment: TOTAL HYSTERECTOMY OR MYOMECTION

Line: 471

- ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
- ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)
- ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
- ADD 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE
AND SHOULDER (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

Line: 473

- ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE
AND SHOULDER (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
Line: 473 (Cont'd)

ADD 26390 Excision flexor tendon, with implantation of
synthetic rod for delayed tendon graft, hand or
finger, each rod

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN
WITHOUT SPINAL CORD INJURY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 474

*D ADD 27216 Percutaneous skeletal fixation of posterior pelvic
ring fracture and/or dislocation (includes ilium,
sacroiliac joint and/or sacrum)
*D ADD 27218 Open treatment of posterior ring fracture and/or
dislocation with internal fixation (includes
ilium, sacroiliac joint and/or sacrum)
ADD 72291 Radiological supervision and interpretation,
percutaneous vertebroplasty or vertebral
augmentation including cavity creation, per
vertebral body; under fluoroscopic guidance
ADD 72292 Radiological supervision and interpretation,
percutaneous vertebroplasty or vertebral
augmentation including cavity creation, per
vertebral body; under CT guidance

Diagnosis: BRONCHIECTASIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 476

ADD 94002 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, initial day
ADD 94003 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, each subsequent day
ADD 94004 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; nursing facility per day
ADD 94005 Home ventilator management care plan oversight of
a patient (patient not present) in home,
domiciliary or rest home (eg, assisted living)

Diagnosis: OCCUPATIONAL LUNG DISEASES
Treatment: MEDICAL THERAPY
Line: 477

- ADD 94002 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
- ADD 94003 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
- ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
- ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

Diagnosis: PULMONARY FIBROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 478

- ADD 94002 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
- ADD 94003 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
- ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
- ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 479

- ADD 47719 Anastomosis, choledochal cyst, without excision
- ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

Diagnosis: PERIPHERAL NERVE INJURY WITH OPEN WOUND (See Guideline Note 1)
Treatment: NEUROPLASTY
Line: 486

- ADD 64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve

Diagnosis: PERIPHERAL NERVE INJURY WITH OPEN WOUND (See Guideline Note 1)
Treatment: NEUROPLASTY
Line: 486 (Cont'd)

ADD 64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve

Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3, 32)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 488

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3, 32)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 489

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3, 32)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 490

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2, 3, 32)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 491

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 502

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 503

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields
- ADD 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; multi-source Cobalt 60 based
- ADD 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; linear accelerator based

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
Line: 514

- *H ADD D1555 REMOVAL OF FIXED SPACE MAINTAINER

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 520

- *M ADD H2010 Comprehensive medication services, per 15 min
- *M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 521

- ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each

Diagnosis: PHIMOSIS
Treatment: SURGICAL TREATMENT
Line: 535

- ADD 54150 Circumcision, using clamp or other device with regional dorsal penile or ring block

Diagnosis: IMPULSE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 545

- *M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEIOD OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 546

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields
-

Diagnosis: DYSMENORRHEA (See Guideline Note 43)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 553

- ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
- ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)
- ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
- ADD 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS

Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY

Line: 556

- ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each
- ADD 26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod

Diagnosis: PELVIC PAIN SYNDROME, DYSpareunia (See Guideline Note 44)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 559

- ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
- ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)
- ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
- ADD 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)

Diagnosis: PERIPHERAL ENTHEsOPATHIES

Treatment: SURGICAL TREATMENT

Line: 572

- ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each
- ADD 26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod

Diagnosis: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION
Line: 587

ADD 54150 Circumcision, using clamp or other device with
regional dorsal penile or ring block

Diagnosis: FACTITIOUS DISORDERS
Treatment: CONSULTATION
Line: 590

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: HYPOCHONDRIASIS; SOMATOFORM DISORDER, NOS AND UNDIFFERENTIATED
Treatment: CONSULTATION
Line: 591

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 592

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 609

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
Line: 624

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
Treatment: MEDICAL THERAPY
Line: 635

ADD 99363 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; initial
90 days

ADD 99364 Anticoagulant management for an outpatient taking
warfarin, physician review and interpretation of
International Normalized Ration (INR) testing,
patient instructions, dosage adjustment (as
needed) and ordering of additional tests; each
subsequent 90 days

