

**Minutes**  
**HEALTH SERVICES COMMISSION**  
*May 22, 2008*

**Members Present:** Somnath Saha, MD, MPH, Chair; Lisa Dodson, MD; Kevin Olson, MD; Kathryn Weit; Leda Garside, RN, BSN; Dan Williams; Bruce Abernethy; Carla McKelvey, MD; K. Dean Gubler, DO, MPH.

**Members Absent:** None.

**Staff Present:** Darren Coffman; Ariel Smits, MD, MPH; Brandon Repp; Dorothy Allen.

**Also Attending:** Wally Shaffer, MD, and Caroline Price, DHS-Division of Medical Assistance Programs (DMAP); Dave Fischer, Oregon PhD; Dave Roberts, Lilly; Lisa Trussell, Health Net; David Pass, MD, Health Resources Commission.

**I. Call to Order**

Dr. Somnath Saha, Chair, called the Health Services Commission (HSC) meeting to order at 12:15 pm 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**

**MOTION: To approve the January 10, 2008 minutes without corrections: MOTION CARRIES. 9-0.**

**III. Chair's Report**

Dr. Saha welcomed two new physician members to the Health Services Commission; Dr. Carla McKelvey is a pediatrician from Coos Bay whose interest in the HSC began when she was the medical director for a health plan. Dr. Dean Gubler is a trauma/critical care surgeon and holds an MPH. He became interested in health systems during a fellowship.

**IV. Director's Report**

Mr. Coffman thanked Mr. Dan Williams, who is retiring from the Commission, for his eight years of service. He announced that Rodney McDowell has recently resigned. Currently there are vacancies for consumer and social services representatives.

**V. Medical Director's Report**

Dr. Ariel Smits waved her report at this time.

## **VI. OHFB/Benefits Committee Update**

The Benefits Committee has developed recommendations for the Oregon Health Fund Board using the Prioritized List of Health Services as the basis to form tiers of cost-sharing; high priority conditions having less cost-sharing. The Essential Benefit Package being proposed has a fairly large deductible with out-of-pocket maximum caps as well as certain preventive and value-based services available not subject to the deductible. Deductibles and other cost-sharing will be on a sliding-scale. The Benefits Committee will make a presentation to the Board on June 25, 2008.

## **VII. Report from Mental Health Care & Chemical Dependency (MHCD) Subcommittee**

Mr. Coffman reported that the MHCD Subcommittee met yesterday (May 21, 2008) and discussed, for the biennial review, separating the autism codes from the dementia line and creating a new line as a placeholder for the treatment of autism. The procedure codes to be included on the new ASD line will be finalized after the Health Resources Commission (HRC) completes their evidence-based review of the effectiveness of these treatments in the fall.

The members discussed psychological testing codes 96102 and 96103, which were derived from breaking a single code into three parts. The initial code, 96101 (Psychological testing, interpretation and reporting per hour by a psychologist), remained on the list and the two new codes 96102 (Psychological testing per hour by a technician) and 96103 (Psychological testing by a computer, including time for the psychologist's interpretation and reporting), were placed on the never-covered list.

A representative of Department of Human Services (DHS) has asked the MHCD to reconsider these two codes, citing the school system's inability to afford a psychologist's time to perform the tests, noting that no matter who performs the test, a psychologist is required to evaluate the results. There would be no financial impact to the state as the Department of Education would cover the costs, funneling the charges through OHP for federal match. The members wish to collaborate with DHS to construct an administrative way this can be accomplished, rather than making a change to the list.

The MCHD Subcommittee will next review pairing extended therapy sessions for certain diagnosis.

## **VIII. Report from Health Outcomes Subcommittee (HOSC)**

Dr. Dodson reports a full morning of discussion and testimony.

### **Biennial Review:**

Allergy conditions, fibromyalgia, constipation in children and gastroparesis were all discussed but not recommended for changes to the lines. Discussions on pharmacy medication management and the Line Zero Workgroup were both deferred to the August meeting.

The HOSC's recommendations for urinary tract stone line consolidation, autism/dementia and new vaccine codes can be found in *Attachment A*. Recommended updates to the Prevention

Tables can be found in *Attachment B*. Straight-forward non-pairing issue recommendations can be found in *Attachment C*. Esophagogastroduodenoscopy (EDG) and Esophagoscopy recommendations can be found on *Attachment D*.

#### Shoulder disorders

Change the treatment description of Line 437 to “REPAIR/RECONSTRUCTION, MEDICAL THERAPY.”

#### Bariatric surgery

- 1) A footnote was added to the current guideline: “<sup>4</sup>The patient must meet criteria #1 and #2, and be referred by the OHP primary care provider as a medically appropriate candidate, to be approved for evaluation at a qualified bariatric surgery program.”
- 2) Proposals to add bariatric surgery to the obesity line (Line 8) with restriction to diabetic patients and to explicitly accept or reject medical marijuana use were both rejected.
- 3) Lap band refills (code 90779) were added to the type II diabetes/bariatric surgery line (Line 33).

#### **Guideline recommendations:**

##### Cervical dysplasia: a new guideline for *Line 31*

Work up and treatment of cervical dysplasia should follow the American Society for Cervical Colposcopy and Pathology guidelines as published in the American Journal of Obstetrics & Gynecology, October 2007.

##### Chronic otitis media: GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA *Line 493*

Antibiotic and other medication therapy are not indicated for children with bilateral chronic nonsuppurative otitis media. Observation OR antibiotic therapy are treatment options for children with effusion that has been present less than 4 to 6 months and at any time in children without a 20-decibel hearing threshold level or worse in the better hearing ear. Children with bilateral chronic nonsuppurative otitis media present for 3 months or longer or with language delay, learning problems, or significant hearing loss at any time should have hearing testing. Children with bilateral chronic nonsuppurative otitis media who are not at risk should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

For the child who has had bilateral chronic nonsuppurative otitis media and who has a bilateral hearing deficiency diagnosed by formal audiometry testing (defined as a 20-decibel hearing threshold level or worse in the better hearing ear), bilateral myringotomy with tube insertion recommended after a total of 4 to 6 months of bilateral effusion with a documented bilateral hearing deficit.

Adenoidectomy is an appropriate surgical treatment for bilateral chronic nonsuppurative otitis media ~~serous otitis media with persistent effusion~~ in children over 3 4 years with their second set of tubes. First time tubes are not an indication for an adenoidectomy.

##### Tonsillectomy: GUIDELINE NOTE 27, SLEEP APNEA *Line 211*

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

Tonsillectomy; GUIDELINE NOTE 36, TONSILLECTOMY Line 392

Tonsillectomy is an appropriate treatment in a case with:

- 1) Five ~~three~~ documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in two consecutive years where an attack is considered a positive culture/screen and where 10 days of continuous an appropriate course of antibiotic therapy has been completed;
- 2) Peritonsillar abscess unresponsive to medical management and drainage documented by surgeon, unless surgery performed during acute stage ~~Second occurrence of peritonsillar abscess, or if first abscess, has to be drained under general anesthesia;~~
- 3) Airway obstruction with presence of right ventricular hypertrophy or cor-pulmonale; and/or, Moderate or severe obstructive sleep apnea (OSA) in children 18 and younger, or mild OSA in children with daytime symptoms and/or other indications for surgery. For children 3 and younger or for children with significant co-morbidities, OSA must be diagnosed by nocturnal polysomnography. For children older than 3 who are otherwise healthy, OSA must be diagnosed by either nocturnal polysomnography, use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), or consultation with a Sleep Medicine specialist.
- 4) ~~4+ tonsils, which result in obstruction of breathing, swallowing and/or speech~~

Other recommended changes:

Add Guideline #36 to lines 49 (Cleft palate), 84 (Deep abscesses [includes peritonsillar abscesses), 211 (Sleep Apnea), and 565 (Chronic diseases of tonsils and adenoids).

**MOTION: To approve the recommendations of the HOSC as presented, including those identified in Attachments A through D: MOTION CARRIES. 9-0.**

The biennial changes will be included in the Prioritized List submitted in June to PricewaterhouseCoopers and the DHS Actuarial Services Unit for pricing. The list will then be submitted to the 2009 legislature for funding in determining for the 2010-11 OHP benefit package. All other approved changes will be combined with those approved at the August meeting for inclusion in the October 1, 2008 list.

**IX. Coverage of High Cost Drugs/Injectibles That Evidence Shows Have Marginal Benefits**

Xolair:

Dr. Smits explained that the drug Xolair is an anti-IgE medication for treatment of asthma which must be administered like chemotherapy. A literature review shows this medication to have severe side-effects including anaphylaxis, which can occur on first use or develop sometime later. It appears to be effective at reducing patients' need for inhaled steroids; however inhaled steroids are inexpensive and effective. The drug is not cost-effective and can pose real harm. It may be used for patients who do not respond to other medications. Monthly cost is approximately \$1300.

The Commissioners discussed that as this drug is expensive and has narrow application, use of this drug should be granted through the appeals-process rather than placing on the Prioritized List of Health Services. Recommendation: Place code J2357 on the Never Covered List.

## Elaprase

Dr. Smits then gave an overview of the drug Elaprase, a new enzyme replacement therapy for Hunter's Syndrome, which is a rare inherited disease which becomes apparent in children ages 1 to 3 years. It is a disease in which the person's body is defective in producing a chemical needed to adequately break down complex sugars produced in the body. Symptoms include growth delay, joint stiffness, and coarsening of facial features. In severe cases, patients may experience respiratory and cardiac problems, enlargement of the liver and spleen, neurological deficits and death. Hunter syndrome is diagnosed in about 1 out of every 65,000 to 132,000 births. Estimated cost for 1 year of treatment: \$300,000 to \$500,000 depending on weight of patient and must be given for life.

Dr. Gubler mentioned that very few providers have the means to administer these types of drugs, noting the high costs and accruing interest.

Commissioner's discussed their view that a treatment which alters the progress or slows down the progress of the disease or significantly improves quality of life should be seriously considered for coverage; those treatments that are not likely to do so should not be considered as there is a very high cost per QALY. Recommendation: Place code J3490 on the Never Covered List as Elaprase results in a marginal improvement in walking distance at a cost per QALY of \$1,126,680 to \$2,343,061.

The Health Resources Commission may be performing a comprehensive "orphan" drug review. An orphan drug is any drug developed for the treatment of diseases affecting a low prevalence of the population.

**MOTION: Do not cover Xolair or Elaprase and ask the Health Resources Commission to conduct a comprehensive "orphan" drug review. MOTION CARRIES. 9-0.**

## **X. Prioritization of Bone Marrow Transplants for Rare Conditions**

DMAP is receiving multiple requests for coverage of bone marrow and stem cell transplantation for diagnoses not currently paired on the List, but which were felt to have evidence supporting their use. DMAP has requested that indications for stem cell transplant be reviewed and updated.

Rare conditions discussed:

*Amyloidosis* refers to a variety of conditions in which abnormal proteins are deposited in organs and/or tissues, causing disease. Outcomes without treatment are low; however treatments involving stem cells improves lifespan over conventional chemotherapy treatment alone. The best evidence is for patients with two or fewer organs involved. Currently stem cell transplant is not paired with this condition; however it is covered by Medicare and most health plans.

*Neuroblastoma* is a solid cancer effecting children. Stem cell transplant is covered for high risk patients by most health plans and by Medicare and improves event free survival from 10-40% to 33-55%. This condition is currently on line 276 paired with other medical and surgical treatments.

*Metastatic retinoblastoma* is a tumor on the back of the eye, mostly effecting children and is almost always fatal with the current treatment of chemotherapy alone. Evidence

of effectiveness is based on small, uncontrolled studies and shows a three year survival 67%. It is not covered by Medicare or most insurance companies and is considered experimental.

*Primitive neuroectodermal tumors* arise from fetal cells still present in the body. Evidence of effectiveness is based on small, uncontrolled studies and indicates a three year survival 60-80%. It is not covered by Medicare or most insurance companies and is considered experimental.

Commissioners discussed how to make decisions to treat rare conditions with what is considered to be experimental treatments. Simply accepting a specialist's opinion regarding what they consider "standard of care" does not follow an evidence-based process. However, as these types of conditions are rare, randomized trials of sufficient size are unlikely. Further, many studies conducted can be said to have a "selection bias," as it is natural to select stronger candidates for the trial. Currently, treatments for these conditions are evaluated on a case-by-case basis by DMAP and the managed care plans.

Dr. Saha suggested that the intent of the Commission is to cover conditions that meet the transplant algorithm criteria and should implement guidelines based on what the evidence shows. For more rare conditions, the Committee would accept non-randomized data, with the caveat that the Committee may take a closer look at those which may have instances of selection bias.

It is suggested that the HSC defer their decision-making until further study is completed, either by the Health Resources Commission, the DMAP Transplant Committee (if re-constituted) or another entity.

## **XI. Other Business**

No other business was offered at this time.

## **XII. Public Comment**

No public comment was offered at this time.

## **XIII. Adjournment**

Dr. Saha adjourned the meeting of the Health Services Commission at 3:25 p.m.

**ATTACHMENT A**

**Urinary Tract Stone Line Consolidation**

<b>CPT Code</b>	<b>Description</b>	<b>Line 187</b>	<b>Line 376</b>	<b>Line 418</b>
50060-50065	Nephrolithotomy with calculus removal		<u>X</u>	<del>X</del>
50080-50081	Percutaneous nephrostolithotomy or pyelostolithotomy		<u>X</u>	<del>X</del>
50130	Pyelotomy with removal of calculus		<u>X</u>	<del>X</del>
50382-50387	Removal and replacement of ureteral stent	X	X	<del>X</del>
50392	Introduction of catheter into renal pelvis for drainage	<u>X</u>	X	<del>X</del>
50393	Introduction of ureteral catheter or stent	<u>X</u>	<u>X</u>	<del>X</del>
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	<u>X</u>	<u>X</u>	<del>X</del>
50553	Renal endoscopy with ureteral catheterization	X	X	<del>X</del>
50557	Renal endoscopy with fulguration and/or incision		<u>X</u>	<del>X</del>
50561	Renal endoscopy with removal of calculus		X	<del>X</del>
50572	Renal endoscopy with through non-established nephrotomy or pyelotomy, with ureteral catheterization	X	X	<del>X</del>
50580	Renal endoscopy with removal of calculus		<u>X</u>	<del>X</del>
50590	Lithotripsy		X	<del>X</del>
50600	Ureterotomy		X	
50605	Ureterotomy for insertion of indwelling stent		X	
50610-50630	Ureterolithotomy		X	
50700	Ureteroplasty	X	X	<del>X</del>
50715	Ureterolysis	X	X	<del>X</del>
50900	Ureterorrhaphy	X	X	<del>X</del>
50945	Laparoscopy ureterolithotomy		X	<del>X</del>
50947	Laparoscopic ureteroneocystostomy with cystoscopy and ureteral stent placement		<u>X</u>	<del>X</del>
50961	Ureteral endoscopy with removal of calculus		X	<del>X</del>
50970	Ureteral endoscopy through uretotomy	X	X	<del>X</del>
50972	Ureteral endoscopy with ureteral catheterization with or without dilation of ureter	X	<u>X</u>	<del>X</del>
50976	Ureteral endoscopy with fulguration and/or incision		X	<del>X</del>
50980	Ureteral endoscopy with removal of calculus		X	<del>X</del>
52310	Cystourethroscopy with removal of calculus	X	X	<del>X</del>
52315	Cystourethroscopy with removal of calculus, complicated	X	X	<del>X</del>
52317-52318	Litholapaxy, crushing or fragmentation of calculus		X	<del>X</del>

X = leave code(s) on line

X = add code(s) to line

~~X~~ = delete code(s) from line

**ATTACHMENT A**

52320-52325	Cystourethroscopy with removal of ureteral calculus		X	<del>X</del>
52330	Cystourethroscopy with manipulation, w/o removal of ureteral calculus		X	<del>X</del>
52332	Cystourethroscopy, with insertion of ureteral stent	X	X	<del>X</del>
52334	Cystourethroscopy with insertion of ureteral guide wire	X	X	<del>X</del>
52352-52353	Cystourethroscopy with removal of calculus or lithotripsy	X	X	<del>X</del>

**Line 187:** (Ureteral stricture or obstruction, hydronephrosis)

**Line 376:** (urinary tract calculus)

**Line 418** (Kidney and bladder calculi)

**Autism/Dementia Line Split:**

Line 210 (Chronic organic mental disorders including dementias) will be split into two lines:

- 1) Line 210 (Chronic organic mental disorders including dementias) and
- 2) Line 211 (Autism spectrum disorders; Treatment: medical/psychotherapy).

Both lines will hold all the CPT codes current on Line 210. These treatment codes will be re-evaluated at a later time. Referral to guideline regarding health and behavior assessment codes will be removed from both lines.

**New Vaccine Codes**

Code	Code Description	Proposed Line(s)	Information
90650	HPV vaccine	3, 4	On CDC schedule for females age 11-26 (lowest recommended age of 9); previously discussed in context of 90740 (Unlisted vaccine) and the HSC generally indicated an intent to cover
90681	Rotavirus vaccine	3	On CDC vaccine schedule for infants 12-32 weeks
90696	DTaP-IPV for children 4-6 years of age	3	Both vaccines covered in their individual forms
90738	Japanese encephalitis virus vaccine, inactivated	Never Covered	Travel vaccine. The non-inactivated form (90735, Japanese encephalitis virus vaccine) placed on Never Covered list in August, 2007

**Line 3:** Preventive Services, birth to age 10

**Line 4:** Preventive Services, over age 10



# ATTACHMENT B

## Revisions to the Prevention Tables

### Ages 11-24 Years

#### Interventions Considered and Recommended for the Periodic Health Examination

#### Leading Causes of Death

- Motor vehicle/other unintentional injuries
- Homicide
- Suicide
- Malignant neoplasms
- Heart diseases

#### Interventions for the General Population

##### SCREENING

Height and weight  
Blood pressure<sup>1</sup>  
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)<sup>2</sup>  
Papanicolaou (Pap) test<sup>3</sup>  
Chlamydia screen<sup>3</sup> (females <25 yr)  
Rubella serology or vaccination hx<sup>5</sup> (females >12 yr)  
Learning and attention disorders<sup>6</sup>  
Signs of child abuse, neglect, family violence  
Alcohol, inhalant, illicit drug use<sup>7</sup>  
Eating disorders<sup>8</sup>  
Anxiety and mood disorders<sup>9</sup>  
Suicide risk factors<sup>10</sup>

##### COUNSELING

###### Injury Prevention

Lap/shoulder belts  
Bicycle/motorcycle/ATV helmet\*  
Smoke detector\*  
Safe storage/removal of firearms\*  
Smoking near bedding or upholstery

###### Substance Use

Avoid tobacco use  
Avoid underage drinking and illicit drug use\*  
Avoid alcohol/drug use while driving, swimming, boating, etc.\*

##### Sexual Behavior

STD prevention: abstinence\*; avoid high-risk behavior\*; condoms/female barrier with spermicide\*  
Unintended pregnancy: contraception

##### Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables  
Adequate calcium intake (females)  
Regular physical activity\*

##### Dental Health

Regular visits to dental care provider\*  
Floss, brush with fluoride toothpaste daily\*

##### Mental Health/Chemical Dependency

Parent education regarding:

- Adolescent development
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
  - Familial stress or disruption
  - Health problems
  - Temperamental incongruence with parent
  - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

<sup>1</sup>Periodic BP for persons aged  $\geq 18$  yr. <sup>2</sup>High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. <sup>3</sup>Screening to start at age 21 or 3 years after onset of sexual activity (whichever comes first); screening should occur at least every 3 years. <sup>3</sup>If sexually active at present or in the past: q < 3 yr. If sexual history is unreliable, begin Pap test at age 18 yr. <sup>4</sup>If sexually active. <sup>5</sup>Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. <sup>6</sup>Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. <sup>7</sup>Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. <sup>8</sup>Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. <sup>9</sup>In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. <sup>10</sup>Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

\*The ability of clinical counseling to influence this behavior is unproven.

## ATTACHMENT B

### Ages 11-24 Years (Cont'd)

#### Interventions for the General Population (Cont'd)

##### IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters (11-16 yr)

Hepatitis B<sup>1</sup>

MMR (11-12 yr)<sup>2</sup>

Varicella (11-12 yr)<sup>3</sup>

Rubella<sup>4</sup> (females >12 yr)

##### CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/  
capable of pregnancy)

<sup>1</sup>If not previously immunized: current visit, 1 and 6 mo later. <sup>2</sup>If no previous second dose of MMR. <sup>3</sup>If susceptible to chickenpox. <sup>4</sup>Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives.

#### Interventions for the High-Risk Population

##### POPULATION

High-risk sexual behavior

Injection or street drug use

TB contacts; immigrants; low income

Native American/Alaska Native

Certain chronic medical conditions

Settings where adolescents and young adults  
congregate

Susceptible to varicella, measles, mumps

Blood transfusion between 1975-85

Institutionalized persons

Family h/o skin cancer; nevi; fair skin, eyes, hair

Prior pregnancy with neural tube defect

Inadequate water fluoridation

History of multiple injuries

High risk for mental health disorders

[High risk family history for deleterious mutations in BRCA1  
or BRCA2 genes](#)

##### POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)

RPR/VDRL (HR1); screen for gonorrhea (female)  
(HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis  
A vaccine (HR5)

RPR/VDRL (HR1); HIV screen (HR3); hepatitis A  
vaccine (HR5); PPD (HR6); advice to reduce  
infection risk (HR7)

PPD (HR3)

Hepatitis A vaccine (HR5); PPD (HR6);  
pneumococcal vaccine (HR8)

PPD (HR6); pneumococcal vaccine (HR8);  
influenza vaccine (HR9)

Second MMR (HR10)

Varicella vaccine (HR11); MMR (HR12)

HIV screen (HR3)

Hepatitis A vaccine (HR5); PPD (HR6); influenza  
vaccine (HR9)

Avoid excess/midday sun, use protective  
clothing\* (HR9)

Folic acid 4.0 mg (HR14)

Daily fluoride supplement (HR8)

Screen for child abuse, neurological, mental  
health conditions

Increased well-child/adolescent visits (HR16)

[Refer for genetic counseling and evaluation for BRCA testing  
by appropriately trained health care provider \(HR17\).](#)

#### High Risk Groups

**HR1** = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

**HR2** = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

## **ATTACHMENT B**

### **Ages 11-24 Years (Cont'd)**

**HR3** = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

**HR4** = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

**HR5** = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Vaccine may be considered for institutionalized persons. Clinicians should also consider local epidemiology.

**HR6** = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

**HR7** = Persons who continue to inject drugs.

**HR8** = Immunocompetent persons with certain medical conditions, including chronic cardiopulmonary disorders, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments/social settings (e.g., certain Native American and Alaska Native populations).

**HR9** = Annual vaccination of: residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

**HR10** = Adolescents and young adults in settings where such individuals congregate (e.g., high schools and colleges), if they have not previously received a second dose.

**HR11** = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr.

**HR12** = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

**HR13** = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

**HR14** = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

## **ATTACHMENT B**

### **Ages 11-24 Years (Cont'd)**

**HR15** = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

**HR16** = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

**HR17** = Two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

**Ages 25-64 Years**

**Interventions Considered  
and Recommended for the  
Periodic Health Examination**

**Leading Causes of Death  
Malignant neoplasms  
Heart diseases  
Motor vehicle/other unintentional injuries  
Human immunodeficiency virus infection  
Suicide and homicide**

**Interventions for the General Population**

**SCREENING**

Blood pressure  
Height and weight  
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk<sup>1</sup>)  
Papanicolaou (Pap) test<sup>2</sup>  
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy, or colonoscopy (>50 yr)<sup>3</sup>  
Mammogram + clinical breast exam<sup>4</sup> (women 40+ yrs)  
Rubella serology or vaccination hx<sup>5</sup> (women of childbearing age)  
Bone density measurement (women age 60-64 if high-risk)<sup>6</sup>  
Fasting plasma glucose for patients with hypertension or hyperlipidemia  
  
Learning and attention disorders<sup>7</sup>  
Signs of child abuse, neglect, family violence  
Alcohol, inhalant, illicit drug use<sup>8</sup>  
Eating disorders<sup>9</sup>  
Anxiety and mood disorders<sup>10</sup>  
Suicide risk factors<sup>11</sup>  
Somatoform disorders<sup>12</sup>  
Environmental stressors<sup>13</sup>

**COUNSELING**

**Substance Use**

Tobacco cessation  
Avoid alcohol/drug use while driving, swimming, boating, etc.\*

**Diet and Exercise**

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables  
Adequate calcium intake (women)  
Regular physical activity\*

**Injury Prevention**

Lap/shoulder belts  
Bicycle/motorcycle/ATV helmet\*  
Smoke detector\*  
Safe storage/removal of firearms\*  
Smoking near bedding or upholstery

**Sexual Behavior**

STD prevention: abstinence\*; avoid high-risk behavior\*; condoms/female barrier with spermicide\*  
Unintended pregnancy: contraception

**Dental Health**

Regular visits to dental care provider\*  
Floss, brush with fluoride toothpaste daily\*

**IMMUNIZATIONS**

Tetanus-diphtheria (Td) boosters  
Rubella<sup>5</sup> (women of childbearing age)

**CHEMOPROPHYLAXIS**

Multivitamin with folic acid (females planning or capable of pregnancy)  
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

<sup>1</sup>High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors.

<sup>2</sup>Women who are or have been sexually active and who have a cervix: q < 3 yr. <sup>3</sup>FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. <sup>4</sup>Screening mammography should be performed every 1-2 years. <sup>5</sup>Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. <sup>6</sup>High-risk defined as weight <70kg, not on estrogen replacement. <sup>7</sup>Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. <sup>8</sup>Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. <sup>9</sup>Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. <sup>10</sup>In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. <sup>11</sup>Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. <sup>12</sup>Multiple unexplained somatic complaints. <sup>13</sup>Community violence or disaster, immigration, homelessness, family medical problems.

\*The ability of clinical counseling to influence this behavior is unproven.

## ATTACHMENT B

### Ages 25-64 Years (Cont'd)

#### Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7) advice to reduce Infection risk (HR8)
Low income; TB contacts; immigrants; alcoholics Native American/Alaska Native	PPD (HR7) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9)
Certain chronic medical conditions	PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Blood product recipients Susceptible to varicella, measles, mumps Institutionalized persons	HIV screen (HR3); hepatitis B vaccine (HR5) MMR (HR11); varicella vaccine (HR12) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Family h/o skin cancer; fair skin, eyes, hair Previous pregnancy with neural tube defect <a href="#">High risk family history for deleterious mutations in BRCA1 or BRCA2 genes</a>	Avoid excess/midday sun, use protective clothing* (HR13) Folic acid 4.0 mg (HR14) <a href="#">Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR15)</a>

#### High Risk Groups

**HR1** = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

**HR2** = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

**HR3** = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

**HR4** = Sexually active women with multiple risk factors including: history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology.

**HR5** = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

**HR6** = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized persons. Clinicians should also consider local epidemiology.

## ATTACHMENT B

### Ages 25-64 Years (Cont'd)

**HR7** = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

**HR8** = Persons who continue to inject drugs.

**HR9** = Immunocompetent institutionalized persons >50 yr and immunocompetent with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations).

**HR10** = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction.

**HR11** = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

**HR12** = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

**HR13** = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

**HR14** = Women with previous pregnancy affected by neural tube defect who are planning pregnancy.

**HR15** = Two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of 3 or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

## ATTACHMENT B

### Age 65 and Older

#### Interventions Considered and Recommended for the Periodic Health Examination

#### Leading Causes of Death Heart diseases Malignant neoplasms (lung, colorectal, breast) Cerebrovascular disease Chronic obstructive pulmonary disease Pneumonia and influenza

#### Interventions for the General Population

##### SCREENING

Blood pressure  
Height and weight  
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy or colonoscopy<sup>1</sup>  
Mammogram + clinical breast exam<sup>2</sup>  
Bone density measurement (women)  
Fasting plasma glucose for patients with hypertension or hyperlipidemia  
Vision screening  
Assess for hearing impairment  
Signs of elder abuse, neglect, family violence  
Alcohol, inhalant, illicit drug use<sup>3</sup>  
Anxiety and mood disorders<sup>4</sup>  
Somatoform disorders<sup>5</sup>  
Environmental stressors<sup>6</sup>  
[Abdominal aortic aneurysm \(AAA\) \(men aged 65 to 75 who have ever smoked\)](#)<sup>7</sup>

##### COUNSELING

###### Substance Use

Tobacco cessation  
Avoid alcohol/drug use while driving, swimming, boating, etc.\*

###### Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables  
Adequate calcium intake (women)

Regular physical activity\*

Assess eating environment

##### Injury Prevention

Lap/shoulder belts  
Motorcycle and bicycle helmets\*  
Fall prevention\*  
Safe storage/removal of firearms\*  
Smoke detector\*  
Set hot water heater to <120-130°F  
CPR training for household members  
Smoking near bedding or upholstery

##### Dental Health

Regular visits to dental care provider\*  
Floss, brush with fluoride toothpaste daily\*

##### Sexual Behavior

STD prevention: avoid high-risk sexual behavior\*;  
use condoms

##### IMMUNIZATIONS

Pneumococcal vaccine  
Influenza<sup>1</sup>  
Tetanus-diphtheria (Td) boosters

##### CHEMOPROPHYLAXIS

Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

<sup>1</sup>FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. <sup>2</sup>Screening mammography should be performed every 1-2 years. <sup>3</sup>Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. <sup>4</sup>In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. <sup>5</sup>Multiple unexplained somatic complaints. <sup>6</sup>Community violence or disaster, immigration, homelessness, family medical problems. <sup>7</sup>[One-time ultrasound](#)

\*The ability of clinical counseling to influence this behavior is unproven.



## ATTACHMENT B

### Age 65 and Older (Cont'd)

#### Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
Institutionalized persons	(See detailed high-risk definitions) PPD (HR1); hepatitis A vaccine (HR2); amantadine/ rimantadine (HR4) PPD (HR1)
Chronic medical conditions; TB contacts; low income; immigrants; alcoholics Persons >75 yr; or >70 yr with risk factors for falls Cardiovascular disease risk factors Family h/o skin cancer; fair skin, eyes, hair Native American/Alaska Native Blood product recipients High-risk sexual behavior	Fall prevention intervention (HR5) Consider cholesterol screening (HR6) Avoid excess/midday sun, use protective clothing* (HR7) PPD (HR1); hepatitis A vaccine (HR2) HIV screen (HR3); hepatitis B vaccine (HR8) Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9) PPD (HR1); hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9); advice to reduce Infection risk (HR10) Varicella vaccine (HR11) Refer to meal and social support resources <a href="#">Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR12)</a>
Injection or street drug use	
Persons susceptible to varicella Persons living alone and with poor nutrition <a href="#">High risk family history for deleterious mutations in BRCA1 or BRCA2 genes</a>	

#### High Risk Groups

**HR1** = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

**HR2** = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized. Clinicians should also consider local epidemiology.

**HR3** = Men who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

**HR4** = Consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

**HR5** = Persons aged 75 years and older; or aged 70-74 with one or more additional risk factors including: use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); use of >4 prescription medications; impaired cognition, strength, balance, or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services.