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
Treatment: MEDICAL THERAPY
Line: 635 (Cont'd)

ADD V58.61 Encounter for long-term (current) use of
anticoagulants

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND
ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 638

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER
PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 639

*M ADD H2010 Comprehensive medication services, per 15 min
*M ADD H2033 Multisystemic therapy for juveniles, per 15 min

Diagnosis: GYNECOMASTIA
Treatment: MASTECTOMY
Line: 643

ADD 19300 Mastectomy for gynecomastia

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR
CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 660

ADD 15830 Excision, excessive skin and subcutaneous tissue
(includes lipectomy); abdomen, infraumbilical
panniculectomy
ADD 15847 Excision, excessive skin and subcutaneous tissue
(includes lipectomy), abdomen (eg, abdominoplasty)
(includes umbilical transposition and fascial
plication) (List separately in addition to code
for primary procedure)

Diagnosis: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
Line: 671

ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis
(Puestow-type operation)

Diagnosis: MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT
RESULT IN A 5% 5 YEAR SURVIVAL (See Guideline Notes 2, 3)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 674

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: PREVENTIVE DENTAL SERVICES

Treatment: CLEANING AND FLUORIDE

Line: 681

*H ADD D1206 TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION
FOR MODERATE TO HIGH CARIES

*H ADD D4230 ANATOMICAL CROWN EXPOSURE - FOUR OR MORE
CONTIGUOUS TEETH PER QUADRANT

*H ADD D4231 ANATOMICAL CROWN EXPOSURE - FOUR OR MORE
CONTIGUOUS TEETH PER QUADRANT

*H ADD D7998 INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN
CONJUNCTION WITH A FRACTURE

*H ADD D9120 FIXED PARTIAL DENTURE SECTIONING

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 682

*M ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)

Treatment: COSMETIC DENTAL SERVICES

Line: 707

*H Add D6012 SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR
TRANSITIONAL PROSTHESIS:

*H Add D6091 REPLACEMENT OF SEMI-PRECISION OR PRECISION
ATTACHMENT (MALE OR FEMALE)

*H Add D6092 RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN

*H Add D6093 RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL
DENTURE

*H Add D7292 SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE
[SCREW RETAINED PLATE] REQUIRING

*H Add D7293 SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE
REQUIRING SURGICAL FLAP

*H Add D7294 SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE
WITHOUT SURGICAL FLAP

*H Add D7951 SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES

*H Add D8693 REBONDING OR RECEMENTING; AND/OR REPAIR, AS
REQUIRED, OF FIXED RETAINERS

ADD THE FOLLOWING CPT CODES TO THE DIAGNOSTIC SERVICES LIST:

- ADD 67346 Biopsy of extraocular muscle
- ADD 77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography
- ADD 77052 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography
- ADD 77053 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
- ADD 77054 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
- ADD 77055 Mammography; unilateral
- ADD 77056 Mammography; bilateral
- ADD 77057 Screening mammography, bilateral (2-view film study of each breast)
- ADD 77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
- ADD 77059 Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
- ADD 77071 Manual application of stress performed by physician for joint radiology, including contralateral joint if indicated
- ADD 77072 Bone age studies
- ADD 77073 Bone length studies (orthoroentgenogram,
- ADD 77076 Radiologic examination, osseous survey; infant
- ADD 77077 Joint survey, single view, 2 or more joints (specify)
- ADD 77078 Computer tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
- ADD 77079 Computer tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
- ADD 77080 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
- ADD 77081 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
- ADD 77082 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment
- ADD 86480 Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response (see guideline on page 2)

ADD THE FOLLOWING CPT CODES TO THE DIAGNOSTIC SERVICES LIST (Cont'd):