**HR6** = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking, diabetes, or hypertension).

## ATTACHMENT B

### Age 65 and Older (Cont'd)

**HR7** = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

**HR8** = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

**HR9** = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

**HR10** = Persons who continue to inject drugs.

**HR11** = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults

**HR12** = Two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second- degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

## ATTACHMENT B

### Pregnant Women\*\*

#### Interventions Considered and Recommended for the Periodic Health Examination

##### Interventions for the General Population

###### SCREENING

###### First visit

Blood pressure  
Hemoglobin/hematocrit  
Hepatitis B surface antigen (HBsAg)  
RPR/VDRL  
Chlamydia screen (<25 yr)  
Rubella serology or vaccination history  
D(Rh) typing, antibody screen  
Offer CVS (<13 wk)<sup>1</sup> or amniocentesis (15-18 wk)<sup>1</sup>  
(age>35 yr)  
Offer hemoglobinopathy screening  
Assess for problem or risk drinking  
HIV screening

###### Follow-up visits

Blood pressure  
Urine culture (12-16 wk)

Screening for gestational diabetes<sup>2</sup>  
Offer amniocentesis (15-18 wk)<sup>1</sup> (age>35 yr)  
Offer multiple marker testing<sup>1</sup> (15-18 wk)  
Offer serum  $\alpha$ -fetoprotein<sup>1</sup> (16-18 wk)

###### COUNSELING

Tobacco cessation; effects of passive smoking  
Alcohol/other drug use  
Nutrition, including adequate calcium intake Encourage breastfeeding  
Lap/shoulder belts  
Infant safety car seats  
STD prevention: avoid high-risk sexual behavior\*; use condoms\*

###### CHEMOPROPHYLAXIS

Multivitamin with folic acid<sup>3</sup>

<sup>1</sup>Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. <sup>2</sup>Also, screen for diabetes in all women with gestational diabetes at the 6-week postpartum visit. <sup>3</sup>Beginning at least 1 mo before conception and continuing through the first trimester.

\*The ability of clinical counseling to influence this behavior is unproven.

\*\*See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

## ATTACHMENT B

### Pregnant Women (Cont'd)

#### Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit) (HR3); HBsAg (3rd trimester) (HR4); RPR/VDRL (3rd trimester) (HR5)
Blood transfusion 1978-85	HIV screen (1st visit) (HR3)
Injection drug use	HIV screen (HR3); ABsAg (3rd trimester) (HR4); advice to reduce infection risk (HR6)
Unsensitized D-negative women	D(Rh) antibody testing (24-28 wk) (HR7)
Risk factors for Down syndrome	Offer CVS <sup>1</sup> (1st trimester), amniocentesis <sup>1</sup> (15-18 wk) (HR8)
Previous pregnancy with neural tube defect	Offer amniocentesis <sup>1</sup> (15-18 wk), folic acid 4.0 mg <sup>3</sup> (HR9)
High risk for child abuse	Targeted case management

#### High Risk Groups

**HR1** = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk.

**HR2** = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk.

**HR3** = In areas where universal screening is not performed due to low prevalence of HIV infection, pregnant women with the following individual risk factors should be screened: past or present injection drug use; women who exchange sex for money or drugs; injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs.

**HR4** = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners.

**HR5** = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

**HR6** = Women who continue to inject drugs.

**HR7** = Unsensitized D-negative women.

**HR8** = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement.

**HR9** = Women with previous pregnancy affected by neural tube defect.

## ATTACHMENT C

### Straightforward non-pairings

<b>Code</b>	<b>Code Description</b>	<b>Line(s) in Question</b>	<b>Issue</b>	<b>Proposed Change</b>
32800	Repair of lung hernia through chest wall	Line 408 Esophagitis, esophageal hernias Line 205 Congenital cystic lung	32800 needs to pair with 518.89 (lung hernia, among other lung diagnoses) which appears only on Line 205; 32800 does not pair with any diagnosis on Line 408	Delete 32800 from Line 408 Add 32800 to Line 205
29834	Arthroscopy, elbow, with removal of loose body or foreign body	Line 296 Deformity/dislocation of joint Line 381 Rheumatoid arthritis, osteoarthritis	718.12 (loose body in joint, elbow) is only on line 296 while 29834 is only on line 381. 718.12 needs to pair with 29834	Add 29834 to Line 296 Keep 29834 on Line 381
67041-43	Vitrectomy with removal of membranes	466 Degeneration of macula and posterior pole	Replaced 67038; added to all lines with 67038 with 2008 CPT review except for Line 466 (omitted by mistake)	Add 67041-43 to Line 466
43260-43272	ERCP codes	Line 201 (Acute pancreatitis)	All the ERCP codes appear on Line 267 (Chronic pancreatitis) but not on the acute line	Add 43260-43272 to Line 201
69710-69711	Implantation, replacement, repair or removal of electromagnetic bone conduction hearing device in temporal bone	Line 297: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER [Cochlear Implants] Line 483: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE [Cochlear Implants]	The device described by these codes is no longer in use. Its use was also limited to cases of conductive hearing loss (lines 380 and 463).	Deleted 69710-11 from Lines 297 and 483
99374	Physician supervision of patient under care of home health agency (patient not present), 15-29 minutes	Line 277: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL	All other 99XXX codes on this line. 99375 (30 min or more of physician supervision) is on this line.	Add 99374 to Line 277

## ATTACHMENT D

### Revisions Involving Esophagoscopy and Esophagogastroduodenoscopy

#### Esophagoscopy

Code	Code Description	Line 61	Line 114	Line 127	Line 225	Line 337	Line 406	Line 416	Line 656	Diag List
43200	Esophagoscopy, diagnostic									X
43201	Esophagoscopy, diagnostic, with submucosal injections	X			X					
43202	Esophagoscopy, diagnostic, with biopsy								<del>X</del>	X
43204	Esophagoscopy, diagnostic, with injection sclerosis of esophageal varices	X			X					
43205	Esophagoscopy, diagnostic, with band ligation of esophageal varices	X			X					
43215	Esophagoscopy, diagnostic, with removal of foreign body			X						
43216	Esophagoscopy, diagnostic, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps					<del>X</del>			<del>X</del>	X
43217	Esophagoscopy, diagnostic, with removal of tumor(s), polyp(s), or other lesion(s) by snare								<del>X</del>	X
43219	Esophagoscopy, diagnostic, with insertion of stent					X	X	X		
43220	Esophagoscopy, diagnostic, with balloon dilation					X	X	X		
43226	Esophagoscopy, diagnostic, with insertion of guidewire and dilation over guidewire		<del>X</del>			X	X	<del>X</del>		
43227	Esophagoscopy, diagnostic, with control of bleeding	<del>X</del>			X	X				
43228	Esophagoscopy, diagnostic, with ablation of tumors, polyps, or other lesions					<del>X</del>			<del>X</del>	
43231	Esophagoscopy, diagnostic, with endoscopic US examination									X
43232	Esophagoscopy, diagnostic, with transendoscopic u/s guided biopsy									X

X = leave code(s) on line

X = add code(s) to line

~~X~~ = delete code(s) from line

Line 61: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE

Line 114: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS

Line 127: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS

Line 225: ESOPHAGEAL VARICES

Line 337: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR

Line 406: ESOPHAGEAL STRICTURE

Line 416: ACHALASIA, NON-NEONATAL

Line 656: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM

**ATTACHMENT D**

**Esophagogastroduodenoscopy**

Code	Code Description	Line 48	Line 61	Line 114	Line 127	Line 225	Line 230	Line 337	Line 386	Line 406	Line 416	Line 419	Line 656	Diag List	Other
43234	EGD, simple primary exam													X	
43235	EGD, diagnostic													X	
43236	EGD, with submucosal injections		X										X		
43237	EGD, with endoscopic u/s limited to esophagus													X	
43238	EGD, with transendoscopic u/s guided biopsy													X	
43239	EGD, with biopsy													X	
43240	EGD, with transmural drainage of pseudocyst								X						
43241	EGD, with tube or catheter placement		X	X											
43242	EGD, with u/s guided biopsy and u/s exam of esophagus, stomach, duodenum and/or jejunum			X										X	
43243	EGD, with injection sclerosis of varices		X	X		X									
43244	EGD, with band ligation of varices		X	X		X									
43245	EGD with dilation of gastric outlet obstruction		X	X						X				X	
43246	EGD, with placement of percutaneous gastrostomy tube														Ancillary
43247	EGD, with removal of foreign body	X		X	X										
43248	EGD with insertion of guidewire followed by dilation of esophagus over wire						X	X		X	X	X	X		
43249	EGD with balloon dilation of esophagus						X	X		X	X	X	X		
43250	EGD with removal of tumors, polyps, or other lesions by hot forceps						X	X						X	
43251	EGD with removal of tumors, polyps, or other lesions by snare												X	X	
43255	EGD with control of bleeding		X			X									
43256	EGD with stent placement							X			X	X	X		
43257	EGD with delivery of thermal energy of lower esophageal sphincter for tx of GERD														NC
43258	EGD w/ ablation of tumors, polyps, or other lesion by technique other than hot forceps/snare												X	X	
43259	EGD with endoscopic ultrasound exam													X	

**Line 48: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM**

**Line 61: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE**

## **ATTACHMENT D**

**Line 114: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS**

**Line 127: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS**

**Line 225 ESOPHAGEAL VARICES**

**Line 230: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL**

**Line: 337: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR**

**Line 386: CYST AND PSEUDOCYST OF PANCREAS**

**Line 406: ESOPHAGEAL STRICTURE**

**Line 416: ACHALASIA, NON-NEONATAL**

**Line 419: ESOPHAGITIS**

**Line 656: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM**



**Minutes**  
**HEALTH SERVICES COMMISSION**  
*January 10, 2008*

**Members Present:** Daniel Mangum, DO, Chair; Lisa Dodson, MD; Kevin Olson, MD; Kathryn Weit; Leda Garside, RN, BSN; Somnath Saha, MD, MPH; Rodney McDowell, MSW, LCSW.

**Members Absent:** Dan Williams; Bruce Abernethy.

**Staff Present:** Darren Coffman; Ariel Smits, MD, MPH; Brandon Repp; Dorothy Allen.

**Also Attending:** Chris Kirk, MD, OHP Medical Directors; Wally Shaffer, MD, Celeste Symonette, RN, and Caroline Price, DHS-Division of Medical Assistance Programs (DMAP); Tina Kitchin, MD, DHS-Seniors & People With Disabilities (SPD).

**I. Call to Order**

Dr. Dan Mangum, Chair, called the Health Services Commission (HSC) meeting to order at 11:25 am at the Clackamas Community College, Wilsonville Training Center, Room 112, Wilsonville, Oregon. Mr. Darren Coffman called the roll.

**II. Approval of Minutes (August 23, 2007)**

**MOTION: To approve the August 23, 2007 minutes without corrections: MOTION CARRIES. 7-0.**

**III. Chair's Report**

Dr. Mangum reports that this will be his final meeting. He shared his appreciation for all the long volunteer hours, dedication and services that he has seen on this Commission over the past eight years.

He suggested the senior most physician, Dr. Saha, to replace him as Health Services Commission chair and Dr. Dodson to chair the Health Outcomes Subcommittee.

**IV. Director's Report**

Mr. Coffman thanked Dr. Mangum for his years of service. He mentioned that recruitment efforts to replace Dr. Mangum, Mr. Williams and Ms. McGough were underway.

## **V. Medical Director's Report**

Dr. Ariel Smits waved her report at this time.

## **VI. OHFB/Benefits Committee Update**

HSC members participating on the Benefits Committee are Dr. Saha, Dr. Dodson, Ms. Garside and Ms. Weit.

The charge is that the committee develop an essential set of health services for all Oregonians. The working presumption is that the Prioritized List of Health Services will be used a starting point for discussion. The committee is still in a learning mode and developing policy objectives, principles and assumptions.

Ms. Garside lauded the committee's chair, Susan King, for her efforts guiding the group's in their challenging task.

## **VII. Report from Mental Health Care & Chemical Dependency (MHCD) Subcommittee**

Mr. Coffman reported that the MHCD Subcommittee met November 21, 2007 and received an update on the Oregon Health Fund Board (OHFB). As it is outside the purview of the MHCD Subcommittee, they, along with other invited participants, have decided to watch the various committees of the OHFB and provide input as it relates to mental and behavioral health.

Members reviewed some minor coding changes which were then forwarded to the HOSC. Other items reviewed by the MHCD Subcommittee, including services provided by telephone and email, will be discussed later in today's meeting.

## **VIII. Report from Health Outcomes Subcommittee (HOSC)**

Dr. Saha reported that new CPT codes were reviewed at meetings in December and earlier that day. The HOSC's recommendations involving these new codes as well as additional technical corrections appear in Attachments A-H.

Specific discussion occurred on the following recommendations:

- Telephone and email visit codes
  - Add to "watch list" to monitor utilization and costs/savings quarterly
  - Add to all lines where E&M codes (99201-99362) appear with guideline:appearing in Attachment B.

- **Cardiac MRI**
  - Commonly used for congenital heart disease and viability of muscle tissue before surgery
  - Place on congenital heart disease lines
- **Medical management by clinical pharmacists**
  - For patients who have multiple medications, anti-coagulants, insulin
  - Promotes coordination of care
  - Add to all lines where E&M codes (99201-99362) appear with the guideline appearing in Attachment B.
- **Echocardiography with contrast**
  - Ultrasound of the heart
  - Contrast provides better imaging in certain patients
  - Add to diagnostic list with the guideline appearing in Attachment B:
- **Epidural Spinal Injection**
  - Unknown efficacy for low back pain – unfunded
  - Appropriate for herpes zoster
- **Ancillary list**
  - HSC will be creating and maintaining the list
  - For procedures that may be placed on numerous lines
  - Services covered if paired with funded conditions
- **V-code Follow-up**
  - Review led to three categories: never covered, diagnostic and line placement
  - DMAP discussed two specific codes:
    - Encounters for other specified administrative purpose (V68.89) – left on Ancillary List
    - Observation for other specified suspected conditions (V71.8) - placed on the Diagnostic List
    - PT/OT series (V57.x) was placed on the Never Covered List
- **Developmental Screening**
  - Move code (96110) from Diagnostic List to preventive services line (line 3) with coding specification shown in Attachment A (page A-2) and modification of preventive table as shown in Attachment C.
- **Modification of existing guidelines:**
  - The guidelines for fetal surgery, bariatric surgery, non-surgical management of obesity, lymphadema, health and behavior assessment codes, ventricular assist devices, and vertebroplasty and the comfort care statement of intent were recommended to be changed as shown in Attachment C.
- **Communicating Hydrocele**
  - Move hydrocele (603.0, 603.8, 603.9) and CPT codes 54040 (excision of hydrocele, unilateral), 54041 (excision of hydrocele, bilateral), and 54060 (repair of tunica vaginalis hydrocele) to line 176 (complicated hernias; uncomplicated hernias in children). Remove from line 558 (Hydrocele).
  - Add a new guideline to line 176 stating “Excision of hydrocele is only covered for children with hydroceles which persist after 18 months of age.”

- **Stress incontinence**
  - Apply the urinary incontinence guideline to all diagnoses on line 470.
- **Laparoscopic Surgery**
  - Adopt changes suggested in the meeting document titled “Laparoscopy Gynecologic Surgery” as reflected in Attachment A
- **Shoulder lines**
  - 1) Delete shoulder dislocation (718.31) from Line 437
  - 2) Add Bankart repair (23455) to Line 296
  - 3) Put all sprain/strain ICD-9-CM codes (840 series) on Line 437, delete from Line 403
  - 4) Delete 23430 from line 403
  - 5) Add 23430 to line 437
  - 6) Change name of Line 437 to “Disorders of Shoulder, Including Sprains/Strains Grade 3 Through 6”
  - 7) Change name of Line 628 to “Sprains and strains of Adjacent Muscles and Joints, Minor”
- **Keratoconjunctivitis sicca**
  - Delete 65780-65782 (Ocular surface reconstruction procedures), 68371 (Harvesting conjunctival allograft) from Line 397 (Keratoconjunctivitis, corneal abscess and neovascularization)
  - Add 67880-67882 (Construction of intermarginal adhesions, tarsorrhaphy procedures), 68760-68761 (Closure of lacrimal punctum procedures), 68801-68840 (Probing of nasolacrimal duct procedures) to Line 397
  - Delete 370.33 (keratoconjunctivitis sicca) from Line 541 (Dysfunction of nasolacrimal system)
  - Delete 68440 (Snip incision of lacrimal punctum), 68700 (Plastic repair of canaliculi) from list
- **Futile care orphan codes**
  - At the August, 2007 HSC meeting, Line 674 (613 on 2008 list) was deleted when the new Comfort Care Statement of Intent went into effect, leaving orphaned codes. To rectify, recommend the following:
    - 1) Undelete line 613 and rename “Secondary and Ill-Defined Malignant Neoplasms”
    - 2) All CPT codes which appeared on the 2007 list Line 674 will appear on the 2008 list Line 613
    - 3) ICD-9 codes to be placed on line 613: 159, 195, 196 (except 196.0 and 196.3), 197, 198.8, 199.
    - 4) Any ICD-9 codes listed in #3 above that appear on other lines will be deleted from those lines
    - 5) 196.0 add to Line 198 (Breast Cancer)
    - 6) 196.3 add to Line 311 (Head and Neck Cancers)
- **Discography**
  - 62290 (Injection for discography, lumbar) and 62291 (Injection for discography, cervical or thoracic) removed from lines 140 (Disorders of the spine with clinical significance) and 324 (Spinal deformity, clinically significant) and placed on the never covered list.
- **Femoral non-union/hip arthroplasty**
  - Add 27130 (Arthroplasty, including total hip replacement) to line 461 (Malunion and nonunion of fracture)

**MOTION: To approve the recommendations of the HOSC as stated and documented in Attachments A-H: MOTION CARRIES. 7-0.**

**IX. 2008 Biennial Review**

Mr. Coffman suggested for this biennial review that Commissioner's review the new Prioritized List of Health Services and note any discrepancies, major or minor, to be discussed at the May 2008 meeting.

An idea for a future biennial review discussion was soliciting help in resolving the escalation of line zero costs.

Mr. Coffman mentioned that with the introduction of the new MMIS system, it might be possible to limit office visits based on non-funded diagnoses, such as restricting office visits for below the line conditions.

Dr. Kirk recommends attempting to control Emergency Department costs and utilization.

Dr. Dodson suggests considering monetarily incentivizing primary care offices to stay open later in the evening to accommodate working patients. Mr. Coffman responded that the HSC approved those codes two year ago; however DMAP did not associate additional payment for them.

**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 2:20 p.m.

## ATTACHMENT A

### Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

---

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 1

ADD	01958	ANESTH, ANTEPARTUM MANIPUL
ADD	01960	ANESTH, VAGINAL DELIVERY
ADD	01961	ANESTH, CS DELIVERY
ADD	01962	ANESTH, EMER HYSTERECTOMY
ADD	01963	ANESTH, CS HYSTERECTOMY
ADD	01967	ANESTH/ANALG, VAG DELIVERY
ADD	01968	ANES/ANALG CS DELIVER ADD-ON
ADD	01969	ANESTH/ANALG CS HYST ADD-ON
DELETE	57700	REVISION OF CERVIX
DELETE	58520	REPAIR OF RUPTURED UTERUS
ADD	59000	AMNIOCENTESIS, DIAGNOSTIC
DELETE	59120	TREAT ECTOPIC PREGNANCY
DELETE	59121	TREAT ECTOPIC PREGNANCY
DELETE	59130	TREAT ECTOPIC PREGNANCY
DELETE	59135	TREAT ECTOPIC PREGNANCY
DELETE	59136	TREAT ECTOPIC PREGNANCY
DELETE	59140	TREAT ECTOPIC PREGNANCY
DELETE	59150	TREAT ECTOPIC PREGNANCY
DELETE	59151	TREAT ECTOPIC PREGNANCY
ADD	76801	OB US < 14 WKS, SINGLE FETUS
ADD	76802	OB US < 14 WKS, ADD'L FETUS
ADD	76805	OB US >/= 14 WKS, SNGL FETUS
ADD	76810	OB US >/= 14 WKS, ADDL FETUS
ADD	76811	OB US, DETAILED, SNGL FETUS
ADD	76812	OB US, DETAILED, ADDL FETUS
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
ADD	76815	OB US, LIMITED, FETUS(S)
ADD	76816	OB US, FOLLOW-UP, PER FETUS
ADD	76817	TRANSVAGINAL US, OBSTETRIC
ADD	76818	FETAL BIOPHYS PROFILE W/NST
ADD	76819	FETAL BIOPHYS PROFIL W/O NST
ADD	76820	UMBILICAL ARTERY ECHO
ADD	76821	MIDDLE CEREBRAL ARTERY ECHO
ADD	76825	ECHO EXAM OF FETAL HEART
ADD	76826	ECHO EXAM OF FETAL HEART
ADD	76827	ECHO EXAM OF FETAL HEART
ADD	76828	ECHO EXAM OF FETAL HEART
ADD	84163	PAPPA, SERUM
ADD	84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN
ADD	86336	INHIBIN A
ADD	S9208	HOME MGMT PRETERM LABOR PER DIEM
ADD	S9209	HOME MANGEMENT PPROM DIEM
ADD	S9211	HOME MGMT GESTATIONAL HTN; DIEM

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

-----  
Diagnosis: PREGNANCY  
Treatment: MATERNITY CARE  
Line: 1 (CONT'D)

ADD S9212 HOME MANAGEMENT POSTPARTUM HTN DIEM  
ADD S9213 HOME MANAGEMENT PREECLAMPSIA; DIEM  
ADD S9214 HOME MGMT GESTATIONAL DIABETES;DIEM

-----  
Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE  
Treatment: MEDICAL THERAPY  
Line: 3

ADD 90661 INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE  
ADD 90662 INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE  
ADD 90663 INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION  
ADD 96110 DEVELOPMENTAL TEST, LIM  
ADD 99408 ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30  
ADD 99409 ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30  
ADD G0396 ALCOHOL/SUBS INTERV 15-30MN  
ADD G0397 ALCOHOL/SUBS INTERV >30 MIN  
ADD V65.3 DIETARY SURVEIL/COUNSEL  
ADD V70.6 HEALTH EXAM-POP SURVEY  
ADD V72.12 ENCOUNTER FOR HEARING CONSERVATION AND TREATMENT  
ADD V73.81 SPECIAL SCREENING EXAMINATION, HUMAN PAPILLOMAVIRUS (HPV)  
DELETE V82.71 SCREENING FOR GENETIC DISEASE CARRIER STATUS  
DELETE V82.79 OTHER GENETIC SCREENING

NOTE: Add coding specification "CPT code 96110 can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes."

-----  
Diagnosis: PREVENTIVE SERVICES, OVER AGE OF 10  
Treatment: MEDICAL THERAPY  
Line: 4

ADD 90661 INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE  
ADD 90662 INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE  
ADD 90663 INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION  
ADD 90716 CHICKEN POX VACCINE, SC  
ADD 90736 ZOSTER VACC, SC

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

-----  
Diagnosis: PREVENTIVE SERVICES, OVER AGE OF 10

Treatment: MEDICAL THERAPY

Line: 4 (CONT'D)

ADD	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30
ADD	99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30
ADD	G0396	ALCOHOL/SUBS INTERV 15-30MN
ADD	G0397	ALCOHOL/SUBS INTERV >30 MIN
ADD	V65.3	DIETARY SURVEIL/COUNSEL
ADD	V67.01	FOLLOW-UP VAG PAP SMEAR
ADD	V70.6	HEALTH EXAM-POP SURVEY
ADD	V72.12	ENCOUNTER FOR HEARING CONSERVATION AND TREATMENT
ADD	V73.81	SPECIAL SCREENING EXAM, HUMAN PAPILLOMAVIRUS (HPV)
DELETE	V82.71	SCREENING FOR GENETIC DISEASE CARRIER STATUS
DELETE	V82.79	OTHER GENETIC SCREENING

-----  
Diagnosis: TOBACCO DEPENDENCE

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

Line: 6

DELETE	99071	PATIENT EDUCATION MATERIALS
ADD	99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES
ADD	99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES
ADD	G8402	SMOKE PREVEN INTERVEN COUNSE
ADD	G8453	TOB USE CESS INT COUNSEL

-----  
Diagnosis: OBESITY

Treatment: NUTRITIONAL AND LIFE STYLE COUNSELING

Line: 8

ADD	V65.3	DIETARY SURVEIL/COUNSEL
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-----  
Diagnosis: TYPE I DIABETES MELLITUS

Treatment: MEDICAL THERAPY

Line: 10

ADD	S9353	HOME INFUS TX CONT INSULIN; DIEM
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-----  
Diagnosis: ASTHMA

Treatment: MEDICAL THERAPY

Line: 11

ADD	86486	SKIN TEST; UNLISTED ANTIGEN, EACH
ADD	S9441	ASTHMA ED NON-MD PROV PER SESSION



ATTACHMENT A

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-----  
Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 15

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

-----  
Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 31

ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)  
ADD V67.01 FOLLOW-UP VAG PAP SMEAR

-----  
Diagnosis: TYPE II DIABETES MELLITUS

Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI ≥ 35

Line: 33

ADD S9353 HOME INFUS TX CONT INSULIN; DIEM

-----  
Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 35

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,  
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE  
INCLUDING CONTRAST INJECTION(S), IMAGE  
DOCUMENTATION AND REPORT  
ADD V53.5 FIT/ADJ INTES APPL NEC

-----  
Diagnosis: TERMINATION OF PREGNANCY

Treatment: INDUCED ABORTION

Line: 41

ADD 76801 OB US < 14 WKS, SINGLE FETUS  
ADD 76802 OB US < 14 WKS, ADD'L FETUS  
ADD 76805 OB US >= 14 WKS, SNGL FETUS  
ADD 76810 OB US >= 14 WKS, ADDL FETUS  
ADD 76815 OB US, LIMITED, FETUS(S)  
ADD 76817 TRANSVAGINAL US, OBSTETRIC

**ATTACHMENT A**

**Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.**

---

Diagnosis: ECTOPIC PREGNANCY  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 43

ADD 58660 LAPAROSCOPY, LYSIS  
ADD 58662 LAPAROSCOPY, EXCISE LESIONS  
ADD 58740 REVISE FALLOPIAN TUBE(S)  
ADD 76801 OB US < 14 WKS, SINGLE FETUS  
ADD 76802 OB US < 14 WKS, ADD'L FETUS  
ADD 76805 OB US >= 14 WKS, SNGL FETUS  
ADD 76810 OB US >= 14 WKS, ADDL FETUS  
ADD 76815 OB US, LIMITED, FETUS(S)  
ADD 76817 TRANSVAGINAL US, OBSTETRIC

---

Diagnosis: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 48

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT  
ADD V53.5 FIT/ADJ INTES APPL NEC

---

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 57

ADD 58260 VAGINAL HYSTERECTOMY  
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY  
ADD 58552 LAPARO-VAG HYST INCL T/O  
ADD 58553 LAPARO-VAG HYST, COMPLEX  
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  
ADD 58661 LAPAROSCOPY, REMOVE ADNEXA  
ADD 58662 LAPAROSCOPY, EXCISE LESIONS  
ADD 58940 REMOVAL OF OVARY(S)

---

Diagnosis: HYDATIDIFORM MOLE  
Treatment: D & C, HYSTERECTOMY  
Line: 58

ADD 58260 VAGINAL HYSTERECTOMY

**ATTACHMENT A**

**Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.**

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Diagnosis: HYDATIDIFORM MOLE  
Treatment: D & C, HYSTERECTOMY  
Line: 58 (CONT'D)

- 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)
  - ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
  - ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
  - ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
  - ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
  - ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
- 

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 60

- ADD 43260 ENDO CHOLANGIOPANCREATOGRAPH
  - ADD 43261 ENDO CHOLANGIOPANCREATOGRAPH
  - ADD 43263 ENDO CHOLANGIOPANCREATOGRAPH
  - DELETE 43830 PLACE GASTROSTOMY TUBE
  - DELETE 43831 PLACE GASTROSTOMY TUBE
- 

Diagnosis: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 61

- DELETE 43830 PLACE GASTROSTOMY TUBE
  - DELETE 43831 PLACE GASTROSTOMY TUBE
  - DELETE 43832 PLACE GASTROSTOMY TUBE
- 

Diagnosis: END STAGE RENAL DISEASE  
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS  
Line: 65

- ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM
-

ATTACHMENT A

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-----  
Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA  
Treatment: MEDICAL THERAPY  
Line: 66

ADD S9357 HIT ENZYME REPL IV TX; PER DIEM

-----  
Diagnosis: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE,  
MISSED ABORTION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 68

DELETE 64435 N BLOCK INJ, PARACERVICAL

-----  
Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 70

DELETE 43289 LAPAROSCOPE PROC, ESOPH

-----  
Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS  
Treatment: COMFORT CARE  
Line: 71

ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 76

ADD 93741 ANALYZE HT PACE DEVICE SNGL  
ADD 93742 ANALYZE HT PACE DEVICE SNGL  
ADD 93743 ANALYZE HT PACE DEVICE DUAL  
ADD 93744 ANALYZE HT PACE DEVICE DUAL  
ADD S0340 LIFESTYL MOD MGMT COR ART DZ; 1 QTR  
ADD S0341 INCL ALL SUPP SRVC; 2/THIRD QTR  
ADD S0342 LIFESTYL MOD MGMT COR ART DZ; 4 QTR

-----  
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: 78

DELETE 43830 PLACE GASTROSTOMY TUBE  
DELETE 43832 PLACE GASTROSTOMY TUBE  
ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,  
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE  
INCLUDING CONTRAST INJECTION(S), IMAGE  
DOCUMENTATION AND REPORT  
ADD 51010 DRAINAGE OF BLADDER  
ADD 51102 ASPIRATION OF BLADDER; WITH INSERTION OF  
SUPRAPUBIC CATHETER  
ADD 596.4 ATONY OF BLADDER  
ADD 596.53 PARALYSIS OF BLADDER  
ADD 596.54 NEUROGENIC BLADDER NOS

ATTACHMENT A

**Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.**

-----  
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: 78 (CONT'D)

DELETE	96150	ASSESS HLTH/BEHAVE, INIT
DELETE	96151	ASSESS HLTH/BEHAVE, SUBSEQ
DELETE	96152	INTERVENE HLTH/BEHAVE, INDIV
DELETE	96153	INTERVENE HLTH/BEHAVE, GROUP
DELETE	96154	INTERV HLTH/BEHAV, FAM W/PT
ADD	V53.5	FIT/ADJ INTES APPL NEC