ADD 86788 West Nile virus, IgM
ADD 86789 West Nile virus
ADD 87305 Aspergillus
ADD 87498 Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique
ADD 87640 Staphylococcus aureus, amplified probe technique
ADD 87641 Staphylococcus aureus, methicillin resistant, amplified probe technique
ADD 87653 Streptococcus, group B, amplified probe technique
*G ADD 96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
*H ADD D0273 BITEWINGS - THREE FILMS
*H ADD D0360 CONE BEAM CT - CRANIOFACIAL DATA CAPTURE
*H ADD D0362 CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA
*H ADD D0363 CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA
*H ADD D0486 ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
*G ADD V26.31 Testing female for genetic disease carrier status
*G ADD V26.32 Other genetic testing of female
*G ADD V26.33 Genetic counseling
*G ADD V26.34 Testing male for genetic disease carrier status
*G ADD V26.39 Other genetic testing of male
*G ADD V82.71 Screening for genetic disease carrier status
*G ADD V82.79 Other genetic screening

ADD THE FOLLOWING CPT CODES TO THE ANCILLARY SERVICES LIST:

ADD 00625 Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing one lung ventilation
ADD 00625 Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing one lung ventilation
ADD 76998 Ultraonic guidance, intraoperative
ADD 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation)
ADD 77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization)

ADD THE FOLLOWING CPT CODES TO THE ANCILLARY SERVICES LIST (Cont'd):

- ADD 77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachoid, paravertebral facet joint, paravertebral facet joint nerve)
- ADD 77011 Computer tomography guidance for stereotactic localization
- ADD 77012 Computer tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
- ADD 77013 Computer tomography guidance for, and monitoring of, parenchymal tissue ablation
- ADD 77021 Magnetic resonance guidance for needle placement (eg, biopsy, needle aspiration, injection, or placement of localization device), radiological supervision and interpretation
- ADD 77022 Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
- ADD 77031 Stereotactic localization guidance for breast biopsy or needle placement (eg wire localization or for injection), each lesion, radiological supervision and interpretation
- ADD 77032 Mammographic guidance for needle placement, breast (eg wire localization or for injection), each lesion, radiological supervision and interpretation
- ADD 77074 Radiologic examination, osseous survey; limited (eg, for metastases)
- ADD 77075 Radiologic examination, osseous survey; complete (axial and appendicular skeleton)

ADD THE FOLLOWING CPT CODES TO THE NON-OHP SERVICES LIST:

- ADD 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- ADD 22527 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)
- ADD 22857 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace
- ADD 22862 Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace
- ADD 22865 Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single

ADD THE FOLLOWING CPT CODES TO THE NON-OHP SERVICES LIST (Cont'd):

ADD 32998 Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral

ADD 37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation

ADD 43647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum

ADD 43648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum

ADD 43881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open

ADD 43882 Revision or removal of gastric neurostimulator electrodes, antrum, open

ADD 70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration

ADD 70555 Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration entire neurofunctional testing

ADD 77083 Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more

ADD 77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply

ADD 77373 Stereotactic body radiation therapy, treatment deliver, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

ADD 77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions

ADD 82107 AFP-L3 fraction isoform and total AFP (including ratio)

ADD 83698 Lipoprotein-associated phospholipase A2 (Lp-PLA2)

ADD 83913 RNA stabilization

ADD 87808 Trichomonas vaginalis

ADD 91111 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report

ADD 92640 Diagnostic analysis with programming of auditory brainstem implant, per hour

ADD 95012 Nitric oxide expired gas determination

ADD THE FOLLOWING CPT CODES TO THE NON-OHP SERVICES LIST (Cont'd):

- ADD 96020 Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report
- ADD 96904 Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome of a history of dysplastic nevus, or patients with a personal or familial history of melanoma
- *D ADD V05.9 Need for other prophylactic vaccination and inoculation against an unspecified single disease
- *D ADD V06.9 Need for prophylactic vaccination and inoculation against an unspecified combination of diseases

DELETE ALL APPEARANCES OF THE FOLLOWING INVALID CODES FROM THE PRIORITIZED LIST:

15000	19162	27315	35507	49085	94657
15001	19180	27320	35541	54152	95078
15831	19182	28030	35546	54820	D1201
17304	19200	33200	35641	56720	D1205
17305	19240	33201	44152	57820	D6971
17306	21300	33245	44153	79100	
17307	25611	33246	47716	79900	
19140	25620	33253	48005	92573	
19160	25604	35381	48180	94656	