-----  
Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANTATION

Line: 79

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD	V59.0	BLOOD DONOR

-----  
Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS

Treatment: MEDICAL THERAPY

Line: 82

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
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-----  
Diagnosis: DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 84

ADD	32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT PNEUMOTHORAX), WHEN PERFORMED (SEPARATE PROCEDURE)
ADD	32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF
ADD	32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)
ADD	32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)

-----  
Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 88

ADD	31805	REPAIR OF WINDPIPE INJURY
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-----  
Diagnosis: FRACTURE OF HIP, CLOSED  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 89

ADD 27267 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL  
END, HEAD; WITHOUT MANIPULATION  
ADD 27268 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL  
END, HEAD; WITH MANIPULATION FIXATION, WHEN

-----  
Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 90

ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

-----  
Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR  
TRACHEA, OPEN  
Treatment: REPAIR  
Line: 91

ADD 31800 REPAIR OF WINDPIPE INJURY

-----  
Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM  
Treatment: RECONSTRUCTION  
Line: 96

ADD 51100 BLADDER ASPIRATION; BY NEEDLE  
ADD 51101 BLADDER ASPIRATION; BY TROCAR OR INTRACATHETER  
ADD 51102 BLADDER ASPIRATION; INSERTION OF SUPRAPUBIC CATH

-----  
Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 97

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,  
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE  
INCLUDING CONTRAST INJECTION(S), IMAGE  
DOCUMENTATION AND REPORT  
ADD V53.5 FIT/ADJ INTES APPL NEC

-----  
Diagnosis: GUILLAIN-BARRE SYNDROME  
Treatment: MEDICAL THERAPY  
Line: 100

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

-----  
Diagnosis: ACUTE LEUKEMIAS, MYELOYDYSPLASTIC SYNDROME  
Treatment: BONE MARROW TRANSPLANT  
Line: 103

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V59.0 BLOOD DONOR

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-----  
Diagnosis: HEREDITARY IMMUNE DEFICIENCIES  
Treatment: BONE MARROW TRANSPLANT  
Line: 106

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V59.0 BLOOD DONOR

-----  
Diagnosis: DIABETIC AND OTHER RETINOPATHY  
Treatment: LASER SURGERY  
Line: 107

ADD 67041 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH  
REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG,  
MACULAR PUCKER)  
ADD 67042 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH  
REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA  
(EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR  
EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR  
TAMPONADE (IE, AIR, GAS OR SILICONE OIL)  
ADD 67043 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH  
REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL  
NEOVASCULARIZATION), INCLUDES, IF PERFORMED,  
INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE  
OIL) AND LASER PHOTOCOAGULATION  
ADD 67229 TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY,  
ONE OR MORE SESSIONS; PRETERM INFANT (LESS THAN  
37 WEEKS GESTATION AT BIRTH), PERFORMED FROM BIRTH  
UP TO 1 YEAR OF AGE (EG, RETINOPATHY OF  
PREMATURITY), PHOTOCOAGULATION OR CRYOTHERAPY

-----  
Diagnosis: HEART FAILURE  
Treatment: MEDICAL THERAPY  
Line: 109

ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

-----  
Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 110

ADD 93741 ANALYZE HT PACE DEVICE SNGL  
ADD 93742 ANALYZE HT PACE DEVICE SNGL  
ADD 93743 ANALYZE HT PACE DEVICE DUAL  
ADD 93744 ANALYZE HT PACE DEVICE DUAL  
ADD S0340 LIFESTYL MOD MGMT COR ART DZ; 1 QTR  
ADD S0341 INCL ALL SUPP SRVC; 2/THIRD QTR  
ADD S0342 LIFESTYL MOD MGMT COR ART DZ; 4 QTR  
ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 112

DELETE	43760	CHANGE GASTROSTOMY TUBE
DELETE	43830	PLACE GASTROSTOMY TUBE
DELETE	43831	PLACE GASTROSTOMY TUBE
DELETE	43832	PLACE GASTROSTOMY TUBE
ADD	49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER
ADD	49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
ADD	49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
ADD	V53.5	FIT/ADJ INTES APPL NEC

-----  
Diagnosis: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS

Treatment: MEDICAL THERAPY

Line: 118

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
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-----  
Diagnosis: COAGULATION DEFECTS

Treatment: MEDICAL THERAPY

Line: 122

ADD	S9345	HIT ANTI-HEMOPHILIC AGENT; PER DIEM
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-----  
Diagnosis: HODGKIN'S DISEASE

Treatment: BONE MARROW TRANSPLANT

Line: 126

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD	V59.0	BLOOD DONOR

-----  
Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES

Treatment: MEDICAL TREATMENT

Line: 128

DELETE	43830	PLACE GASTROSTOMY TUBE
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-----  
Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS  
Treatment: BONE MARROW TRANSPLANT  
Line: 132

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V59.0 BLOOD DONOR

-----  
Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE  
Treatment: MEDICAL THERAPY  
Line: 133

ADD V71.81 OBSERVE-ABUSE & NEGLECT

-----  
Diagnosis: BENIGN NEOPLASM OF THE BRAIN  
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY,  
WHICH INCLUDES RADIATION THERAPY  
Line: 138

ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE  
GLOMERULONEPHRITIS  
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS  
Line: 139

ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM

-----  
Diagnosis: CRUSH INJURIES OTHER THAN DIGITS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 143

ADD 20950 FLUID PRESSURE, MUSCLE

-----  
Diagnosis: OPEN FRACTURE/DISLOCATION OF EXTREMITIES  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 144

ADD 27267 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL  
END, HEAD; WITHOUT MANIPULATION  
ADD 27268 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL  
END, HEAD; WITH MANIPULATION FIXATION, WHEN  
ADD 27769 OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE,  
INCLUDES INTERNAL FIXATION, WHEN PERFORMED  
ADD 29850 KNEE ARTHROSCOPY/SURGERY  
ADD 29851 KNEE ARTHROSCOPY/SURGERY  
ADD 29871 KNEE ARTHROSCOPY/DRAINAGE

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

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

Line: 145

ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION

ADD 58260 VAGINAL HYSTERECTOMY

ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;

ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;

ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: PNEUMOTHORAX AND HEMOTHORAX

Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY

Line: 154

ADD 32421 THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT PNEUMOTHORAX), WHEN PERFORMED (SEPARATE PROCEDURE)

ADD 32550 INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF

ADD 32551 TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)

ADD 32560 CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)

-----  
Diagnosis: ACQUIRED HEMOLYTIC ANEMIAS

Treatment: MEDICAL THERAPY

Line: 158

ADD 36514 APHERESIS PLASMA

ADD 446.6 THROMBOT MICROANGIOPATHY

ADD 90935 HEMODIALYSIS, ONE EVALUATION

ADD 90937 HEMODIALYSIS, REPEATED EVAL

ADD 90945 DIALYSIS, ONE EVALUATION

ADD 90947 DIALYSIS, REPEATED EVAL

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 159

ADD 20660 APPLY, REM FIXATION DEVICE  
ADD 20661 APPLICATION OF HEAD BRACE  
ADD 20665 REMOVAL OF FIXATION DEVICE

-----  
Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 160

ADD 58260 VAGINAL HYSTERECTOMY  
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)  
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY  
ADD 58552 LAPARO-VAG HYST INCL T/O  
ADD 58553 LAPARO-VAG HYST, COMPLEX  
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

-----  
Diagnosis: PYOGENIC ARTHRITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 162

ADD 29819 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29821 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29823 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29825 SHOULDER ARTHROSCOPY/SURGERY

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-----  
Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE  
Treatment: SURGICAL TREATMENT  
Line: 164

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,  
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE  
INCLUDING CONTRAST INJECTION(S), IMAGE  
DOCUMENTATION AND REPORT  
ADD V53.5 FIT/ADJ INTES APPL NEC

-----  
Diagnosis: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND  
OPHTHALMOLOGICAL COMPLICATIONS  
Treatment: MEDICAL THERAPY  
Line: 165

ADD 64483 INJECTION, ANESTHETIC AGENT AND/OR STEROID,  
TRANSFORAMINAL EPIDURAL; LUMBAR, SINGLE LEVEL  
ADD 64484 INJECTION, ANESTHETIC AGENT AND/OR STEROID,  
TRANSFORAMINAL EPIDURAL; LUMBAR, SINGLE LEVEL

-----  
Diagnosis: HODGKIN'S DISEASE  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION  
Line: 167

ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL  
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE  
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY  
OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM  
DIAMETER  
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL  
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE  
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY  
OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN  
10.0 CM DIAMETER

-----  
Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE  
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND  
RADIATION THERAPY  
Line: 168

DELETE 197.5 SEC MALIG NEO LG BOWEL  
ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,  
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE  
INCLUDING CONTRAST INJECTION(S), IMAGE  
DOCUMENTATION AND REPORT  
ADD C9728 PLACE DEVICE/MARKER, NON PRO  
ADD V53.5 FIT/ADJ INTES APPL NEC

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-----  
Diagnosis: NON-HODGKIN'S LYMPHOMAS  
Treatment: BONE MARROW TRANSPLANT  
Line: 171

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V59.0 BLOOD DONOR

-----  
Diagnosis: COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE  
Treatment: REPAIR  
Line: 176

ADD 55040 REMOVAL OF HYDROCELE  
ADD 55041 REMOVAL OF HYDROCELES  
ADD 55060 REPAIR OF HYDROCELE  
ADD 603.0 ENCYSTED HYDROCELE  
ADD 603.8 HYDROCELE NEC

-----  
Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF  
IMPAIRMENT OF CONSCIOUSNESS  
Treatment: SINGLE FOCAL SURGERY  
Line: 183

ADD V53.02 ADJUST NEUROPACEMAKER  
ADD V53.09 ADJ NERV SYST DEVICE NEC

-----  
Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 187

DELETE 50060 REMOVAL OF KIDNEY STONE  
DELETE 50065 INCISION OF KIDNEY  
DELETE 50080 REMOVAL OF KIDNEY STONE  
DELETE 50081 REMOVAL OF KIDNEY STONE  
ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF  
INTERNALLY DWELLING URETERAL STENT VIA  
TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY,  
INCLUDING RADIOLOGICAL SUPERVISION & INTERPRETATION  
ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING  
URETERAL STENT VIA TRANSURETHRAL APPROACH,  
WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL  
SUPERVISION AND INTERPRETATION  
DELETE 50557 KIDNEY ENDOSCOPY & TREATMENT  
ADD 52315 CYSTOSCOPY AND TREATMENT  
DELETE 52320 CYSTOSCOPY AND TREATMENT  
DELETE 52325 CYSTOSCOPY, STONE REMOVAL  
DELETE 52330 CYSTOSCOPY AND TREATMENT

-----  
Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING  
STRIKE, HEATSTROKE)  
Treatment: MEDICAL THERAPY, BURN TREATMENT  
Line: 188

ADD 692.77 3RD DEGREE SUNBURN

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-----  
Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL  
OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION

Treatment: MEDICAL THERAPY/ADRENALECTOMY  
Line: 194

ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

-----  
Diagnosis: CHRONIC ISCHEMIC HEART DISEASE

Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 196

ADD S0340 LIFESTYL MOD MGMT COR ART DZ; 1 QTR  
ADD S0341 INCL ALL SUPP SRVC; 2/THIRD QTR  
ADD S0342 LIFESTYL MOD MGMT COR ART DZ; 4 QTR

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

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY,  
RADIATION THERAPY AND BREAST RECONSTRUCTION  
Line: 198

ADD 11970 REPLACE TISSUE EXPANDER  
ADD 196.0 MAL NEO LYMPH-HEAD/NECK  
ADD C9728 PLACE DEVICE/MARKER, NON PRO  
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

-----  
Diagnosis: MULTIPLE MYELOMA

Treatment: BONE MARROW TRANSPLANT  
Line: 199

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V59.0 BLOOD DONOR

-----  
Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA

Treatment: BONE MARROW TRANSPLANT  
Line: 207

ADD 38204 BL DONOR SEARCH MANAGEMENT  
ADD 38205 HARVEST ALLOGENIC STEM CELLS  
ADD 38206 HARVEST AUTO STEM CELLS  
ADD 38207 CRYOPRESERVE STEM CELLS  
ADD 38208 THAW PRESERVED STEM CELLS  
ADD 38209 WASH HARVEST STEM CELLS  
ADD 38210 T-CELL DEPLETION OF HARVEST  
ADD 38211 TUMOR CELL DEplete OF HARVST  
ADD 38212 RBC DEPLETION OF HARVEST  
ADD 38213 PLATELET DEplete OF HARVEST  
ADD 38214 VOLUME DEplete OF HARVEST  
ADD 38215 HARVEST STEM CELL CONCENTRTE  
ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V59.0 BLOOD DONOR

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Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 208

- ADD 20555 PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO THE PROCEDURE)
  - ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER
  - ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
  - ADD C9728 PLACE DEVICE/MARKER, NON PRO
- 

Diagnosis: SUPERFICIAL ABSCESES AND CELLULITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 215

- ADD 53060 DRAINAGE OF URETHRA ABSCESS
  - ADD 53270 REMOVAL OF URETHRA GLAND
- 

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

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

Line: 219

- ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER
- ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
- ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
- 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)

ATTACHMENT A

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

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

Line: 219 (CONT'D)

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)  
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY  
ADD 58552 LAPARO-VAG HYST INCL T/O  
ADD 58553 LAPARO-VAG HYST, COMPLEX  
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  
ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: PATHOLOGICAL GAMBLING

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 223

ADD V69.3 GAMBLING AND BETTING

-----  
Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 229

ADD 50557 KIDNEY ENDOSCOPY & TREATMENT

-----  
Diagnosis: TESTICULAR CANCER

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 232

ADD V59.0 BLOOD DONOR

-----  
Diagnosis: OCCUPATIONAL LUNG DISEASES

Treatment: MEDICAL THERAPY

Line: 234

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH  
ADD S9441 ASTHMA ED NON-MD PROV PER SESSION



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-----  
Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX  
Treatment: MEDICAL THERAPY  
Line: 235

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

-----  
Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE  
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS  
Line: 236

ADD 59339 HOME TX; PERITONL DIALYSIS PER DIEM

-----  
Diagnosis: URINARY FISTULA  
Treatment: SURGICAL TREATMENT  
Line: 245

ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION  
ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION

-----  
Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 252

ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER  
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER  
ADD 58150 TOTAL HYSTERECTOMY  
ADD 58260 VAGINAL HYSTERECTOMY  
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)

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-----  
Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 252 (CONT'D)

ADD 58548 LAPARO W/ RADICAL HYST & LYMPH NODE SAMPLING  
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY  
ADD 58552 LAPARO-VAG HYST INCL T/O  
ADD 58553 LAPARO-VAG HYST, COMPLEX  
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)  
ADD 58660 LAPAROSCOPY, LYSIS  
ADD 58661 LAPAROSCOPY, REMOVE ADNEXA  
ADD 58662 LAPAROSCOPY, EXCISE LESIONS

-----  
Diagnosis: TORSION OF OVARY

Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY

Line: 260

ADD 58740 REVISE FALLOPIAN TUBE(S)

-----  
Diagnosis: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM

Treatment: MEDICAL THERAPY

Line: 268

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V53.09 ADJ NERV SYST DEVICE NEC

-----  
Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 272

DELETE 60699 ENDOCRINE SURGERY PROCEDURE

-----  
Diagnosis: DEFORMITIES OF HEAD

Treatment: CRANIOTOMY/CRANIECTOMY

Line: 273

ADD 20660 APPLY, REM FIXATION DEVICE  
ADD 20661 APPLICATION OF HEAD BRACE  
ADD 20665 REMOVAL OF FIXATION DEVICE

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-----  
Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 275

ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION  
ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 277

DELETE 197.6 SEC MAL NEO PERITONEUM  
DELETE 197.8 SEC MAL NEO GI NEC  
ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER  
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER  
ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 278

DELETE 195.1 MALIGN NEOPL THORAX  
DELETE 197.1 SEC MAL NEO MEDIASTINUM  
DELETE 197.2 SECOND MALIG NEO PLEURA  
DELETE 197.3 SEC MALIG NEO RESP NEC  
ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

Line: 280

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH  
ADD V59.0 BLOOD DONOR

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-----  
Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A  
GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 286

ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC  
ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR  
SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION  
ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: UROLOGIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 290

ADD 51000 DRAINAGE OF BLADDER  
ADD 51100 ASPIRATION OF BLADDER; BY NEEDLE  
ADD 51101 ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER  
DELETE 51702 INSERT TEMP BLADDER CATH  
DELETE 51703 INSERT BLADDER CATH, COMPLEX  
DELETE 598.00 URETHR STRICT:INFECT NOS

-----  
Diagnosis: DEFORMITY/CLOSED DISLOCATION OF JOINT

Treatment: SURGICAL TREATMENT

Line: 296

ADD 23455 REPAIR SHOULDER CAPSULE  
ADD 29806 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29807 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29819 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29828 ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS  
ADD 29874 KNEE ARTHROSCOPY/SURGERY  
ADD 29904 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
REMOVAL OF LOOSE BODY OR FOREIGN BODY  
ADD 29905 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SYNOVECTOMY  
ADD 29906 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
DEBRIDEMENT  
ADD 29907 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SUBTALAR ARTHRODESIS

-----  
Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS

Treatment: RETINAL REPAIR, VITRECTOMY

Line: 298

ADD 67113 REPAIR OF COMPLEX RETINAL DETACHMENT (EG,  
PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR  
GREATER, DIABETIC TRACTION RETINAL DETACHMENT,  
RETINOPATHY OF PREMATURITY, RETINAL TEAR OF  
GREATER THAN 90 DEGREES), WITH VITRECTOMY AND  
MEMBRANE PEELING

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-----  
Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 303

- ADD 33257 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (EG, MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- ADD 33258 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- ADD 33259 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- ADD 93741 ANALYZE HT PACE DEVICE SNGL
- ADD 93742 ANALYZE HT PACE DEVICE SNGL
- ADD 93743 ANALYZE HT PACE DEVICE DUAL
- ADD 93744 ANALYZE HT PACE DEVICE DUAL

-----  
Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY  
Treatment: MEDICAL THERAPY  
Line: 305

- ADD S9346 HIT ALPHA-1-PROTENAS INHIBITR; DIEM

-----  
Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM  
Treatment: SURGICAL TREATMENT  
Line: 306

- ADD 33864 ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ANNULUS REMODELING (EG, DAVID PROCEDURE, YACOUB PROCEDURE)

-----  
Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY  
Line: 309

- ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
-

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---

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 310

- ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
  - 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)
  - ADD 58548 LAPAROSCOPY, SURGICAL, WITH RADIAL HYSTERECTOMY, INCLUDING LYMPH NODE SAMPLING
  - ADD 58550 LAPARO-ASST VAG HYSTERECTOMY
  - ADD 58552 LAPARO-VAG HYST INCL T/O
  - ADD 58553 LAPARO-VAG HYST, COMPLEX
  - ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
  - ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
  - ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
  - ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
  - ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
  - ADD C9728 PLACE DEVICE/MARKER, NON PRO
- 

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 311

- ADD 196.3 MAL NEO LYMPH-AXILLA/ARM
  - ADD 41019 PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
  - ADD C9728 PLACE DEVICE/MARKER, NON PRO
-

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-----  
Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA  
Treatment: MEDICAL THERAPY  
Line: 312

DELETE	38204	BL DONOR SEARCH MANAGEMENT
DELETE	38205	HARVEST ALLOGENIC STEM CELLS
DELETE	38206	HARVEST AUTO STEM CELLS
DELETE	38207	CRYOPRESERVE STEM CELLS
DELETE	38208	THAW PRESERVED STEM CELLS
DELETE	38209	WASH HARVEST STEM CELLS
DELETE	38210	T-CELL DEPLETION OF HARVEST
DELETE	38211	TUMOR CELL DEplete OF HARVST
DELETE	38212	RBC DEPLETION OF HARVEST
DELETE	38213	PLATELET DEplete OF HARVEST
DELETE	38214	VOLUME DEplete OF HARVEST
DELETE	38215	HARVEST STEM CELL CONCENTRTE

-----  
Diagnosis: OSTEOPETROSIS  
Treatment: BONE MARROW RESCUE AND TRANSPLANT  
Line: 313

ADD	V59.0	BLOOD DONOR
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-----  
Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS  
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC)  
Line: 317

ADD	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
ADD	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY
ADD	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT
ADD	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS
DELETE	96150	ASSESS HLTH/BEHAVE, INIT
DELETE	96151	ASSESS HLTH/BEHAVE, SUBSEQ
DELETE	96152	INTERVENE HLTH/BEHAVE, INDIV
DELETE	96153	INTERVENE HLTH/BEHAVE, GROUP
DELETE	96154	INTERV HLTH/BEHAV, FAM W/PT
ADD	V53.09	ADJ NERV SYST DEVICE NEC

-----  
Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 318

ADD	43260	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43261	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43263	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43264	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43265	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43267	ENDO CHOLANGIOPANCREATOGRAPH

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-----  
Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 318 (CONT'D)

ADD 43269 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43271 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43272 ENDO CHOLANGIOPANCREATOGRAPH

-----  
Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT  
IN A GREATER THAN 5% 5-YEAR SURVIVAL  
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH  
INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 319

ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: VITREOUS DISORDERS  
Treatment: VITRECTOMY  
Line: 323

ADD 67041 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH  
REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG,  
MACULAR PUCKER)  
ADD 67042 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH  
REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA  
(EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR  
EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR  
TAMPONADE (IE, AIR, GAS OR SILICONE OIL)  
ADD 67043 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH  
REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL  
NEOVASCULARIZATION), INCLUDES, IF PERFORMED,  
INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE  
OIL) AND LASER PHOTOCOAGULATION

-----  
Diagnosis: TROMBOCYTOPENIA  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 327

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

-----  
Diagnosis: DISORDERS INVOLVING THE IMMUNE SYSTEM  
Treatment: MEDICAL THERAPY  
Line: 336

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH  
ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH



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-----  
Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 337

DELETE	195.2	MALIG NEO ABDOMEN
ADD	49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
ADD	C9728	PLACE DEVICE/MARKER, NON PRO
ADD	V53.5	FIT/ADJ INTES APPL NEC

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

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

Line: 338

DELETE	197.7	SECOND MALIG NEO LIVER
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-----  
Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 339

ADD	43260	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43261	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43263	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43264	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43265	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43269	ENDO CHOLANGIOPANCREATOGRAPH

-----  
Diagnosis: PURULENT ENDOPHTHALMITIS

Treatment: VITRECTOMY

Line: 342

ADD	67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER)
ADD	67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA (EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL)
ADD	67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL NEOVASCULARIZATION), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL) AND LASER PHOTOCOAGULATION

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-----  
Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE  
Treatment: SURGICAL TREATMENT  
Line: 347

- ADD 33864 ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ANNULUS REMODELING (EG, DAVID PROCEDURE, YACOUB PROCEDURE)
- ADD 34806 TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INSTRUMENT CALIBRATION, AND COLLECTION OF PRESSURE DATA
- ADD 49203 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5 CM DIAMETER OR LESS
- ADD 93982 NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN ANEURYSMAL SAC FOLLOWING ENDOVASCULAR REPAIR, COMPLETE STUDY INCLUDING RECORDING, ANALYSIS OF PRESSURE AND WAVEFORM TRACINGS, INTERPRETATION AND REPORT

-----  
Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 349

- ADD 51000 DRAINAGE OF BLADDER
- ADD 51005 DRAINAGE OF BLADDER
- ADD 51010 DRAINAGE OF BLADDER
- ADD 51100 ASPIRATION OF BLADDER; BY NEEDLE
- ADD 51101 ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER
- ADD 51102 ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER
- DELETE 51702 INSERT TEMP BLADDER CATH
- DELETE 51703 INSERT BLADDER CATH, COMPLEX
- ADD 52649 LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE
- ADD 598.00 URETHR STRICT:INFECT NOS
- ADD 598.01 URETH STRICT:OTH INFECT
- ADD 753.6 CONGEN URETHRAL STENOSIS

-----  
Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE  
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS  
Line: 350

- ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM
-

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-----  
Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A  
GREATER THAN 5% 5-YEAR SURVIVAL  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND  
RADIATION THERAPY

Line: 354

ADD 52649 LASER ENUCLEATION OF THE PROSTATE WITH  
MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE  
BLEEDING, COMPLETE  
ADD A9507 CIN-111 CAPROMB PENDETD DX TO 10 MCI  
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

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

Line: 365

ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM

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

Line: 366

ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

-----  
Diagnosis: RETROLENTAL FIBROPLASIA  
Treatment: CRYOSURGERY

Line: 371

ADD 67113 REPAIR OF COMPLEX RETINAL DETACHMENT (EG,  
PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR  
GREATER, DIABETIC TRACTION RETINAL DETACHMENT,  
RETINOPATHY OF PREMATURITY, RETINAL TEAR OF  
GREATER THAN 90 DEGREES), WITH VITRECTOMY AND  
MEMBRANE PEELING

-----  
Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC  
CONDITIONS

Treatment: MEDICAL THERAPY

Line: 372

DELETE 96150 ASSESS HLTH/BEHAVE, INIT  
DELETE 96151 ASSESS HLTH/BEHAVE, SUBSEQ  
DELETE 96152 INTERVENE HLTH/BEHAVE, INDIV  
DELETE 96153 INTERVENE HLTH/BEHAVE, GROUP  
DELETE 96154 INTERV HLTH/BEHAV, FAM W/PT

-----  
Diagnosis: CARDIAC ARRHYTHMIAS  
Treatment: MEDICAL THERAPY, PACEMAKER

Line: 373

ADD 33257 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF  
ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC  
PROCEDURE(S), LIMITED (EG, MODIFIED MAZE  
PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE  
FOR PRIMARY PROCEDURE)

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Diagnosis: CARDIAC ARRHYTHMIAS  
Treatment: MEDICAL THERAPY, PACEMAKER  
Line: 373 (CONT'D)

- ADD 33258 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
  - ADD 33259 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
  - ADD 93741 ANALYZE HT PACE DEVICE SNGL
  - ADD 93742 ANALYZE HT PACE DEVICE SNGL
  - ADD 93743 ANALYZE HT PACE DEVICE DUAL
  - ADD 93744 ANALYZE HT PACE DEVICE DUAL
- 

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL  
Treatment: SURGICAL TREATMENT  
Line: 375

- ADD 35523 BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL
- 

Diagnosis: URINARY TRACT CALCULUS  
Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY  
Line: 376

- ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
  - ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
  - ADD 50700 REVISION OF URETER
  - ADD 50715 RELEASE OF URETER
  - DELETE 53020 INCISION OF URETHRA
  - DELETE 692.77 3RD DEGREE SUNBURN
- 

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)  
Treatment: OPEN OR CLOSED REDUCTION  
Line: 379

- ADD 27267 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION
- ADD 27268 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION FIXATION, WHEN
- ADD 27767 CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION

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-----  
Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)  
Treatment: OPEN OR CLOSED REDUCTION  
Line: 379 (CONT'D)

ADD 27768 CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE;  
WITH MANIPULATION  
ADD 27769 OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE,  
INCLUDES INTERNAL FIXATION, WHEN PERFORMED

-----  
Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS,  
AND ASEPTIC NECROSIS OF BONE  
Treatment: ARTHROPLASTY/RECONSTRUCTION  
Line: 381

ADD 29874 KNEE ARTHROSCOPY/SURGERY  
ADD 29904 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
REMOVAL OF LOOSE BODY OR FOREIGN BODY  
ADD 29905 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SYNOVECTOMY  
ADD 29906 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
DEBRIDEMENT  
ADD 29907 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SUBTALAR ARTHRODESIS

-----  
Diagnosis: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS  
Treatment: MEDICAL THERAPY  
Line: 385

ADD V53.09 ADJ NERV SYST DEVICE NEC

-----  
Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 397

ADD 20660 APPLY, REM FIXATION DEVICE  
ADD 20661 APPLICATION OF HEAD BRACE  
ADD 20662 APPLICATION OF PELVIS BRACE  
ADD 20665 REMOVAL OF FIXATION DEVICE  
ADD 64445 N BLOCK INJ, SCIATIC, SNG

-----  
Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS  
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY  
Line: 399

ADD C9728 PLACE DEVICE/MARKER, NON PRO

-----  
Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS,  
EXCLUDING THE KNEE, GRADE II AND III  
Treatment: REPAIR  
Line: 403

DELETE 23430 REPAIR BICEPS TENDON  
DELETE 840 SPRAIN/STRAIN OF SHOULDER

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Diagnosis: ESOPHAGEAL STRICTURE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 406

DELETE 43830 PLACE GASTROSTOMY TUBE  
DELETE 43832 PLACE GASTROSTOMY TUBE  
ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,  
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE  
INCLUDING CONTRAST INJECTION(S), IMAGE  
DOCUMENTATION AND REPORT  
ADD V53.5 FIT/ADJ INTES APPL NEC

---

Diagnosis: PITUITARY DWARFISM  
Treatment: MEDICAL THERAPY  
Line: 411

ADD S9558 HOME INFUS TX GROWTH HORMONE-DIEM

---

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 417

ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL  
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE  
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY  
OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM  
DIAMETER  
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL  
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE  
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY  
OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN  
10.0 CM DIAMETER  
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)  
ADD 58940 REMOVAL OF OVARY(S)  
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

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-----  
Diagnosis: CALCULUS OF BLADDER OR KIDNEY  
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY,  
NEPHROLITHOTOMY, LITHOTRIPSY

Line: 418

ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF  
INTERNALLY DWELLING URETERAL STENT VIA  
TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY,  
INCLUDING RADIOLOGICAL SUPERVISION AND  
INTERPRETATION  
ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING  
URETERAL STENT VIA TRANSURETHRAL APPROACH,  
WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL  
SUPERVISION AND INTERPRETATION  
ADD 50553 KIDNEY ENDOSCOPY  
ADD 50561 KIDNEY ENDOSCOPY & TREATMENT  
ADD 50572 KIDNEY ENDOSCOPY  
ADD 50976 URETER ENDOSCOPY & TREATMENT  
ADD 50980 URETER ENDOSCOPY & TREATMENT

-----  
Diagnosis: UTERINE LEIOMYOMA  
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY

Line: 423

ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)  
DELETE 58670 LAPAROSCOPY, TUBAL CAUTERY  
DELETE 58671 LAPAROSCOPY, TUBAL BLOCK  
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

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

Line: 429

ADD 22206 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL  
APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT  
(EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC  
ADD 22207 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL  
APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT  
(EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR  
VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY  
SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT

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Diagnosis: DISORDERS OF SHOULDER  
Treatment: REPAIR/RECONSTRUCTION  
Line: 437

ADD	23430	REPAIR BICEPS TENDON
ADD	29806	SHOULDER ARTHROSCOPY/SURGERY
ADD	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS
DELETE	29873	KNEE ARTHROSCOPY/SURGERY
DELETE	718.31	RECUR DISLOCAT-SHLDER
ADD	840	SPRAIN/STRAIN OF SHOULDER

NOTE: Change diagnosis description to "DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 3 THROUGH 6".

---

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 441

DELETE	43760	CHANGE GASTROSTOMY TUBE
DELETE	43761	REPOSITION GASTROSTOMY TUBE
DELETE	43761	REPOSITION GASTROSTOMY TUBE
DELETE	43830	PLACE GASTROSTOMY TUBE
DELETE	43831	PLACE GASTROSTOMY TUBE
DELETE	43832	PLACE GASTROSTOMY TUBE
ADD	V53.02	ADJUST NEUROPACEMAKER

Diagnosis: MENSTRUAL BLEEDING DISORDERS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 442

ADD	58180	PARTIAL HYSTERECTOMY
ADD	58554	LAPARO-VAG HYST W/T/O, COMPL
ADD	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
ADD	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,  
FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; STREAK OVARIES  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 447

DELETE	51702	INSERT TEMP BLADDER CATH
DELETE	51703	INSERT BLADDER CATH, COMPLEX
ADD	58180	PARTIAL HYSTERECTOMY
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX
ADD	58554	LAPARO-VAG HYST W/T/O, COMPL



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-----  
Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,  
FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; STREAK OVARIES

Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 447 (CONT'D)

ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)  
ADD 58740 REVISE FALLOPIAN TUBE(S)

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

Treatment: REPAIR, MEDICAL THERAPY  
Line: 449

DELETE 718.26 PATHOL DISLOCAT-L/LEG  
DELETE 718.36 RECUR DISLOCAT-L/LEG

-----  
Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL  
RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND  
RADIATION THERAPY  
Line: 453

DELETE 197.8 SEC MAL NEO GI NEC  
ADD 43260 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43261 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43262 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43263 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43264 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43265 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43267 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43268 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43269 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43272 ENDO CHOLANGIOPANCREATOGRAPH

-----  
Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY  
Line: 460

ADD V53.02 ADJUST NEUROPACEMAKER

-----  
Diagnosis: MALUNION AND NONUNION OF FRACTURE

Treatment: SURGICAL TREATMENT  
Line: 461

ADD 27130 TOTAL HIP ARTHROPLASTY

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-----  
Diagnosis: MALUNION AND NONUNION OF FRACTURE  
Treatment: SURGICAL TREATMENT  
Line: 461 (CONT'D)

ADD 27726 REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH  
INTERNAL FIXATION

ADD 29825 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29826 SHOULDER ARTHROSCOPY/SURGERY  
ADD 29904 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
REMOVAL OF LOOSE BODY OR FOREIGN BODY  
ADD 29905 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SYNOVECTOMY  
ADD 29906 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
DEBRIDEMENT  
ADD 29907 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SUBTALAR ARTHRODESIS

-----  
Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 464

DELETE 58957 RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY  
PERITONEAL, UTERINE MALIGNANCY  
DELETE 58958 RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY  
PERITONEAL, UTERINE MALIGNANCY WITH PELVIC  
LYMPHADENECTOMY

-----  
Diagnosis: URINARY INCONTINENCE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 470

ADD 57285 PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF  
CYSTOCELE, IF PERFORMED); VAGINAL APPROACH  
ADD 57423 PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF  
CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH  
ADD 57425 LAPAROSCOPY, SURG, COLPOPEXY

-----  
Diagnosis: UTERINE PROLAPSE; CYSTOCELE  
Treatment: SURGICAL REPAIR  
Line: 485

ADD 57285 PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF  
CYSTOCELE, IF PERFORMED); VAGINAL APPROACH  
ADD 57423 PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF  
CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH  
ADD 57425 LAPAROSCOPY, SURG, COLPOPEXY  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;

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-----  
Diagnosis: UTERINE PROLAPSE; CYSTOCELE  
Treatment: SURGICAL REPAIR  
Line: 485 (CONT'D)

ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)

-----  
Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT  
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES  
OTHER THAN INFERTILITY  
Line: 486

ADD 58662 LAPAROSCOPY, EXCISE LESIONS  
ADD 58740 REVISE FALLOPIAN TUBE(S)  
ADD S9558 HOME INFUS TX GROWTH HORMONE-DIEM

-----  
Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 490

DELETE 65780 OCULAR RECONST, TRANSPLANT  
DELETE 65781 OCULAR RECONST, TRANSPLANT  
DELETE 65782 OCULAR RECONST, TRANSPLANT  
ADD 67880 REVISION OF EYELID  
ADD 67882 REVISION OF EYELID  
DELETE 68371 HARVEST EYE TISSUE, ALOGRAFT  
ADD 68760 CLOSE TEAR DUCT OPENING  
ADD 68761 CLOSE TEAR DUCT OPENING  
ADD 68801 DILATE TEAR DUCT OPENING  
ADD 68810 PROBE NASOLACRIMAL DUCT  
ADD 68811 PROBE NASOLACRIMAL DUCT  
ADD 68815 PROBE NASOLACRIMAL DUCT  
ADD 68816 PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT  
IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER  
DILATION  
ADD 68840 EXPLORE/IRRIGATE TEAR DUCTS

-----  
Diagnosis: FOREIGN BODY IN EAR AND NOSE  
Treatment: REMOVAL OF FOREIGN BODY  
Line: 496

DELETE G0238 TX PROC IMPRV RESP NOT G0237 15 MIN

-----  
Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA  
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY  
Line: 503

DELETE 53060 DRAINAGE OF URETHRA ABSCESS  
DELETE 53270 REMOVAL OF URETHRA GLAND

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

-----  
Diagnosis: PERIPHERAL ENTHESOPATHIES  
Treatment: MEDICAL THERAPY  
Line: 509

ADD V53.02 ADJUST NEUROPACEMAKER

-----  
Diagnosis: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID  
Treatment: ECTROPION REPAIR  
Line: 516

DELETE 68440 INCISE TEAR DUCT OPENING

-----  
Diagnosis: PERIPHERAL ENTHESOPATHIES  
Treatment: SURGICAL TREATMENT  
Line: 523

ADD 24357 TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,  
EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);  
PERCUTANEOUS

ADD 24358 TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,  
EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);  
DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN

ADD 24359 TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,  
EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);  
DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH  
TENDON REPAIR OR REATTACHMENT

DELETE 726.5 ENTHESOPATHY OF HIP

-----  
Diagnosis: PERIPHERAL NERVE DISORDERS  
Treatment: MEDICAL THERAPY  
Line: 526

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN  
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

-----  
Diagnosis: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 528

DELETE 370.33 KERATOCONJUNCTIVIT SICCA

DELETE 68440 INCISE TEAR DUCT OPENING

DELETE 68700 REPAIR TEAR DUCTS

ADD 68816 NASOLACRIMAL DUCT PROBING, W/ OR W/O IRRIGATION;  
WITH TRANSLUMINAL BALLOON CATHETER DILATION

ADD 92002 EYE EXAM, NEW PATIENT

ADD 92004 EYE EXAM, NEW PATIENT

ADD 92012 EYE EXAM ESTABLISHED PAT

ADD 92014 EYE EXAM & TREATMENT

ADD 92015 REFRACTION

ADD 92018 NEW EYE EXAM & TREATMENT

ADD 92019 EYE EXAM & TREATMENT

ADD 92020 SPECIAL EYE EVALUATION

ADD 92025 COMPUTERIZED CORNEAL TOPOGRAPHY

ADD 92060 SPECIAL EYE EVALUATION

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-----  
Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS  
Treatment: MEDICAL THERAPY  
Line: 541

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

-----  
Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS  
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY  
Line: 542

DELETE 718.56 ANKYLOSIS-LOWER/LEG

-----  
Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 544

ADD 58180 PARTIAL HYSTERECTOMY  
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)  
ADD 58940 REMOVAL OF OVARY(S)

-----  
Diagnosis: ATOPIC DERMATITIS  
Treatment: MEDICAL THERAPY  
Line: 545

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

-----  
Diagnosis: CONTACT DERMATITIS AND OTHER ECZEMA  
Treatment: MEDICAL THERAPY  
Line: 546

DELETE 692.71 SUNBURN  
ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

-----  
Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 552

ADD 20660 APPLY, REM FIXATION DEVICE  
ADD 20661 APPLICATION OF HEAD BRACE  
ADD 20665 REMOVAL OF FIXATION DEVICE  
DELETE 64450 N BLOCK, OTHER PERIPHERAL

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**Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.**

-----  
Diagnosis: DEFORMITIES OF FOOT  
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS  
Line: 556

ADD 29750 WEDGING OF CLUBFOOT CAST  
ADD 29904 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
REMOVAL OF LOOSE BODY OR FOREIGN BODY  
ADD 29905 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SYNOVECTOMY  
ADD 29906 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
DEBRIDEMENT  
ADD 29907 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH  
SUBTALAR ARTHRODESIS

-----  
Diagnosis: HYDROCELE  
Treatment: MEDICAL THERAPY, EXCISION  
Line: 558

DELETE 603.0 ENCYSTED HYDROCELE  
DELETE 603.8 HYDROCELE NEC  
DELETE 603.9 HYDROCELE NOS

-----  
Diagnosis: DYSMENORRHEA  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 572

ADD 58180 PARTIAL HYSTERECTOMY  
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL  
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS;  
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)  
AND/OR OVARY(S)  
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G;  
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,  
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF  
TUBE(S) AND/OR OVARY(S)

-----  
Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS  
Treatment: MEDICAL THERAPY  
Line: 574

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

-----  
Diagnosis: PLEURISY  
Treatment: MEDICAL THERAPY  
Line: 582

ADD 32421 THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR  
ASPIRATION, INITIAL OR SUBSEQUENT PNEUMOTHORAX),  
WHEN PERFORMED (SEPARATE PROCEDURE)  
ADD 32550 INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER  
WITH CUFF

ATTACHMENT A

**Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.**

---

Diagnosis: PLEURISY  
Treatment: MEDICAL THERAPY  
Line: 582 (CONT'D)

- ADD 32551 TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)
  - ADD 32560 CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)
- 

Diagnosis: PERITONEAL ADHESION  
Treatment: SURGICAL TREATMENT  
Line: 584

- ADD 58661 LAPAROSCOPY, REMOVE ADNEXA
  - ADD 58662 LAPAROSCOPY, EXCISE LESIONS
  - ADD 58740 REVISE FALLOPIAN TUBE(S)
  - ADD 58940 REMOVAL OF OVARY(S)
- 

Diagnosis: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY  
Treatment: MEDICAL THERAPY  
Line: 585

- ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH
- 

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA  
Treatment: SURGICAL TREATMENT  
Line: 596

- ADD 58661 LAPAROSCOPY, REMOVE ADNEXA
  - ADD 58662 LAPAROSCOPY, EXCISE LESIONS
- 

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT  
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY  
Line: 597

- ADD 22206 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC
  - ADD 22207 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT
- 

Diagnosis: DISORDERS OF SOFT TISSUE  
Treatment: MEDICAL THERAPY  
Line: 624

- ADD V53.02 ADJUST NEUROPACE MAKER
-

ATTACHMENT A

**Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.**

-----  
Diagnosis: MINOR BURNS  
Treatment: MEDICAL THERAPY  
Line: 625

ADD 692.71 SUNBURN

-----  
Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA  
Treatment: MEDICAL THERAPY  
Line: 626

DELETE V69.5 BEHAV INSOMNIA-CHILDHOOD

-----  
Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I  
Treatment: MEDICAL THERAPY  
Line: 628

NOTE: Change diagnosis description to "SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR".

-----  
Diagnosis: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)  
Treatment: DACRYOCYSTORHINOSTOMY  
Line: 644

ADD 68816 PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION

-----  
Diagnosis: CYST, HEMORRHAGE, AND INFARCTION OF THYROID  
Treatment: SURGICAL TREATMENT  
Line: 649

ADD 60300 ASPIRATION AND/OR INJECTION, THYROID CYST

-----  
Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS  
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY  
Line: 659

ADD 43260 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43261 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43263 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43265 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43269 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43271 ENDO CHOLANGIOPANCREATOGRAPH  
ADD 43272 ENDO CHOLANGIOPANCREATOGRAPH

-----  
Diagnosis: TMJ DISORDERS  
Treatment: TMJ SURGERY  
Line: 662

ADD 21073 MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)



## ATTACHMENT B

### **New Guidelines for Diagnostic Services and for the Prioritized List of Health Services Approved January 10, 2008**

#### **GUIDELINE NOTE D3, ECHOCARDIOGRAMS WITH CONTRAST FOR CARDIAC CONDITIONS OTHER THAN CARDIAC ANOMALIES**

Need for contrast with an echocardiogram (C8923, C8924, C8927, and C8928) should be assessed and, if indicated, implemented at the time of the original ECHO and not as a separate procedure.

#### **GUIDELINE NOTE 63, HYDROCELE REPAIR**

*Line 176*

Excision of hydrocele is only covered for children with hydroceles which persist after 18 months of age.

#### **GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT**

*Included on all lines with evaluation and management (E&M) codes*

Pharmacy medication management services must be provided by a pharmacist who has:

1. A current and unrestricted license to practice as a pharmacist in Oregon.
2. One of the following qualifications:
  - a. Certification from the Board of Pharmaceutical Specialties;
  - b. Certified Geriatric Practitioner;
  - c. Completion of an accredited residency program with two years of clinical experiences approved by the Boards;
  - d. Holds the academic degree of Doctor of Pharmacy and has three years of clinical experience approved by the Boards and has completed a American Council on Pharmaceutical Education (ACPE) approved certificate program in the area of practice; or,
  - e. Has successfully completed the course of study and holds the academic degree of Bachelor of Science in Pharmacy and has five years of clinical experience approved by the Boards and has completed two ACPE approved certificate programs with at least one program in the area of practice.
3. Services must be provided based on referral from a physician or licensed provider.
4. Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

## ATTACHMENT B

### **New Guidelines for Diagnostic Services and for the Prioritized List of Health Services Approved January 10, 2008**

#### **GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS**

*Included on all lines with evaluation and management (E&M) codes*

Telephone and email consultations must meet the following criteria:

1. Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.
2. E-visits must be provided by a physician or licensed provider within their scope of practice.
3. Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.
4. Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.
5. Telephone and email consultations must meet HIPAA standards for privacy.
6. There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.

Examples of reimbursable telephone and email consultations include but are not limited to:

- A. Extended counseling when person-to-person contact would involve an unwise delay.
- B. Treatment of relapses that require significant investment of provider time and judgment.
- C. Counseling and education for patients with complex chronic conditions.

Examples of non-reimbursable telephone and email consultations include but are not limited to:

- A. Prescription renewal.
- B. Scheduling a test.
- C. Scheduling an appointment.
- D. Reporting normal test results.
- E. Requesting a referral.
- F. Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
- G. Brief discussion to confirm stability of chronic problem and continuity of present management.

## ATTACHMENT C

### Revisions to Guidelines and the Prevention Tables for the Prioritized List of Health Services Approved January 10, 2008

#### GUIDELINE NOTE 2, FETOSCOPIC LASER SURGERY

*Line 1*

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt. Fetal surgery for cystic adenomatoid malformation of the lung, extralobal pulmonary sequestration and sacrococcygeal teratoma is only covered when there is evidence of developing hydrops fetalis.

Certification of laboratory required (76813-76814).

#### GUIDELINE NOTE 18, HEART FAILURE

*Lines 109,279*

Ventricular assist devices are ~~only covered as a bridge to transplant, not as destination therapy~~ only in the following circumstances:

1. as a bridge to cardiac transplant;
2. as treatment for pulmonary hypertension when pulmonary hypertension is the only contraindication to cardiac transplant and the anticipated outcome is cardiac transplant;
- or,
3. as a bridge to recovery.

Ventricular assist devices are not covered for destination therapy.

#### GUIDELINE NOTE 43, LYMPHEDEMA

*Lines 441,589*

Lymphedema treatments are covered when medically appropriate. These services will only be covered when provided by a licensed practitioner who is certified by, or participating in the certification or training process for, one of the accepted lymphedema training certifying organizations. The only accepted certifying organization at this time is LANA (Lymphology Association of North America; <http://www.clt-lana.org>). Treatments for lymphedema are not subject to the visit number restrictions found in Guideline Note 6, Rehabilitative Therapies.

## ATTACHMENT C

### Revisions to Guidelines and the Prevention Tables for the Prioritized List of Health Services Approved January 10, 2008

#### GUIDELINE NOTE 47, URINARY INCONTINENCE

*Line 470*

Surgery for genuine stress urinary incontinence (~~ICD-9-CM code 625.6~~ may be indicated when all of the following are documented (1-7):

1. Patient history of (a, b, and c):
  - a. Involuntary loss of urine with exertion
  - b. Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychological causes, excessive urine production, restricted mobility, and stool impaction)
  - c. Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
2. Patient's voiding habits
3. Physical or laboratory examination evidence of either (a or b):
  - a. Urethral hypermobility
  - b. Intrinsic sphincter deficiency
4. Diagnostic workup to rule out urgency incontinence
5. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
6. Nonmalignant cervical cytology, if cervix is present
7. Patient required to have 3 months alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises, biofeedback, and/or electrical stimulation, as available)

## ATTACHMENT C

### Revisions to Guidelines and the Prevention Tables for the Prioritized List of Health Services Approved January 10, 2008

#### Prevention Table: Birth to 10 Years

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##### Interventions Considered and Recommended for the Periodic Health Examination

##### Leading Causes of Death Conditions originating in perinatal period Congenital anomalies Sudden infant death syndrome (SIDS) Unintentional injuries (non-motor vehicle) Motor vehicle injuries

---

#### Interventions for the General Population

---

##### SCREENING

Height and weight  
Blood pressure  
Vision screen (3-4 yr)  
Hemoglobinopathy screen (birth)<sup>1</sup>  
Phenylalanine level (birth)<sup>2</sup>  
T<sub>4</sub> and/or TSH (birth)<sup>3</sup>  
Effects of STDs  
FAS, FAE, drug affected infants<sup>4</sup>  
Infant motor, hearing, developmental, behavioral and/or psychosocial screens<sup>5</sup>  
Learning and attention disorders<sup>5b</sup>  
Signs of child abuse, neglect, family violence

##### COUNSELING

###### Injury Prevention

Child safety car seats (age <5 yr)  
Lap-shoulder belts (age >5 yr)  
Bicycle helmet; avoid bicycling near traffic  
Smoke detector, flame retardant sleepwear  
Hot water heater temperature <120-130°F  
Window/stair guards, pool fence, walkers  
Safe storage of drugs, toxic substances,  
firearms & matches  
Syrup of ipecac, poison control phone number  
CPR training for parents/caretakers  
Infant sleeping position

###### Diet and Exercise

Breast-feeding, iron-enriched formula and  
foods (infants & toddlers)

Limit fat & cholesterol; maintain caloric balance; emphasize  
grains, fruits, vegetables (age >2 yr)  
Regular physical activity\*

###### Substance User

Effects of passive smoking\*  
Anti-tobacco message\*

###### Dental Health

Regular visits to dental care provider\*  
Floss, brush with fluoride toothpaste daily\*  
Advice about baby bottle tooth decay\*

###### Mental Health/Chemical Dependency

Parent education regarding:

- Child development
- Attachment/bonding
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
  - Familial stress or disruption
  - Health problems
  - Temperamental incongruence with parent
  - Environmental stressors such as  
community violence or disaster,  
immigration, minority status,  
homelessness
- Referral for MHCD and other family support services as  
indicated

---

<sup>1</sup>Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. <sup>2</sup>If done during first 24 hr of life, repeat by age 2 wk. <sup>3</sup>Optimally between day 2 and 6, but in all cases before newborn nursery discharge. <sup>4</sup>Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. <sup>5</sup>Screening must be conducted with a standardized, valid, and reliable tool. Recommended developmental, behavioral and/or psychosocial screening tools include and are not limited to: a) Ages and Stages Questionnaire (ASQ); b) Parent Evaluation of Developmental Status (PEDS) plus/minus PEDS:Developmental Milestones (PEDS:DM); c) ASQ:Social Emotional (ASQ:SE); and d) Modified Checklist for Autism in Toddlers (M-CHAT). <sup>5b</sup>Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

\*The ability of clinical counseling to influence this behavior is unproven.

**ATTACHMENT D**

**CPT and HCPCS Codes Added to Lines with Evaluation & Management Codes (99201-99362)  
Approved January 10, 2008**

The codes listed below have been added to all lines containing Evaluation and Management Codes (601 of 680 lines). The following additions to the Prioritized List of Health Services were approved by the Health Services Commission on January 10, 2008. Please see Attachment B for new guidelines associated with the use of these codes.

98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 5-10 minutes of medical discussion
98967	11-20 minutes of medical discussion
98968	21-30 minutes of medical discussion
98969	Online assessment and management service provided by a qualified non-physician health care professional to an established patient, guardian, or health care provider, using the internet or similar electronic communications network
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian; 5-10 minutes of medical discussion
99442	11-20 minutes of medical discussion
99443	21-30 minutes of medical discussion
99444	Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider, using the internet or similar electronic communications network
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions, and other intensive care services
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606	initial 15 minutes, established patient
99607	each additional 15 minutes medication therapy for 6 months or more (MM)2
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)
S0273	Physician visit at member's home, outside of a capitation arrangement
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement

**ATTACHMENT E**

**CPT and HCPCS Codes Added to Lines with Cardiac Congenital Anomaly Diagnoses  
Approved January 10, 2008**

The codes listed below have been added to lines containing Cardiac Congenital Anomaly diagnoses, namely the following: 74, 77, 94, 95, 98, 99, 116, 117, 123, 140, 142, 149, 185, 193, 195, 237, 247, 274, 279, and 673. These additions to the Prioritized List of Health Services were approved by the Health Services Commission on January 10, 2008.

75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75558	with flow/velocity quantification
75559	with stress imaging
75560	with flow/velocity quantification and stress
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s); followed by contrast material(s) and further sequences;
75562	with flow/velocity quantification
75563	with stress imaging
75564	with flow/velocity quantification and stress
C8921	Transthoracic echocardiography with contrast for congenital cardiac anomalies; complete
C8922	follow-up or limited study
C8926	Transesophageal echocardiography (TEE) with contrast for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

**ATTACHMENT F**

**Addition of Home Therapy HCPCS Code to Multiple Lines  
Approved January 10, 2008**

The HCPCS code S9537 has been added to multiple lines of the Prioritized List of Health Services as indicated in the table below. The complete description of S9537 is the following:

S9537 Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

<b>Addition of HCPCS code S9537</b>	
<b>Lines</b>	
	5, 33, 65, 71, 79, 102, 103, 106, 124, 125, 126, 132, 139, 145, 160, 167, 168, 169, 171, 182, 198, 199, 207, 208, 209, 221, 222, 229, 230, 232, 236, 243, 249, 252, 275, 276, 277, 278, 280, 286, 291, 309, 310, 311, 313, 319, 337, 338, 339, 350, 354, 365, 453, 613



**ATTACHMENT G**

**Reinstatement of Line 613  
Approved January 10, 2008**

Line 613 of the Prioritized List of Health Services was deleted effective October 1, 2007. Line 613 is to be added back to the List with the following diagnosis and treatment descriptions. The ICD-9 codes appearing on new Line 613 did not appear elsewhere on the Prioritized List after the initial removal of this line. Reinstatement of these codes clarifies the relatively low priority given to the treatment of these advanced cancers.

Diagnosis: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 613

Outlined in the table below are the codes/code ranges that will appear on Line 613.

<b>Codes appearing on Line 613 effective April 1, 2008</b>	
<b>Code type</b>	<b>Code/code ranges</b>
ICD-9	159, 195, 196.1-196.2, 196.5-196.9, 197, 198.8, 199
CPT	11600-11646, 36260-36262, 36522, 38720-38724, 41110-41114, 41130, 42120, 42842-42845, 43228, 43248-43250, 47420-47425, 47610, 47741, 47785, 57460, 58951, 60600-60605, 60650, 61500, 61510, 61517-61521, 61546-61548, 61586, 61793, 77014, 77261-77295, 77300-77370, 77401-77470, 77761-77790, 79005-79445, 96401-96571, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS	C9728, G0243, S0270, S0271, S0272, S0273, S0274, S9537

**ATTACHMENT H**

**Deleted CPT and HCPCS codes  
Approved January 10, 2008**

The following invalid CPT and HCPCS codes have been deleted from the Prioritized List of Health Services:

<b>Invalid codes deleted from the Prioritized List</b>	
<b>Code type</b>	<b>Code</b>
CPT	24350, 24351, 24352, 24354, 24356, 32000, 32002, 32005, 32019, 32020, 36550, 47719, 49200, 49201, 51000, 51005, 51010, 52510, 60001, 67038, 99361, 99362, 99372
HCPCS	G0267, Q4089, S0180

## Laparoscopy Gynecologic Surgery

Question: Which laparoscopic gynecologic treatments should be included on the Prioritized List and which lines should they appear on?

Background: The HSC voted in August, 2007 to include laparoscopic procedures on the list where the equivalent open procedure appeared, unless evidence of lack of effectiveness was found.

Further information: interview with Dr. Mark Nichols, OHSU OB/Gyn

Recommendations:

See table on next pages. Current abdominal or vaginal approaches are included for reference in italics.

Notes:

- 1) Ectopic pregnancy was moved from the maternity care line to its own line; however, the open and laparoscopic surgical treatments (59100-59151) of this condition were not removed from the maternity care line. These codes appear on the ectopic pregnancy line and should be removed from the maternity care line.
- 2) Fimbrioplasty (58672) is used for infertility procedures and should be placed on the Never Covered list.
- 3) Various NOS and NEC codes should be placed on the "PAC-5" list.
- 4) Hysterectomy (58150) appears on Line168 (colon cancer) and should be removed
- 5) Salpingostomy can be used to treat ectopic pregnancy or for infertility treatment. It appears on the ectopic pregnancy line (Line 43). Should we consider adding a guideline that its use is only covered for treatment of ectopic pregnancy?

Key:

Italics: open procedures

X=currentlly on line

X=add to line

~~X~~=delete from line

## Laparoscopic Gynecologic Surgery

CPT Code	Description	Line 58	Line 145	Line 160	Line 219	Line 252	Line 310	Line 423	Line 442	Line 447	Line 470	Line 485	Line 544	Line 572
57280	<i>Colpopexy, abdominal approach</i>										X	X		
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)										<u>X</u>	<u>X</u>		
58180	<i>Supracervical abdominal hysterectomy with or without removal of tube(s) and/or ovary(s)</i>	X		X	X	X	X	X	<u>X</u>	<u>X</u>			<u>X</u>	<u>X</u>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	X	X	X			X	X
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less, with removal of tube(s) and/or ovary(s)	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	X	X	X			X	X
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	X	X	X			X	X
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary(s)	<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	X	X	X			X	X
58140	<i>Myomectomy, abdominal approach</i>							X		X				
58545	Laparoscopy, surgical, myomectomy, excision, 1-4 intramural myomas							X		X				
58546	Laparoscopy, surgical, myomectomy, excision, 5 or more intramural myomas							X		X				
58210	<i>Radical abdominal hysterectomy</i>		X		X	X	X							
58548	Laparoscopy, surgical, with radial hysterectomy, including lymph node sampling		X		X	<u>X</u>	<u>X</u>							



<b>CPT Code</b>	<b>Description</b>	<b>Line 43</b>	<b>Line 57</b>	<b>Line 252</b>	<b>Line 260</b>	<b>Line 417</b>	<b>Line 447</b>	<b>Line 486</b>	<b>Line 544</b>	<b>Line 584</b>	<b>Line 596</b>
58740	<i>Lysis of adhesions (salpingolysis, ovariolysis)</i>	<u>X</u>	X	X	<u>X</u>	X	<u>X</u>	<u>X</u>	X	<u>X</u>	X
58940	<i>Oophorectomy</i>	X	<u>X</u>	X	X	<u>X</u>	X	X	<u>X</u>	<u>X</u>	X
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	<u>X</u>	X	<u>X</u>	X	X	X	X	X	X	X
58661	Laparoscopy, surgical; with removal of adnexal structures	X	<u>X</u>	<u>X</u>	X	X	X	X	X	<u>X</u>	<u>X</u>
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface	<u>X</u>	<u>X</u>	<u>X</u>	X	X	X	<u>X</u>	X	<u>X</u>	<u>X</u>

<b>CPT Code</b>	<b>Description</b>	<b>Line 1</b>	<b>Line 7</b>	<b>Line 43</b>	<b>Line 423</b>	<b>NC</b>	<b>PAC-5</b>
58600	<i>Ligation or transection of fallopian tube(s), abdominal or vaginal approach</i>		X				
58670	Laparoscopy, surgical; with fulguration of oviducts		X		<del>X</del>		
58671	Laparoscopy, surgical; with occlusion of oviducts by device		X		<del>X</del>		
59120	<i>Surgical treatment of ectopic pregnancy</i>	<del>X</del>		X			
58672	Laparoscopy, surgical; with fimbrioplasty					<u>X</u>	
58671	Laparoscopy, surgical; with salpingostomy			X			
58679	Unlisted laparoscopy procedure, oviduct, ovary						<u>X</u>
59150	Laparoscopic treatment of ectopic pregnancy	<del>X</del>		X			
59151	Laparoscopic treatment of ectopic pregnancy with salpingectomy and/or oophorectomy	<del>X</del>		X			
59898	Unlisted laparoscopic procedure, maternity care and delivery						<u>X</u>

Line 1: **MATERNITY CARE**

No longer contains ICD-9 codes for ectopic pregnancy

Line 7: **REPRODUCTIVE SERVICES**

Line 31: **DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA**

Line 43: **ECTOPIC PREGNANCY**

Line 57: **ACUTE PELVIC INFLAMMATORY DISEASE**

Line 58: **HYDATIDIFORM MOLE**

Line 145: **CANCER OF CERVIX**

Line 160: **CHORIOCARCINOMA**

Line 219: **CANCER OF UTERUS**

Line 252: **CANCER OF OVARY**

Line 260: **TORSION OF OVARY**

Line 310: **CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS**

Line 417: **ENDOMETRIOSIS AND ADENOMYOSIS**

Line 423: **UTERINE LEIOMYOMA**

Line 442: **MENSTRUAL BLEEDING DISORDERS**

Line 447: **NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS;  
OVARIAN CYSTS; STREAK OVARIES**

Line 470: **URINARY INCONTINENCE**

Abdominal and vaginal colpopexy

Line 485: **UTERINE PROLAPSE; CYSTOCELE**

Abdominal and vaginal colpopexy

Line 486: **OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT**

Line 544: **PELVIC PAIN SYNDROME, DYSPAREUNIA**

Line 572: **DYSMENORRHEA**

Line 584: **PERITONEAL ADHESION**

Line 596: **CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA**