

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: PREGNANCY (See Guideline Notes 1,2,64,65)

Treatment: MATERNITY CARE

ICD-9: 640-673,674.0,674.2,674.4-674.9,675-677,V07.2,V22.0-V22.1,V23,V24,V28,V72.4
CPT: 01958-01963,01967-01969,12021,57022,59000-59001,59012,59015,59020,59025,59030,59050-59051,59070-59076,59100,59160-59622,59830,59866,59871,76801-76828,84163,84704,86336,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0265,S0270,S0271,S0272,S0273,S0274,S2401,S2402,S2403,S2405,S2411,S8055,S9208,S9209,S9211,S9212,S9213,S9214

Line: 1

Diagnosis: BIRTH OF INFANT (See Guideline Notes 64,65)

Treatment: NEWBORN CARE

ICD-9: 763,765.29,779.81-779.82,779.84,779.89,V30-V37
CPT: 92586,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 2

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Coding Specification Below) (See Guideline Notes 64,65) (See Prevention Tables)

Treatment: MEDICAL THERAPY

ICD-9: V01.0-V01.2,V01.4-V01.9,V02,V03.2,V03.5-V03.9,V04.0,V04.2-V04.3,V04.6,V04.81-V04.82,V04.89,V05.0-V05.1,V05.3-V05.4,V05.8,V06.1,V06.3-V06.6,V06.8,V07.0,V07.2,V20,V65.3,V65.41-V65.45,V70.6,V71.09,V72.0-V72.1,V73-V75,V77-V81,V82.0-V82.6,V82.8-V82.9
CPT: 90465-90472,90633-90634,90645-90663,90669,90680,90698-90710,90713-90714,90716,90718-90723,90732-90734,90740,90744,90747-90749,92002-92014,92586,96110,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0008,G0009,G0010,G0396,G0397,H0001,H0002,H0031,S0270,S0271,S0272,S0273,S0274

Line: 3

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 (See Prevention Tables) (See Guideline Notes 3,64,65)

Treatment: MEDICAL THERAPY

ICD-9: V01.0-V01.2,V01.4-V01.9,V02,V03.2,V03.5-V03.9,V04.0,V04.2-V04.3,V04.6,V04.81,V04.89,V05.0-V05.1,V05.3-V05.4,V05.8,V06.1,V06.3-V06.6,V06.8,V07.0,V07.2,V15.88,V50.41,V65.3,V65.41-V65.45,V67.01,V70.0,V70.6,V71.09,V72.0-V72.1,V72.3,V73-V81,V82.0-V82.6,V82.8-V82.9
CPT: 19303-19304,19340-19350,19357-19369,90471-90472,90632-90636,90649,90656,90658-90663,90701,90703-90710,90713-90716,90718-90719,90723,90732-90734,90736-90747,90749,92002-92014,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0008,G0009,G0010,G0117,G0118,G0396,G0397,H0001,H0002,H0031,S0270,S0271,S0272,S0273,S0274,S0613

Line: 4

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE (See Guideline Notes 64,65)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 291.1,303.9,304,305.0,305.2-305.9
CPT: 90801-90829,90846-90862,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: H0001,H0002,H0004,H0005,H0006,H0012,H0016,H0020,H0031,H0033,H0034,H0035,H0048,H2010,H2013,H2033,H2035,S0270,S0271,S0272,S0273,S0274,S9537,T1006,T1013,T1016,T1502

Line: 5

Diagnosis: TOBACCO DEPENDENCE (See Guideline Notes 1,4,64,65)

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

ICD-9: 305.1
CPT: 96150-96154,97810-97814,98966-98969,99078,99201-99215,99366,99406-99407,99441-99444,99477,99605-99607
HCPCS: D1320,G8402,G8453,G9016,S0270,S0271,S0272,S0273,S0274,S9075,S9453

Line: 6

Diagnosis: REPRODUCTIVE SERVICES (See Guideline Notes 64,65)

Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION

ICD-9: V24.2,V25.0-V25.2,V25.4-V25.9,V26.2,V26.4
CPT: 11975-11977,11981-11983,55250,55450,57170,58300-58301,58565,58600-58615,58670-58671,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S4981,S4989,T1015

Line: 7

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: OBESITY (See Guideline Notes 1,5)
Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
ICD-9: 278.00-278.01,V65.3
CPT: 96150-96154,97802-97804,98960-98969,99051,99078,99201-99215,99241-99245,99354-99357,99366,99381-99412,99441-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 8

Diagnosis: MAJOR DEPRESSION, RECURRENT (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.30-296.36,298.0
CPT: 90801-90829,90846-90862,90870,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 9

Diagnosis: TYPE I DIABETES MELLITUS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.61,250.63,250.71,250.73,250.91,250.93,251.3,V53.91,V65.46
CPT: 49435-49436,92002,92004,92012,92014,90918-90997,93990,95250-95251,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0245,G0246,G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9145,S9353
Line: 10

Diagnosis: ASTHMA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 493
CPT: 31600-31603,31820,31825,86486,94002-94005,94640,94644-94645,94660-94668,95004-95180,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9441
Line: 11

Diagnosis: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 401-402,405.09,405.19,405.99,437.2
CPT: 92960-92998,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 12

Diagnosis: GALACTOSEMIA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 271.1
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 13

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 748.2,769,770.0-770.6,770.8-770.9
CPT: 33960-33961,36822,39501,39503,39520,39530-39531,39545,94002-94005,94610,94640,94660-94668,94772,94774-94777,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 14

Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 042,V08
CPT: 90284,94642,96150-96154,97810-97814,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 15

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CONGENITAL HYPOTHYROIDISM (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 243
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 16

Diagnosis: PHENYLKETONURIA (PKU) (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 270.1
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 17

Diagnosis: CONGENITAL INFECTIOUS DISEASES (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.0-771.2
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 18

Diagnosis: CONGENITAL SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 090
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 19

Diagnosis: VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 765.01-765.05,765.11-765.15,765.21-765.25,772.1-772.2,778.1
CPT: 94772,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 20

Diagnosis: NEONATAL MYASTHENIA GRAVIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.2
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 21

Diagnosis: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 331.3-331.5,348.2,742.3-742.4,V53.01
CPT: 20664,31294,61020,61070,61107,61210-61215,61322-61323,62100,62120-62121,62160-62163,62180-62258,62270-62272,63740-63746,67570,92002-92014,92081-92083,92250,96154
Line: 22

Diagnosis: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.0,775.6
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 23

Diagnosis: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.4-771.5
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 24

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: LOW BIRTH WEIGHT (1500-2500 GRAMS) (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 765.00,765.06-765.09,765.10,765.16-765.19,765.20,765.26-765.29
CPT: 94772,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 25

Diagnosis: CYSTIC FIBROSIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 277.0
CPT: 31500,31600,31603,31624,31646,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 26

Diagnosis: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.1-295.9,298.4,299.1,299.9
CPT: 90801-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 27

Diagnosis: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.0-779.1
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 28

Diagnosis: CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.2
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 29

Diagnosis: VESICoureteral REFLUX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, REIMPLANTATION
ICD-9: 593.7
CPT: 50220,50225,50234-50240,50760-50820,50845,50860,50947-50948,52281,52327,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 30

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 233.1,622.0-622.2,623.0-623.1,623.7,795.0,V67.01
CPT: 57061-57065,57150,57180,57400,57452,57460-57461,57505,57510-57522,57530,57540,57550,57555-57558,58120,58150,58260,58262-58263,58290-58291,58550-58554,58570-58573,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 31

Diagnosis: BIPOLAR DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.0-296.1,296.4-296.8,296.99,301.13
CPT: 90801-90829,90846-90862,90870,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,S9537,T1005,T1013,T1016,T1023
Line: 32

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: TYPE II DIABETES MELLITUS (See Guideline Notes 1,7,8,64,65)
Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI ≥ 35 (See Coding Specification Below)
ICD-9: 250.00,250.02,250.10,250.12,250.20,250.22,250.30,250.32,250.40,250.42,250.50,250.52,
250.60,250.62,250.70,250.72,250.80,250.82,250.90,250.92
CPT: 43644-43645,43770-43774,43846-43848,90918-90997,93990,96150-96154,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0245,G0246,G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,
G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9145,
S9353,S9537
Line: 33

CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43774 (laparoscopic adjustable gastric banding) are only included on this line as treatment according to the requirements in Guideline Note 8 when paired with:
1) a primary diagnosis of 250.x0 or 250.x2 (Type II Diabetes with or without complication);
2) a secondary diagnosis of 278.00 (Obesity, Unspecified) or 278.01 (Morbid Obesity); AND,
3) a tertiary diagnosis code of V85.35-V85.40 (BMI ≥ 35).

Diagnosis: DRUG WITHDRAWAL SYNDROME IN NEWBORN (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.5
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 34

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE (See Guideline Notes 1,9,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 555,556,557.1,557.9,569.41,569.81-569.82,569.86,V53.5
CPT: 35471,37205,44110,44120-44121,44139-44160,44187-44188,44202-44213,44227,44300-44316,
44345,44625-44626,44640,44650-44661,44701,45112-45113,45119,45123,45136,45307-45309,
45315,45320-45321,45332-45340,45379,45381-45386,45397,45805,45825,46710,46712,49442,
91110,96150-96154,96409-96415,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 35

Diagnosis: EPILEPSY AND FEBRILE CONVULSIONS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 345,780.3
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 36

Diagnosis: SEVERE BIRTH TRAUMA FOR BABY (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 767.0,767.11,767.4,768.0-768.6
CPT: 96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 37

Diagnosis: NEONATAL THYROTOXICOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.3
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 38

Diagnosis: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.1,776.0-776.3
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 39

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: SPINA BIFIDA (See Guideline Notes 1,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 741
CPT: 27036,61343,62180-62258,63700-63710,96154,98966-98969,99024,99051,99060,99070,99078,
99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 40

Diagnosis: TERMINATION OF PREGNANCY (See Guideline Notes 1,64,65) (Note: This line item is not
priced as part of the list.)
Treatment: INDUCED ABORTION
ICD-9: 635-639,655,779.6,V25.3
CPT: 01966,58520,59100,59160,59200,59812,59840-59841,59850-59852,59855-59857,76801-76810,
76815,76817,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0199,S0270,S0271,S0272,S0273,S0274,S2260
Line: 41

Diagnosis: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 244,246.1
CPT: 60210,60212,60220,60225,60240,60270-60271,96150-96154,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 42

Diagnosis: ECTOPIC PREGNANCY (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 633
CPT: 57020,58520,58660-58662,58673,58700-58740,58770,58940,59120-59151,76801-76810,76815,
76817,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 43

Diagnosis: PRIMARY, AND SECONDARY SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 091-092
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 44

Diagnosis: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 766
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 45

Diagnosis: PANHYPOPHYTUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Guideline Notes
1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 253.2,253.4,253.7,253.8
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 46

Diagnosis: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC
TO THE FETUS AND NEWBORN (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.4-775.5,775.7-775.9
CPT: 96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 47

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.0,560.2,560.30,560.39,560.8-560.9,935.2,936-938,V53.5
CPT: 43247,43500,43870,44005-44010,44020-44025,44050,44110-44130,44139-44147,44180-44188,44206-44208,44213,44310,44370,44379,44383,44390,44397,44615,44701,45327,45337,45345,45387,45915,49402,49442,91123,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 48

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-9: 519.1,519.4,519.8,748.3,749.0
CPT: 15732,30140,30520,30620,31502,31527,31630-31631,31635-31638,31641,33800,41510,42820-42836,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D8010,D8020,D8030,D8040,D8070,D8080,D8090,D8210,D8220,D8660,D8670,D8680,D8690,D8691,D8692,D8693,D8999,S0270,S0271,S0272,S0273,S0274
Line: 49

Diagnosis: COARCTATION OF THE AORTA (See Guideline Notes 1,6)
Treatment: SURGICAL TREATMENT
ICD-9: 747.10,747.2
CPT: 33720,33722,33802-33803,33840-33853,35452,35472,92960-92998,93797-93798,96154
Line: 50

Diagnosis: CORONARY ARTERY ANOMALY (See Guideline Note 6)
Treatment: REIMPLANTATION OF CORONARY ARTERY
ICD-9: 746.85
CPT: 33500-33510,33530,35572,92960-92998,93797-93798
Line: 51

Diagnosis: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHRITIS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 099.3,696.0,714,716.2,716.4,716.8,719.3,720.0-720.2,720.89,720.9
CPT: 20550,20600,20605,20610,96150-96154,96409-96415,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 52

Diagnosis: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 770.7
CPT: 31601-31603,31820,31825,94774-94777,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 53

Diagnosis: CONGENITAL HYDRONEPHROSIS (See Guideline Notes 64,65)
Treatment: NEPHRECTOMY/REPAIR
ICD-9: 753.2
CPT: 50100,50220-50240,50400-50500,50540,50553,50572,50575,50600-50605,50722,50725,50727-50728,50845,50900,50970,51535,52290-52301,52310,52334,52341-52346,52352-52354,52400,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 54

Diagnosis: TUBERCULOSIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 010-012,031.0,V71.2
CPT: 32662,32906,32960,33015,33020,33025,33030-33031,33050,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 55

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES (See Guideline Notes 1, 64, 65)
Treatment: MEDICAL THERAPY
ICD-9: 054.10-054.13, 098.0-098.3, 098.5-098.7, 098.81-098.86, 099.0-099.2, 099.4-099.9
CPT: 96150-96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 56

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE (See Guideline Notes 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 614.0, 614.2-614.5, 614.7-614.9, 615
CPT: 44960, 46020, 57010, 58150, 58260, 58550-58554, 58570-58573, 58660-58662, 58700, 58720, 58740, 58820-58823, 58925, 58940, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 57

Diagnosis: HYDATIDIFORM MOLE (See Guideline Notes 64, 65)
Treatment: D & C, HYSTERECTOMY
ICD-9: 630
CPT: 58120, 58150, 58180, 58260, 58541-58544, 58550, 58552-58554, 58570-58573, 59100, 59135, 59870, 96401-96571, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 58

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS) (See Guideline Notes 10, 64, 65)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
ICD-9: 520.1, 520.6, 521.6, 521.8, 522, 525.3, 526.4-526.5, V72.2
CPT: 41000, 41800, 41806, 98966-98969, 99051, 99060, 99201-99215, 99241-99255, 99366, 99441-99444, 99477, 99605-99607
HCPCS: D1550, D2910, D2920, D2940, D3110, D3120, D3220, D3221, D3230, D3240, D5410, D5411, D5421, D5422, D5510, D5951, D6930, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7270, D7510, D7520, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7780, D7910, D7911, D7997, D9110, D9120, D9410, D9420, D9440, S0270, S0271, S0272, S0273, S0274
Line: 59

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE (See Guideline Notes 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 574.0-574.1, 574.3-574.9, 575.0-575.6, 575.8-575.9, 576.0-576.4
CPT: 43260-43272, 47015, 47420-47460, 47480-47490, 47510-47530, 47554-47579, 47600-47715, 47720-47900, 48548, 49422, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 60

Diagnosis: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 1, 9, 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.7, 531-535, 537.0, 537.3-537.4, 537.81-537.84, 569.84-569.85, 578
CPT: 43201, 43204-43205, 43236, 43241, 43243-43244, 43255, 43280, 43324, 43501-43502, 43520, 43610-43641, 43800, 43820-43825, 43840, 43850-43855, 43865, 43870, 44602-44603, 45308-45320, 45333-45339, 64680, 91100, 91110, 96150-96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 61

Diagnosis: FLAIL CHEST (See Guideline Notes 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.4
CPT: 21750, 21800-21825, 32110, 32120, 32124, 32820, 32905-32906, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 62

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Notes 1,6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 906.5-906.9,940,941.30-941.35,941.4-941.5,942.35,942.4-942.5,943.4-943.5,944.35,944.4-944.5,945.32,945.4-945.5,946.3-946.5,947,949.4-949.5
CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15002-15200,15220,15240,15260,15300-15431,15570-15574,15770,16000-16036,65780-65782,68371,92506-92508,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 63

Diagnosis: BRONCHIECTASIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 494
CPT: 32320,32480-32488,32501,94002-94005,94640,94660-94668,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 64

Diagnosis: END STAGE RENAL DISEASE (See Guideline Notes 1,7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 250.4,583.8-583.9,585,V56
CPT: 36818,36821,36831-36833,36835,36838,36870,49324-49326,49422,49435-49436,90918-90997,93990,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9339,S9537
Line: 65

Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 202.5,272,277.1,277.5-277.6,277.8-277.9,330.1,374.51
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9357
Line: 66

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5,291.9,292.1-292.2,292.89,292.9,303.0
CPT: 90801-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,97810-97814,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: H0001,H0002,H0004,H0005,H0016,H0020,H0031,H0033,H0034,H0035,H0048,H2013,S0270,S0271,S0272,S0273,S0274,T1006,T1013,T1016
Line: 67

Diagnosis: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 632,634.0-634.1
CPT: 58520,59812,59820-59830,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 68

Diagnosis: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY
ICD-9: 291.0,291.3,291.8-291.9,292.0,292.8
CPT: 90816-90819,90823-90827,90862,97810-97814,99217-99223,99231-99239,99251-99263
HCPCS: H0001,H0002,H0033,H0035,H0048,H2013
Line: 69

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.84,750.2-750.9,758.32
CPT: 31750,31760,42145,42200,42215,42815-42826,43112-43118,43121-43124,43300-43352,43360-43361,43450,43453,43496,43520,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 70

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ~~TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS~~
Treatment: ~~COMFORT CARE (See Guideline Notes 7,11,12)~~
~~ICD-9: V66.7~~
~~CPT: 27035,44370,44379,44383,44397,45327,45387,50947-50948,52341-52346,52355,62350-62368,~~
~~64517,64620,64680,64681,67570,77014,77261-77295,77300-77370,77401-77470,77520-77790,~~
~~79005-79445,95990-95991,96401-96571,97810-97814,98966-98969,99024,99051,99060,99070,~~
~~99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607~~
~~HCPCS: C9728,C0243,S0270,S0271,S0272,S0273,S0274,S9537~~
~~Line: 71~~

[Line 71 was deleted effective October 1, 2007. Please see the new Comfort/Palliative Care Statement of Intent immediately following the Prioritized List that clarifies the issue of which services the HSC believes hold more importance near the end of life.]

Diagnosis: CANCRUM ORIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 528.1
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 72

Diagnosis: DISSEMINATED INFECTIONS WITH LOCALIZED SITES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 003.2,006.3-006.8,014-018,040.81-040.82,093-097,137.0,137.2-137.4
CPT: 47015,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 73

Diagnosis: VENTRICULAR SEPTAL DEFECT (See Guideline Notes 1,6,64,65)
Treatment: CLOSURE
ICD-9: 745.4,V58.61
CPT: 33610,33647,33665,33675-33677,33681-33688,33690,33735-33737,75557-75564,92960-92998,
93581,93797-93798,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 74

Diagnosis: ACUTE BACTERIAL MENINGITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 036,320
CPT: 61000-61070,61107,61210-61215,92506-92508,92526,92607-92609,92626-92633,97001-97004,
97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 75

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 1,6,13,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 410-411,429.2,785.51,V53.3,V58.61
CPT: 33202,33206-33208,33210,33212-33226,33233-33238,33261,33400-33417,33420,33422,33425-
33427,33430,33465,33475,33500,33508-33545,33572,33681,33922,33967,33970-33974,35001,
35182,35189,35226,35286,35572,35600,92960-92998,93724-93736,93741-93744,93797-93798,
96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-
99375,99379-99444,99477,99605-99607
HCPCS: G0290,G0291, S0270,S0271,S0272,S0273,S0274,S0340,S0341,S0342,S2205,S2206,S2207,S2208,
S2209
Line: 76

Diagnosis: CONGENITAL PULMONARY VALVE STENOSIS (See Guideline Notes 64,65)
Treatment: PULMONARY VALVE REPAIR
ICD-9: 746.02,746.83
CPT: 33470,33476,33478,33496,33768,35452,75557-75564,92986-92990,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 77

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
ICD-9: 046,049,062-063,090.40,094.0-094.2,094.8-094.9,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,564.81,596.4,596.53-596.54,728.1,728.3,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,787.2,797,850.4,851-854,905.0,907.0-907.3,907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0,V53.5,V55.5-V55.6
CPT: 15845,31502,31600-31615,31622-31656,31730,31750,31755,31760,31820,31825,31830,43653,43810-43825,44130,44139-44160,44186-44188,44206-44213,44300-44320,44372,44701,46750-46760,49442,51040,51102,51797,51880,51960,52277,53431-53442,53445,61215,62350-62362,62367-62368,77401-77470,92526,94002-94005,94640,94660-94668,95990-95991,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D5937,S0270,S0271,S0272,S0273,S0274
Line: 78

Diagnosis: AGRANULOCYTOSIS (See Guideline Notes 1,7,11,14,64,65)
Treatment: BONE MARROW TRANSPLANTATION
ICD-9: 288.0,996.85,V59.0,V59.3
CPT: 36680,38204-38215,38240,38242,90284,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2142,S2150,S9537
Line: 79

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE (See Guideline Notes 1,6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.2,941.30-941.35,941.38-941.39,942.20-942.25,942.29,942.35,943.2,944.2,944.35,945.2,945.32,946.2-946.3,949.2-949.3
CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15002-15200,15220,15240,15260,15300-15431,15570-15574,15756-15758,15770,16020-16036,92506-92508,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 80

Diagnosis: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 776.4
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 81

Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 710.3-710.5
CPT: 90284,96150-96154,97001-97004,97110,97116,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 82

Diagnosis: ADDISON'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 255.4,255.5
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 83

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS (See Guideline Notes 1, 64, 65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 245.0, 254.1, 289.2, 324-325, 376.0, 386.33, 475, 478.21-478.24, 478.29, 510, 511.1, 513.0, 540-543, 567, 569.5, 569.83, 572.0-572.1, 590.1-590.3, 727.89, 777.6

CPT: 10060, 10160, 10180, 20600-20610, 20930-20938, 22010-22015, 22554-22558, 22585, 22840-22855, 23031, 23405, 23406, 23930, 25000, 25031, 25085, 25118, 26020, 26025, 26030, 26034, 26990, 27301, 27603, 28001, 31610, 31612-31613, 32035-32036, 32200, 32215-32225, 32310, 32320, 32420-32421, 32500, 32550-32560, 32650-32652, 32655-32656, 32664-32665, 32810, 32815, 32906, 32940, 33015, 33020, 33025, 33030-33031, 33050, 39220, 42700-42725, 42808-42972, 44120, 44227, 44602, 44626, 44900-44960, 44970, 45308-45315, 47011-47015, 48140, 48145-48146, 48148, 48150, 48152-48154, 49020, 49080-49081, 49321-49322, 49420, 49423-49424, 50020-50021, 50220, 50391, 50520, 50525-50526, 50544-50546, 50548, 50575, 50947-50948, 52332, 52334, 61105-61323, 61501, 61514, 61522, 61570-61571, 62140-62160, 62163, 62268, 63045-63048, 63075-63091, 63265-63273, 67414, 67445, 68400, 96150-96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 84

Diagnosis: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA (See Guideline Notes 1, 6, 64, 65)

Treatment: LIGATION

ICD-9: 417.0, 747.0, 747.83

CPT: 33500-33504, 33702-33710, 33813-33814, 33820-33824, 37204, 92960-92998, 93797-93798, 96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 85

Diagnosis: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES

Treatment: LIGATION

ICD-9: 903-904

CPT: 35189-35190, 35206-35207, 35236, 35266, 35500, 37618

Line: 86

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP (See Guideline Notes 1, 64, 65)

Treatment: MEDICAL THERAPY

ICD-9: 451.1, 451.81, 451.83, 453.4, V58.61

CPT: 11042, 32661, 35700, 35860, 35875-35876, 35903, 37187-37188, 37500, 37620, 37650, 37660, 37735, 37760, 37785, 96150-96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366-99367, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 87

Diagnosis: INJURY TO INTERNAL ORGANS (See Guideline Notes 64, 65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 861.0-861.1, 861.20-861.22, 861.30-861.32, 862.0-862.1, 862.21, 862.29, 862.3, 862.9, 863-869, 958.4, 958.7

CPT: 31775, 31805, 32110, 32120, 32124, 32653-32654, 32658, 32820, 33300-33335, 33960-33961, 39501, 39545, 44139-44140, 44227, 44625, 44701, 45562-45563, 47361-47362, 47802, 47900, 50220, 50740-50760, 50947-50948, 52310, 52315, 52332, 53502, 53505, 53510, 53515, 58520, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 88

Diagnosis: FRACTURE OF HIP, CLOSED (See Guideline Notes 6, 15, 64, 65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 820.00, 820.02-820.09, 820.2, 820.8, V54.01, V54.09, V54.13, V54.81

CPT: 20680, 20900, 27125, 27132, 27230-27232, 27235-27240, 27244-27248, 27267-27268, 27496-27498, 27506, 27656, 27892-27894, 29035-29046, 29305, 29325, 29700, 29710, 29720, 29730, 77014, 77261-77295, 77300, 77305-77315, 77331-77336, 77401-77417, 77427, 77470, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 89

Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS (See Guideline Notes 6, 64, 65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 420.90, 420.99, 421.0, 421.9, 422.90, 422.92-422.99, 423, 429.0-429.1

CPT: 31750, 31760, 32659-32661, 33011, 33015, 33020, 33025, 33030-33031, 33050, 33400-33403, 33405-33413, 33425-33465, 33475, 33530, 33979-33980, 92960-92998, 93797-93798, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274, S9348

Line: 90

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-9: 807.5-807.6,874
CPT: 11010-11012,12001-12007,13101,13131-13150,20100,21495,31528-31529,31584,31766,31780-31781,31800,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 91

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below) (See Guideline Notes 1,16)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.41,250.43,250.51,250.53,250.61,250.63,250.81,250.83,250.91,250.93,996.81,996.86-996.87
CPT: 48160,48550-48556,50300-50365,76776,96150-96154
HCPCS: S2065
Line: 92

SPK included for type I diabetes mellitus with end stage renal disease (250.41, 250.43), PAK only included for other type I diabetes mellitus with secondary diagnosis of V42.0.

Diagnosis: DISORDERS OF PANCREATIC ENDOCRINE SECRETION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 251.4-251.9
CPT: 48155,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 93

Diagnosis: ENDOCARDIAL CUSHION DEFECTS (See Guideline Notes 1,6,64,65)
Treatment: REPAIR
ICD-9: 745.6,745.8-745.9
CPT: 33645-33647,33660-33670,75557-75564,92960-92998,93797-93798,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 94

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Notes 6,64,65)
Treatment: SHUNT/REPAIR
ICD-9: 746.00-746.01
CPT: 33470-33474,33530,33608,33750-33766,33920,33925-33926,75557-75564,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 95

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM (See Guideline Notes 1,64,65)
Treatment: RECONSTRUCTION
ICD-9: 752.8,753.0-753.1,753.3-753.9,V55.5-V55.6
CPT: 14020,15002-15574,15600-15620,15650,15736-15738,36145,45820,50040-50045,50100,50125,50135,50220-50290,50390,50540,50544-50546,50548,50553,50572,50722,50725,50727-50728,50825-50840,50845,50947-50948,50970,51020-51597,51715,51800-51980,52214,52290,52300,53020-53025,53080,53085,53210-53215,53400-53460,53621,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 96

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 777.5,V53.5
CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,49442,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 97

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: TRANSPOSITION OF GREAT VESSELS (See Guideline Notes 1,6,64,65)
Treatment: REPAIR
ICD-9: 745.1,758.32
CPT: 33611-33612,33684,33735,33737,33750-33766,33770-33781,33960-33961,36822,42225-42226,75557-75564,92960-92998,93797-93798,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 98

Diagnosis: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Notes 6,64,65)
Treatment: MITRAL VALVE REPAIR/REPLACEMENT
ICD-9: 746.5-746.6,V58.61
CPT: 33420-33430,33496,75557-75564,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 99

Diagnosis: GUILLAIN-BARRE SYNDROME (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 357.0
CPT: 31600,31610,90284,92506-92508,92526,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 100

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS, COMPOUND/DEPRESSED FRACTURES OF SKULL (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 800.02-800.09,800.1-800.9,801.02-801.09,801.1-801.9,803.02-803.09,803.1-803.9,804,850.1-850.5,851.02-851.06,851.1,851.22-851.26,851.3,851.42-851.46,851.5,851.62-851.66,851.7,851.82-851.86,851.9
CPT: 11010-11012,11971,14041,21100-21110,61108,61312-61321,61340,61345,62000-62005,62140-62141,62146-62148,92506-92508,92526,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 101

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 204.0
CPT: 62350-62368,77014,77261-77295,77300-77321,77331-77370,77401-77427,95990-95991,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 102

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME (See Guideline Notes 1,7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 204.0,205.0,206.0,207.0,208.0,238.7,V59.0,V59.3
CPT: 36680,38204-38215,38230-38242,90284,96150-96154,96401-96571
HCPCS: G0243,S2142,S2150,S9537
Line: 103

Diagnosis: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
ICD-9: 752.5
CPT: 54512,54520-54535,54550,54560,54620,54640,54650,54660,54690,54692,55200
Line: 104

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Notes 17,64,65)
Treatment: CLEANING AND FLUORIDE
ICD-9: 520.3-520.4,521.8,V07.31,V72.2
CPT: 99051,99060,99201-99215,99245-99255,98966-98969,99366,99441-99444,99477,99605-99607
HCPCS: D0120,D0140,D0145,D0150,D0160,D0170,D0180,D1110,D1120,D1203,D1204,D1206,D1330,D1351,D4355,D5982,D5986,D9610,D9612,D9920,S0270,S0271,S0272,S0273,S0274
Line: 105

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 1,7,11,14)

Treatment: BONE MARROW TRANSPLANT

ICD-9: 279.1-279.2,996.85,V59.0,V59.3

CPT: 36680,38204-38215,38240,38242,90284,96150-96154,96401-96571

HCPCS: S2142,S2150,S9537

Line: 106

Diagnosis: DIABETIC AND OTHER RETINOPATHY (See Guideline Notes 64,65)

Treatment: LASER SURGERY

ICD-9: 228.03,250.5,362.1-362.2,362.81,363.0-363.1,363.20,363.22,363.3-363.9

CPT: 67036,67039-67043,67208-67210,67220,67227-67229,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 107

Diagnosis: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 301.83

CPT: 90801-90807,90810-90813,90816-90827,90846,90847,90853-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023

Line: 108

Diagnosis: HEART FAILURE (See Guideline Notes 1,6,18,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 416,428,514,V58.61

CPT: 33967,33979-33980,92960-92998,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274,S9348

Line: 109

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Notes 1,6,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 086.0,425,V53.3,V58.61

CPT: 21630,33010,33215-33216,33218-33220,33223-33226,33240-33244,33249,33414-33416,33508,33510-33514,33516-33519,33521-33523,33530,33973-33974,92960-92998,93724-93736,93741-93744,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274,S0340,S0341,S0342,S9348

Line: 110

Diagnosis: END STAGE RENAL DISEASE (See Guideline Note 1)

Treatment: RENAL TRANSPLANT

ICD-9: 250.4,272.7,274.1,282.6,283.11,287.0,403.01,403.11,403.91,446.0,446.21,446.4,580.4,580.8,581-584,585.5,585.6,587,590.0,592.0,593.7,593.81,593.89,710.0,710.1,753.0,753.12-753.15,753.16,753.2,753.6,756.71,759.89,996.81,V59.4

CPT: 36825,36830,50300-50370,50547,76776,96150-96154

Line: 111

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS;
CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See Guideline Notes 1,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 750.5,751.0-751.5,751.7-751.9,756.6-756.7,770.1,777.1-777.4,777.8-777.9,996.86,V53.5

CPT: 31750,31760,32905-32906,33960-33961,36822,39503,43500-43510,43520,43620-43640,43653,43800-43825,43840,43850,43860,43870-43880,44005,44010,44015,44020-44021,44050-44055,44110-44130,44139-44188,44206-44213,44227,44300-44900,44950,44955,45000-45123,45130-45150,45300,45307-45386,45395-45397,45800,46040-46045,46060,46070-46080,46270,46275,46600,46608-46614,46705-46754,46762,47010-47011,47300,47500-47556,47600-47620,47700-47701,47715-47999,48120-48146,48150,48400-48556,49204-49205,49215,49220,49250,49422-49424,49442,49600-49611,49904-49905,51500,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 112

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 277.4,772.0,772.3-772.4,773.0-773.2,773.4-773.5,774.0-774.4,774.6-774.7,776.5
CPT: 96900,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 113

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 278.2,278.4,779.4,960-989,995.2,995.86
CPT: 43226,43241-43245,43247,49435-49436,90918-90997,91105,93990,96154,98966-98969,99024,99051,99060,99070,99078,99175,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9355
Line: 114

Diagnosis: BOTULISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 005.1,040.4
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 115

Diagnosis: TETRALOGY OF FALLOT (TOF) (See Guideline Notes 1,6,64,65)
Treatment: TOTAL REPAIR TETRALOGY
ICD-9: 745.2,746.09,746.87,746.9,747.3,747.42,747.49,V43.3,V58.61
CPT: 33606,33608,33692-33697,33726,33735-33737,33750,33764,33917,33924-33926,75557-75564,92960-92998,93797-93798,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 116

Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Notes 6,64,65)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-9: 746.3-746.4,746.81
CPT: 33400,33404-33417,33496,33530,35452,75557-75564,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 117

Diagnosis: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 443.1,446.1-446.2,446.5
CPT: 90284,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 118

Diagnosis: FRACTURE OF RIBS AND STERNUM, OPEN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.1,807.3,V54.19,V54.29
CPT: 11010-11012,21805,21810,21825,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 119

Diagnosis: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS) (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 013,117.5,117.9,130.8,322
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 120

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: PNEUMOCYSTIS CARINII PNEUMONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 136.3
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 121

Diagnosis: COAGULATION DEFECTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 286.0-286.5,286.7-286.9,719.1,V83.01,V83.02
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9345
Line: 122

Diagnosis: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Notes
1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 746.84,746.86,746.89,V58.61
CPT: 33530,75557-75564,92960-92998,93797-93798,96154,98966-98969,99024,99051,99060,99070,
99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 123

Diagnosis: CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 186,236.4
CPT: 38571-38572,38780,54512-54535,54690,77261-77295,77300,77305-77315,77331-77370,77401-
77417,77427,78811-78816,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,
99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 124

Diagnosis: CANCER OF EYE AND ORBIT, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR
SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 190,234.0,238.8
CPT: 11420,11440,13132,15756-15758,20969,65091,65101-65105,65110-65114,65900,66600,66605,
66770,67208-67218,67414,67445,68135,68320,68325-68326,68328,68335,68340,77014,77261-
77295,77300-77370,77401-77470,77520-77525,77750,92002-92060,92070-92353,92358-92371,
96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 125

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 7,11,14,19)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 201,996.85,V59.0,V59.3
CPT: 36680,38204-38215,38230-38242,90284,96401-96571
HCPCS: G0243,S2142,S2150,S9537
Line: 126

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS (See Guideline Notes
64,65)
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 933.0-933.1,934,935.0-935.1
CPT: 31511-31512,31530-31531,31635,32150-32151,40804,42809,43020,43045,43215,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 127

Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 260-268,269.0-269.3,280,285.1
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 128

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: PERNICIOUS AND SIDEROBLASTIC ANEMIA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 281,285.0
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9355
Line: 129

Diagnosis: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Notes 6,64,65)
Treatment: REPAIR SEPTAL DEFECT
ICD-9: 745.5
CPT: 33641,33647,92960-92998,93580,93797-93798,98966-98969,99024,99051,99060,99070,99078,
99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 130

Diagnosis: AMEBIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 006.0-006.2,006.9,007.0,007.3,007.8,136.4-136.5,136.8
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 131

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.8-284.9,996.85,V59.0,V59.3
CPT: 36680,38204-38215,38240,38242,90284,96401-96571
HCPCS: S2142,S2150,S9537
Line: 132

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 959.9,994.2-994.3,995.5,995.80-995.85,V61.11,V61.21,V71.5,V71.81
CPT: 46700,46706,56800,56810,57023,57200,57210,57410,57415,98966-98969,99024,99051,99060,
99070,99078,99170,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 133

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED (See Guideline
Notes 20,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 314
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-
99215,99251-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,
H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,
S9125,S9484,T1005,T1013,T1016,T1023
Line: 134

Diagnosis: PYODERMA; MODERATE/SEVERE PSORIASIS (See Guideline Notes 1,21,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 686.0-686.1,696.1
CPT: 96150-96154,96900-96922,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 135

Diagnosis: MALARIA AND RELAPSING FEVER (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 084,086.1-086.5,086.9,087
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 136

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS
(See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
ICD-9: 242,245.1-245.9,246.8,376.2
CPT: 60210,60212,60220,60225,60240,60270-60271,60512,67414,67440-67445,77014,77261-77295,
77300-77315,77331-77336,77401-77427,77470,79005-79445,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274
Line: 137

Diagnosis: BENIGN NEOPLASM OF THE BRAIN (See Guideline Notes 1,64,65)
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES
RADIATION THERAPY
ICD-9: 225.0-225.4,228.02,228.04,377.04
CPT: 12034,14300,61312-61330,61333-61480,61500-61512,61516-61521,61524-61530,61534,61536-
61564,61571-61598,61600-61626,61793,61795,62100,62140,62141,62160,62163-62165,62223,
62272,62350-62368,63265,63276,63281,63615,77014,77261-77295,77300-77321,77331-77372,
77402-77470,77520-77790,79005-79445,95990-95991,96150-96154,96401-96571,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274
Line: 138

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (See
Guideline Notes 1,7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.4,V56
CPT: 36818,36821,36831-36833,36835,36838,36870,49324-49326,49422,49435-49436,90918-90997,
93990,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-
99375,99379-99444,99477,99605-99607
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,
G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9339,S9537
Line: 139

Diagnosis: COMMON TRUNCUS (See Guideline Notes 6,64,65)
Treatment: TOTAL REPAIR/REPLANT ARTERY
ICD-9: 745.0
CPT: 33608,33690,33786,33788,33813-33814,75557-75564,92960-92998,93797-93798,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 140

Diagnosis: WEGENER'S GRANULOMATOSIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY AND RADIATION THERAPY
ICD-9: 446.3-446.4
CPT: 77014,77261-77295,77300-77315,77331-77336,77401-77427,77470,96150-96154,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 141

Diagnosis: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Notes 1,6,64,65)
Treatment: COMPLETE REPAIR
ICD-9: 746.82,747.41
CPT: 33724,33730,33732,75557-75564,92960-92998,93797-93798,96154,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 142

Diagnosis: CRUSH INJURIES OTHER THAN DIGITS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.0,728.88,862.8,900,902,903.0-903.4,903.8-903.9,904,925-926,927.0-927.2,927.8-
927.9,928.0-928.2,928.8-928.9,929.0,958.5-958.6,958.8,959.13
CPT: 15040,15100-15241,15300-15366,15420-15431,20101-20103,20950,20972,21627,21630,23395,
24495,25020,25023,25274,25295,25320,25335-25337,25390-25393,25441-25447,25450,25455,
25490-25492,25810,25820,25825,25830,26357-26390,26437,27465-27466,27468,27496-27498,
27600-27602,27656,27658-27659,27665,27695-27698,27892-27894,35141,35206-35207,35236,
35266,35521,37615-37618,92960-92998,93797-93798,97001-97004,97012-97014,97022,97032,
97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,
99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 143

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 809.1,810.1,811.1,812.1,812.3,812.5,813.1,813.3,813.5,813.9,814.1,815.1,816.1,817.1,818.1,819.1,820.1,820.3,820.9,821.1,821.3,822.1,823.1,823.3,823.9,824.1,824.3,824.5,824.7,824.9,825.1,825.3,826.1,827.1,828.1,830.1,831.1,832.1,833.1,834.1,835.1,836.4,836.6,837.1,838.1,V54.0,V54.10-V54.16
CPT: 11010-11012,11760,12001-12057,20150,20650,20663,20670-20694,20900,21485-21490,22848,23395,23400,23515,23530-23532,23550-23552,23585,23615,23630,23660,23670,23680,24130,24300,24332,24343,24345-24346,24515,24516,24545-24546,24575,24579,24586-24587,24615,24635,24640,24665-24666,24685,25119,25210-25240,25275,25310,25320,25337,25390-25392,25394,25430-25431,25441-25447,25450,25455,25490-25492,25515,25525,25526,25545,25574-25575,25606-25609,25628,25670,25676,25685,25695,25810-25825,26340,26615,26645,26665,26685-26686,26715,26727-26735,26746,26765,26775-26776,26785,27235-27236,27244,27248,27253-27258,27267-27268,27275,27350,27430,27435,27465-27468,27496-27498,27502,27506-27507,27511-27514,27519,27524,27535-27536,27540,27556-27558,27560,27562,27566,27610,27656,27695-27696,27698,27712,27756-27759,27766,27769,27784,27792,27814,27822-27832,27846-27848,27892-27894,28415-28420,28445,28465,28485,28505,28525,28531,28540,28545-28546,28555,28570,28575-28576,28585,28600,28605-28606,28615,28630,28635-28636,28645,28660,28665-28666,28675,28730,29035-29131,29305-29445,29505,29515,29700-29710,29720-29740,29740-29856,29861-29863,29871,29874-29879,29882,29888-29898,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 144

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 180
CPT: 38562-38572,38770,44188,44320,44700,53444,55920,57155,57460,57500,57505,57520,57522,57531,57540,57545,57550,57558,58150,58200,58210,58260,58548,58550-58554,58570-58573,58953-58956,77014,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 145

Diagnosis: INTERRUPTED AORTIC ARCH (See Guideline Notes 6,64,65)
Treatment: TRANSVERSE ARCH GRAFT
ICD-9: 747.11
CPT: 33608,33852-33853,33870,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 146

Diagnosis: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 897.0-897.7,905.9
CPT: 11010-11012,20920,20922,20924,27290-27295,27590-27598,27880-27886,27889,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 147

Diagnosis: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 003.9,007.2,007.4,007.5,007.9,031.2,031.9,039,053-054,078.5,110.0,110.2-110.9,111.1,112.0,112.2,112.84,115,117.5,118,130,136.3
CPT: 11720-11721,17110-17111,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 148

Diagnosis: EBSTEIN'S ANOMALY (See Guideline Notes 64,65)
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-9: 746.2
CPT: 33460,33465,33468,33641-33647,75557-75564,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 149

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 360.19,365.0-365.1,365.3-365.9
CPT: 65820,65850,65855,66150,66155,66165,66170,66172,66185,66220,66225,66250,66700-66711,
66740,66762,66920-66984,67500,76514,92002-92060,92070-92353,92358-92371,96150-96154,
98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 150

Diagnosis: MYASTHENIA GRAVIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-9: 358
CPT: 60520-60522,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 151

Diagnosis: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE (See
Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 710.0,710.8,710.9,729.30
CPT: 20610,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-
99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 152

Diagnosis: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS (See Guideline Notes
64,65)
Treatment: MEDICAL THERAPY
ICD-9: 778.2-778.4
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 153

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX (See Guideline Notes 64,65)
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
ICD-9: 511.8,512,860
CPT: 32200-32215,32310,32420-32421,32500,32550-32560,32650-32653,32655,32664-32665,33015,
33020,33025,33030-33031,33050,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 154

Diagnosis: HYPOTHERMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-9: 991.6
CPT: 33960-33961,36822,49080,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 155

Diagnosis: ANEMIA OF PREMATUREITY OR TRANSIENT NEONATAL NEUTROPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 776.6-776.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 156

Diagnosis: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 001,003.0,003.8-003.9,004,005.0,005.2-005.9,008.0-008.8,009
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 157

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ACQUIRED HEMOLYTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 283,446.6
CPT: 36514,90935-90937,90945-90947,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 158

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Notes 1,6,22,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.0-805.1,805.3,805.5,805.7,805.9,806,839.0-839.1,839.3,839.5,839.7,839.9,952,V54.01,V54.09,V54.17
CPT: 11010-11012,20660-20661,20665,20690-20694,20900,20930-20938,22100-22116,22305-22328,22505-22522,22532-22819,22840-22855,27202,27215-27216,29015,29025,29040,29710-29720,63001-63091,63101-63103,63170-63173,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 159

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 181
CPT: 58120,58150,58180-58200,58260,58541-58544,58550-58554,58570-58573,58953,58956,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,77470,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 160

Diagnosis: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 275.0-275.3,275.8-275.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99195,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9355
Line: 161

Diagnosis: PYOGENIC ARTHRITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 711.0,711.9
CPT: 23040-23044,24000,25040,25101,26070-26080,27030,27310,27610,28022-28024,29819,29821,29823,29825,29843,29848,29861-29863,29871,29894,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 162

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 227.3,349.81
CPT: 61070,61305,61545-61548,62100,77014,77261-77295,77300-77315,77331-77372,77402-77470,79005-79445,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274
Line: 163

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 557.0,V53.5
CPT: 34151,34421,34451,44120-44125,44213,44139-44160,44206-44212,44701,49442,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 164

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS
(See Guideline Notes 1,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 050,053,054.3-054.4,054.72,058.2,136.2,331.81

CPT: 64483-64484,69676,92002-92060,92070-92353,92358-92371,96150-96154,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 165

Diagnosis: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE) (PARTIAL)
WITH AND WITHOUT COMPLICATION (See Guideline Notes 1,6,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 885-887

CPT: 11000-11001,11010-11012,11042-11044,15050,20802,20805,20808,20816-20924,20972-20973,
23900,23920,23921,24900,24920,24925,24930,24931,24935,24940,25900-25909,26350-26356,
26410-26418,26551-26556,26910-26952,64831-64832,96150-96154,97001-97004,97012-97014,
97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 166

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 1,7,11,14,64,65)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 201

CPT: 38100,38120,49204-49205,49220,77014,77261-77295,77300-77321,77331-77370,77401-77427,
78811-78816,79403,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,
99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 167

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,23,64,65)

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

ICD-9: 152-154,230.3-230.6,235.5,V53.5

CPT: 44120-44121,44139-44160,44187-44188,44204,44206-44213,44227,44300-44346,44625,44701,
45110-45113,45123,45126,45136,45170,45190,45333,45384-45385,45395,45402,45505,45550,
46917,49442,58150,77014,77261-77295,77300,77305-77315,77326-77370,77401-77417,77427-
77470,77761-77790,78811-78816,79005-79445,96150-96154,96401-96571,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 168

Diagnosis: CHRONIC GRANULOMATOUS DISEASE (See Guideline Notes 1,7,11,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 288.1-288.2

CPT: 79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-
99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 169

Diagnosis: BILIARY ATRESIA (See Guideline Notes 1,16)

Treatment: LIVER TRANSPLANT

ICD-9: 751.61,996.82,V59.6

CPT: 47133-47147,96150-96154

Line: 170

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,14,19)

Treatment: BONE MARROW TRANSPLANT

ICD-9: 200,202.0-202.2,202.7-202.9,996.85,V59.0,V59.3

CPT: 36680,38204-38215,38230-38242,90284,96401-96571

HCPCS: G0243,S2142,S2150,S9537

Line: 171

Diagnosis: LEUKOPLAKIA AND CARCINOMA IN SITU OF ORAL MUCOSA, INCLUDING TONGUE (See Guideline
Notes 64,65)

Treatment: INCISION/EXCISION, MEDICAL THERAPY

ICD-9: 230.0,528.6-528.7

CPT: 41000-41018,41110-41520,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 172

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
ICD-9: 250.6-250.7,356,357.2,357.5,440.2,443.1
CPT: 11040,11719-11732,11750
HCPCS: G0245,G0246,G0247
Line: 173

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS (See Guideline Note 1)
Treatment: EXCISION OF POLYP
ICD-9: 211.3-211.4,569.0
CPT: 44145,44150,44157-44158,44620-44626,45113-45116,45170,45308-45309,45333-45334,45380-45385,96150-96154
Line: 174

Diagnosis: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 077.98,098.4
CPT: 92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 175

Diagnosis: COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18 (See Guideline Notes 24,63,64,65)
Treatment: REPAIR
ICD-9: 550.0-550.1,550.9,551.0-551.2,551.8-551.9,552.0-552.2,552.8-552.9,603.0,603.8
CPT: 44050,44120,49491-49496,49500-49572,49582,49587-49590,49650-49659,55040-55060,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2075,S2076,S2077
Line: 176

Diagnosis: NON-DIABETIC HYPOGLYCEMIC COMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 251.0
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 177

Diagnosis: RUPTURED SPLEEN
Treatment: REPAIR/SPLENECTOMY/INCISION
ICD-9: 865
CPT: 38100,38115,38120
Line: 178

Diagnosis: ACUTE MASTOIDITIS (See Guideline Notes 64,65)
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
ICD-9: 383.0,383.2
CPT: 69420-69421,69433-69436,69501-69540,69601-69646,69670,69700,69801-69802,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 179

Diagnosis: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 404,405.01,405.11,405.91
CPT: 92960-92998,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 180

Diagnosis: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 25,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81,995.52-995.54
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 181

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 205.0,206.0,207.0,208.0
CPT: 38100,38120,38760,62350-62368,77014,77261-77295,77300,77305-77321,77331-77370,77401-77427,95990-95991,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 182

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Guideline Notes 1,19)
Treatment: SINGLE FOCAL SURGERY
ICD-9: 345.1,345.4-345.5,V53.02,V53.09
CPT: 61531,61533-61537,61540-61541,61543,61566,61567,61720,61735,61760,61850-61888,64573,78608-78609,78811,78814,95970-95975,96150-96154
Line: 183

Diagnosis: POLYARTERITIS NODOSA AND ALLIED CONDITIONS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 136.1,437.4-437.5,446.0,446.6-446.7
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 184

Diagnosis: COMMON VENTRICLE (See Guideline Notes 6,64,65)
Treatment: TOTAL REPAIR
ICD-9: 745.3,745.7
CPT: 33600,33602,33610,33615,33617,33690,33692-33694,33735,33750,33764,33766-33768,33924,75557-75564,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 185

Diagnosis: INTRACEREBRAL HEMORRHAGE (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 431
CPT: 92506-92508,92526,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 186

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 591,593.3-593.5,593.89,594.2
CPT: 50070-50075,50100,50382-50389,50400,50553,50572,50575,50576,50590,50700-50715,50722,50725,50727-50728,50740,50845,50900,50940,50970,50972,51535,52276,52290,52301,52310-52315,52327,52332-52334,52341-52346,52352-52354,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 187

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, BURN TREATMENT
ICD-9: 692.77,991.0-991.5,991.8-991.9,992,993.2,994.0-994.1,994.4-994.9,995.89
CPT: 11000,11040-11041,11960-11971,14020,14040-14041,15002-15176,15200,15220,15240,15260,15300-15366,15400,15420-15431,15570-15574,15770,16000-16036,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 188

Diagnosis: SEPTICEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 002,003.1,038,054.5,079.81,098.89,771.8,785.52
CPT: 49002,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 189

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.81,808,V54.01,V54.09,V54.19,V54.29
CPT: 11010-11012,20690-20694,20900,27033,27193-27194,27215-27228,27280,27282,29035-29046,29305,29325,29710,29720,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 190

Diagnosis: ACUTE OSTEOMYELITIS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 526.4,730.0,730.3
CPT: 11752,20150,20955-20957,20962,20969-20973,21025,21026,21510,22010-22015,23035,23105,23130,23170-23184,23405-23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210,25215,25230,25240,25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070-27071,27290-27295,27303,27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 191

Diagnosis: DIVERTICULITIS OF COLON (See Guideline Notes 1,64,65)
Treatment: COLON RESECTION, MEDICAL THERAPY
ICD-9: 562.0-562.1
CPT: 33238,44005,44139-44141,44143-44147,44160,44188,44204-44208,44213,44227,44320,44620-44626,44701,45335,45381,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 192

Diagnosis: MULTIPLE VALVULAR DISEASE (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 396-397,V58.61
CPT: 33400-33478,33496,33530,33768,33973-33974,75557-75564,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 193

Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY/ADRENALECTOMY
ICD-9: 255.0,255.1,255.3,255.6,255.8-255.9,259.1,259.3,349.81
CPT: 60540-60545,60650,61546,62100,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9560
Line: 194

Diagnosis: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Notes 6,64,65)
Treatment: REPAIR
ICD-9: 746.1
CPT: 33460,33463-33464,33496,33615,33617,33735,33750,33766,33768,75557-75564,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 195

Diagnosis: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 1,6,13,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 277.7,412-414,429.2,429.71-429.79,747.89,V53.3,V58.61
CPT: 33202,33206-33208,33210,33212-33226,33233-33238,33261,33400-33417,33420,33422,33425-33427,33430,33465,33475,33500,33508-33542,33572,33681,33922,33967,33970-33974,35001,35182,35189,35226,35286,35572,35600,92960-92998,93724-93736,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0290,G0291,S0270,S0271,S0272,S0273,S0274,S0340,S0341,S0342,S2205,S2206,S2207,S2208,S2209
Line: 196

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: NEOPLASMS OF ISLETS OF LANGERHANS (See Guideline Note 1)
Treatment: EXCISION OF TUMOR
ICD-9: 157.4,211.7
CPT: 48140,49320-49321,49324-49325,96150-96154
Line: 197

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Coding Specification Below) (See Guideline Notes 1,3,7,11,26,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND
BREAST RECONSTRUCTION
ICD-9: 174-175,196.0,233.0,238.3,V45.71,V50.41-V50.42
CPT: 11401-11402,11623,11970,13102,13122,13132-13133,13153,19110,19120,19125-19126,19290-
19298,19301-19307,19318,19328-19369,38740-38745,58940,77014,77261-77295,77300,77305-
77315,77326-77370,77402-77417,77427,77600-77790,79005-79445,96150-96154,96401-96571,
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,S2066,S2067,S2068,S9537,S9560
Line: 198

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

Diagnosis: MULTIPLE MYELOMA (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 203,996.85,V59.0,V59.3
CPT: 36680,38204-38215,38230-38242,90284,96401-96571
HCPCS: S2142,S2150,S9537
Line: 199

Diagnosis: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 282,285.8,289.0,289.4-289.6,289.8
CPT: 38100-38102,38120,47562,47563,96150-96154,98966-98969,99024,99051,99060,99070,99078,
99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9355
Line: 200

Diagnosis: ACUTE PANCREATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 577.0
CPT: 48000-48020,48105-48120,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 201

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN (See Guideline Notes 1,6,64,65)
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
ICD-9: 348.4-348.5,349.81,430-432,437.3,852-853
CPT: 61120,61150-61151,61154,61210,61304,61312-61316,61322-61323,61343,61522-61630,61640-
61710,62100,62220-62223,62272,92506-92508,92526,92607-92609,92626-92633,96150-96154,
97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-
98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,
99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 202

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE (See Guideline Notes 1,6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.26-941.27,941.36-941.37,942.20-942.24,942.29-942.34,942.39,943.2-943.3,944.20-944.24,944.26-944.28,944.30-944.34,944.36-944.38,945.20-945.21,945.23-945.29,945.30-945.31,945.33-945.39,946.2-946.3,949.2-949.3
CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15002-15200,15220,15240,15260,15300-15431,15570-15574,16000-16036,92506-92508,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 203

Diagnosis: TETANUS NEONATORUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.3
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 204

Diagnosis: CONGENITAL CYSTIC LUNG - MILD AND MODERATE (See Guideline Notes 64,65)
Treatment: LUNG RESECTION, MEDICAL THERAPY
ICD-9: 518.89,748.4,748.61
CPT: 32140-32141,32480,32482,32484-32486,32488,32500-32501,32662,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 205

Diagnosis: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 070,571.4,571.8-571.9,573.0
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 206

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.0,996.85,V59.0,V59.3
CPT: 36680,38204-38215,38240,90284,96401-96571
HCPCS: S2142,S2150,S9537
Line: 207

Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.1,171,238.1
CPT: 14040,15040,15100-15116,15130-15176,15300-15366,15420-15431,15732-15756,15758,20555,21121,21555-21557,21930-21935,22900,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,28043-28046,33120,33130,49204-49205,64774-64783,77014,77261-77295,77300-77370,77402-77470,77761-77790,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 208

Diagnosis: CANCER OF BONES, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,6,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 170,198.5,238.0
CPT: 14001,20931,20938,20955-20973,21025-21026,21034,21044-21045,21081,21610,21620,22532-22819,22851,23140,23200-23222,23900,24150-24153,24363,24498,24900-24931,25110-25119,25210-25240,25320,25335-25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26200,26910-26952,27025,27054,27065-27067,27187,27290,27334-27335,27365,27465-27468,27496-27498,27590-27598,27656,27745,27880-27894,28800-28825,31200-31201,31225,32900,36680,63081-63091,63101-63103,63276,69970,77014,77261-77295,77300-77321,77331-77370,77401-77427,77470,79005-79445,96150-96154,96401-96571,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D5934,D5935,D5984,D7440,D7441,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 209

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 1,64,65)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 290,291.2,292.82-292.84,293.8,294,299.00,299.10,299.8,310.1
CPT: 90801,90804-90807,90816-90819,90823-90827,90846-90853,90862,90882,90887,96101,96118,96150-96154,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 210

Diagnosis: SLEEP APNEA (See Guideline Notes 1,27,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 327.20,327.21,327.23-327.29,347.0,780.51,780.53,780.57
CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140,42145,42160,42820-42836,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 211

Diagnosis: ERYSIPELAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 035
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 212

Diagnosis: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 28,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.2,296.90,298.0,311
CPT: 90801-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 213

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 073.0,481-483,485-486,507
CPT: 31603,31645-31646,94002-94005,94640,94660-94668,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 214

Diagnosis: SUPERFICIAL ABSCESES AND CELLULITIS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.3,040.89,373.13,380.14,454.1,459.12,459.32,478.5,478.71,478.79,527.3,528.3,528.5,529.0,566,597.0,601.2,601.8,603.1,607.2,608.4,616.3-616.4,680-682,684,685.0,686.8,703.0,744.41,744.46,744.49
CPT: 10060-10061,10080-10081,10160,11000-11044,11730-11752,11765,11770-11772,20000,20005,20102,21501,21502,22010-22015,23030,23930,26010-26011,26990,27301,27603,28003,31300,31360-31502,31511-31513,31530-31531,31540-31571,31577-31579,31580,31587-31595,31600-31605,31820,31825,40801,41800,42000,45005,45020,46020,46040,46050,46060,46270,53040-53060,53270,54700,55100,56405,56420,56740,60280,67700,69000,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 215

Spastic dysphonia (478.79) is not included on this line, but on Line 599.

Diagnosis: ZONOTIC BACTERIAL DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 020-027,073.7-073.9,078.3,V71.82-V71.83
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 216

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Notes 6, 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 736.05-736.06, 870.0-870.1, 872.0-872.1, 872.62-872.69, 872.7-872.9, 873.0-873.5, 873.7-873.9, 875-884, 890-895, 906.0-906.1, 953.4-953.9, 954-957, 958.2-958.3, V04.5
CPT: 10120-10121, 11000-11044, 11730-11732, 11750, 11760, 12001-13160, 14040-14041, 15002-15431, 15570-15576, 15600-15620, 15630, 15650, 15731-15770, 15845, 20101-20103, 20150, 20525, 23040-23044, 23397, 24341, 25101, 25260-25272, 25295, 25300-25301, 25320, 25335-25337, 25390-25393, 25441-25447, 25450, 25455, 25490-25492, 25810, 25820, 25825, 25830, 25922, 26080, 26350-26510, 26591, 26951, 26990, 27310, 27372, 27603, 27830-27831, 28022-28024, 28208, 28810-28825, 32653, 42180, 42182, 49002, 54670, 56800, 57200, 57210, 64702-64714, 64718, 64727, 64732-64792, 64820, 64831-64862, 64872-64876, 64885-64907, 64910-64911, 67930-67935, 90675-90676, 97036, 97110, 97112, 97530, 97535, 97602, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: D7912, D7920, S0270, S0271, S0272, S0273, S0274
Line: 217

Diagnosis: CHOANAL ATRESIA (See Guideline Notes 64, 65)
Treatment: REPAIR OF CHOANAL ATRESIA
ICD-9: 748.0
CPT: 30520, 30540, 30545, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 218

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1, 7, 11, 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 179, 182, 233.2, 236.0, 621.3
CPT: 38562-38572, 38770, 38780, 49204-49205, 55920, 57500, 58120, 58150-58285, 58290-58294, 58346, 58541-58544, 58548-58554, 58570-58573, 58953-58956, 77014, 77261-77295, 77300, 77305-77370, 77402-77417, 77427, 77470, 77761-77790, 96150-96154, 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
Line: 219

Diagnosis: RUPTURE OF LIVER (See Guideline Notes 64, 65)
Treatment: SUTURE/REPAIR
ICD-9: 573.4, 573.8, 864.04
CPT: 47350-47362, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 220

Diagnosis: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1, 7, 11, 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 193
CPT: 60200, 60210, 60212, 60220-60225, 60252-60260, 60270-60271, 60512, 77014, 77261-77295, 77300-77315, 77331-77370, 77401-77427, 79005-79445, 96150-96154, 96401-96571, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: D5984, G0243, S0270, S0271, S0272, S0273, S0274, S9537
Line: 221

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 1, 7, 11, 19, 29, 64, 65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 200, 202.0-202.3, 202.6-202.9, 238.5-238.7
CPT: 38100, 38120, 38720, 49080-49081, 77261-77295, 77300-77321, 77331-77370, 77401-77427, 77470, 78811-78816, 79005-79445, 96150-96154, 96401-96571, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: G0243, S0270, S0271, S0272, S0273, S0274, S9355, S9537
Line: 222

Diagnosis: PATHOLOGICAL GAMBLING (Note: This line is not priced as part of the list as funding comes from non-OHP sources.) (See Guideline Notes 64, 65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.31, V69.3
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 98966-98969, 99051, 99060, 99201-99215, 99241-99255, 99366, 99441-99444, 99477, 99605-99607
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S0270, S0271, S0272, S0273, S0274, S5151, S9125, S9484, T1005, T1013, T1016, T1023
Line: 223

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: BULLOUS DERMATOSES OF THE SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 694
CPT: 15731,65780-65782,68371,77014,96900-96922,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 224

Diagnosis: ESOPHAGEAL VARICES (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
ICD-9: 456.0-456.2
CPT: 37145,37160,37181,38100,43107-43108,43112-43113,43116-43124,43201,43204-43205,43227,43243-43244,43255,43400-43401,43410,43415,43460,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 225

Diagnosis: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME;
STEVENS-JOHNSON SYNDROME; ECZEMA HERPETICUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 054.0,695.1
CPT: 65780-65782,68371,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 226

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 415,958.1
CPT: 33916,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 227

Diagnosis: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS
(See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.4-112.5,112.81,112.83-112.85,112.89
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 228

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 189.0-189.1,189.3-189.9,198.0,233.9,236.9
CPT: 38746,50125,50220-50290,50340,50391,50545-50546,50548,50553,50557,50572,50650-50660,50825-50840,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52500,53210-53220,58200,58960,77014,77261-77295,77300,77305-77321,77331-77370,77402-77417,77427-77432,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 229

Diagnosis: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 151,230.2,235.2
CPT: 43122,43248-43250,43620-43635,44110-44130,77014,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77432,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 230

Diagnosis: PORTAL VEIN THROMBOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 452
CPT: 37140,37180,37182,49425-49429,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 231

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: TESTICULAR CANCER (See Guideline Notes 7,11,14,30)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 186,V59.0,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0243,S2142,S2150,S9537
Line: 232

Diagnosis: PULMONARY FIBROSIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 515-517
CPT: 31600-31603,31624,31820,31825,32997,94002-94005,94640,94660-94668,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 233

Diagnosis: OCCUPATIONAL LUNG DISEASES (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 495,500-505
CPT: 31600,86486,94002-94005,94640,94660-94668,95004-95180,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9441
Line: 234

Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 478.6,995.0,995.4,995.6
CPT: 86486,95004-95010,95015-95180,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 235

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Notes 1,7,64,65)
Treatment: MEDICAL THERAPY, DIALYSIS
ICD-9: 276,785.50,785.59,V56
CPT: 36818,36821,36832,36835,36838,49325-49326,49422,49435-49436,90918-90997,93990,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9339,S9537
Line: 236

Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Notes 1,6,64,65)
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
ICD-9: 395,424.1,V58.61
CPT: 33400-33405,33410-33413,33496,33530,33973-33974,35452,75557-75564,92960-92998,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 237

Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 227.1,252,275.4,588.81
CPT: 60500-60505,60512,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 238

Diagnosis: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 391,392.0
CPT: 92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 239

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: RUPTURED VISCUS (See Guideline Notes 64,65)

Treatment: REPAIR

ICD-9: 530.4,568.81,569.3,569.49,569.89,862.22

CPT: 43405,44602-44605,45334,45379,45382,45500,45560,45915,57268-57270,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 240

Diagnosis: INTESTINAL MALABSORPTION (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 040.2,579

CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 241

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES (See Guideline Notes 64,65)

Treatment: SURGICAL TREATMENT

ICD-9: 802,950-951,V54.19,V54.29

CPT: 10121,11010-11012,20670,20680,20694,21085,21210,21215,21310-21339,21340-21348,21355-21360,21365-21366,21385-21395,21400-21401,21406-21408,21421-21423,21431-21454,21461-21462,21465,21470,30420,30450,31292-31294,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: D5988,S0270,S0271,S0272,S0273,S0274

Line: 242

Diagnosis: MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 7,11,19,64,65)

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

ICD-9: 172

CPT: 11600-11646,12001-13102,13120-14001,14020-14061,14300,14350,15002-15770,21015,21555-21557,21632,21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,28043-28046,38700-38780,77014,77261-77295,77300-77321,77331-77370,77401-77470,78811-78816,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 243

Diagnosis: LEPTOSPIROSIS (See Guideline Notes 1,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 100

CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 244

Diagnosis: URINARY FISTULA (See Guideline Notes 64,65)

Treatment: SURGICAL TREATMENT

ICD-9: 593.81-593.82

CPT: 45820,50040-50045,50382-50389,50395-50398,50520,50525-50526,50686-50688,50900,50920,50930,50961,50970,50980,52234,53080,53085,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 245

Diagnosis: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS (See Guideline Notes 1,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 031.8-031.9,039,130

CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 246

Diagnosis: HYPOPLASTIC LEFT HEART SYNDROME

Treatment: REPAIR

ICD-9: 746.7

CPT: 33615,33617,33619,33750,33766-33768,75557-75564

HCPCS: C8921,C8922,C8926

Line: 247

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 079.82,506,508.0,518.4-518.5,518.81-518.82,518.84

CPT: 31502,31600-31610,31645,31646,31820,31825,36822,94002-94005,94640,94660-94668,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 248

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 1,7,11,64,65)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 203.0,203.8,204.0

CPT: 62350-62368,77014,77261-77295,77300-77321,77331-77370,77401-77427,79005-79445,95990-95991,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 249

Diagnosis: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS (See Guideline Notes 1,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 040.0,250.7,440.2-440.4,728.0,728.86,785.4

CPT: 11000-11057,23900-23921,23930,24495,24900-24940,25020-25028,25900-25931,26025-26030,26037-26045,26910-26952,26990-26991,27025,27290-27295,27301,27305,27496-27498,27590-27598,27600-27603,27880-27894,28001-28003,28008,28800-28825,29893,35500,35682-35683,35860,35875-35876,35903,96150-96154,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 250

Diagnosis: TETANUS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 037

CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 251

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)

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

ICD-9: 183.0,198.6,236.2

CPT: 44110,44120,44140,49204-49205,49419,58150,58180,58210,58260,58541-58544,58548-58554,58570-58573,58660-58662,58720,58740,58925-58960,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,77470,77750,77790,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 252

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER (See Guideline Notes 1,16)

Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT

ICD-9: 557,579.3,777.5,996.87

CPT: 44132-44136,44715-44721,47133-47147,96150-96154

HCPCS: S2053

Line: 253

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA (See Guideline Notes 1,16)

Treatment: HEART-LUNG AND LUNG TRANSPLANT

ICD-9: 135,277.0,277.6,491.8,492.8,494-495,500-505,515,947.9,996.84

CPT: 32850-32856,33930-33935,96150-96154

HCPCS: S2060,S2061

Line: 254

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA) (See Guideline Notes 1,16)

Treatment: LIVER TRANSPLANT

ICD-9: 270.0,270.2-270.4,270.6,270.9,271.0,271.8,272.0,275.0,275.1,277.6,570,571.49,996.82, V59.6

CPT: 47133-47147,96150-96154

Line: 255

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE (See Guideline Notes 1,16,64,65)

Treatment: HEART-LUNG AND LUNG TRANSPLANTS

ICD-9: 238.1,416.0,516.3,745.0,745.4,745.5,747.0,996.84

CPT: 32850-32856,33930-33935,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274,S2060,S2061

Line: 256

Diagnosis: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU (See Guideline Notes 64,65)

Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY

ICD-9: 232,607.0,692.75

CPT: 11300-11313,11400-11446,11600-11646,13100-13160,14000-14350,17000-17108,17260-17286,69110,69120,69300,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 257

Diagnosis: PRIMARY ANGLE-CLOSURE GLAUCOMA (See Guideline Notes 64,65)

Treatment: IRIDECTOMY, LASER SURGERY

ICD-9: 365.2,365.83

CPT: 65860,65865,65870,65875,65880,66150,66160,66165,66180,66250,66500-66505,66625-66635,66761-66762,66990,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 258

Diagnosis: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA (See Guideline Notes 64,65)

Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY

ICD-9: 370.0,370.35,918

CPT: 65275,65430,65600,65780-65782,67505,67515,68200,68360,68371,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 259

Diagnosis: TORSION OF OVARY (See Guideline Notes 64,65)

Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY

ICD-9: 620.5

CPT: 58660,58661,58662,58720,58740,58770,58925,58940-58943,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 260

Diagnosis: TORSION OF TESTIS (See Guideline Notes 64,65)

Treatment: ORCHIECTOMY, REPAIR

ICD-9: 608.2

CPT: 54512-54535,54600,54620,54640,54660,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 261

Diagnosis: LIFE-THREATENING EPISTAXIS (See Guideline Notes 64,65)

Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE

ICD-9: 784.7

CPT: 30520,30540,30545,30560,30620-30802,30901-30906,30915-30930,31238,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 262

Diagnosis: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC (See Guideline Notes 64,65)

Treatment: FOREIGN BODY REMOVAL

ICD-9: 360.5-360.6

CPT: 65235,65260-65265,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 263

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: GLYCOGENOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 271.0
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 264

Diagnosis: METABOLIC BONE DISEASE (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 731.0,733.0
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 265

Diagnosis: PARKINSON'S DISEASE (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 332
CPT: 61795,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 266

Diagnosis: CHRONIC PANCREATITIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 577.1,577.8-577.9
CPT: 43260-43272,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 267

Diagnosis: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
(See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 334,340-341,V53.09
CPT: 31600,31610,90284,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 268

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S9484,T1005,T1013,T1016,T1023
Line: 269

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 443.1,444.0-444.1,444.8
CPT: 33320-33335,33916,34001,34051,34101,34201-34203,35081,35331,35363-35390,35473,35536-35551,35560,35623-35638,35646-35647,35651,35681-35683,35691-35695,35741,35761,35800,35875-35876,35901,36825-36830,36834,37184-37186,37201-37202,37204-37205,37209,49324-49326,49435-49436,92960-92998,93797-93798
Line: 270

Diagnosis: CHRONIC OSTEOMYELITIS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 730.1-730.2,730.30,730.34,730.9
CPT: 11000-11044,15734,20000,20005,20150,20692,20900,20930-20938,20955-20957,20962,20969-20973,21620,21627,22532-22819,22840-22848,22851,23035,23105,23130,23170-23182,23184,23220-23222,23395,23935,24134-24147,24150-24153,24420,24498,25035,25085,25119,25145-25151,25210,25215,25230,25240,25320,25337,26034,26230-26236,26951,26992,27070-27071,27075-27079,27187,27303,27360,27465-27466,27468,27607,27620,27640-27641,27745,28005,28120-28124,28810,28820,63081-63091,96150-96154,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 271

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 246.0,258,758.5
CPT: 60210,60212,60225,60240,60270-60271,60500-60512,60540-60545,60650,96150-96154,98966-98969,99201-99215,99221-99233,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 272

Diagnosis: DEFORMITIES OF HEAD (See Guideline Notes 1,6,64,65)
Treatment: CRANIOTOMY/CRANIECTOMY
ICD-9: 733.3,738.1,756.0
CPT: 11971,14041,20660-20661,20665,21076-21077,21137-21180,21182-21188,21256-21275,61312-61330,61340,61345,61550-61559,62010,62115-62121,62140-62141,62146-62148,92506-92508,92526,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D5915,D5919,D5924,D5925,D5928,D5929,D5931,D5933,S0270,S0271,S0272,S0273,S0274,S9152
Line: 273

Diagnosis: DISEASES OF MITRAL AND TRICUSPID VALVES (See Guideline Notes 1,6,64,65)
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
ICD-9: 391.1,394,396,424.0,424.2,746.89,V58.61
CPT: 33420,33422,33425-33427,33430,33460-33465,33496,33530,33973-33974,75557-75564,92960-92998,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 274

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 187,233.5-233.6,236.6
CPT: 11623,11960-11971,15574,52240,54065,54120-54135,54220,55150-55180,55920,58960,77014,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77600-77784,77790,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 275

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.0,194,198.7,234.8,237.0-237.4,259.2
CPT: 60500,60512,60540-60545,60600-60605,60650,62165,64788,77014,77261-77295,77300-77321,77331-77370,77402-77432,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 276

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 158,235.4-235.5
CPT: 39010,44820-44850,49081,49204-49205,49255,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 277

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 162-163,164.2-164.9,165,197.0,231.1-231.2,231.9,235.7-235.8
CPT: 19260-19272,21610,22900,31600-31603,31636-31645,31770,31775,31785-31786,31820,31825,32320,32440-32445,32480-32488,32500-32540,32657,32662,32900-32906,38542,38746,38794,39000-39010,39200,39220,46917,49421,77014,77261-77295,77300-77315,77326-77370,77401-77470,77761-77790,78811-78816,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 278

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes 1,6,16,18,64,65)

Treatment: CARDIAC TRANSPLANT

ICD-9: 135,412,414,422,425,428,429.1,674.8,745.1,745.3,746.7,996.83,V58.61
CPT: 33940-33945,33975-33978,75557-75564,92960-92998,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 279

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA (See Guideline Notes 7,11,14)

Treatment: BONE MARROW TRANSPLANT

ICD-9: 205.1,206.1,996.85,V59.0,V59.3
CPT: 36680,38204-38215,38230-38242,90284,96401-96571
HCPCS: G0243,S2142,S2150,S9537
Line: 280

Diagnosis: TRACHOMA (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 076,085.1-085.4,139.1
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 281

Diagnosis: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 360.12,364.0-364.3
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 282

Diagnosis: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 080-083,085.0,085.5,085.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 283

Diagnosis: DIABETES INSIPIDUS (See Guideline Notes 1,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 253.5
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 284

Diagnosis: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE (See Guideline Notes 64,65)

Treatment: ENUCLEATION

ICD-9: 360.11,360.14,360.20,360.23-360.29,360.32,360.4,360.8
CPT: 65091,65093,65105,65125,65130,65135,65140,65150,65155,65175,67218,67560,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 285

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)

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

ICD-9: 188,189.2,198.1,233.7,236.7
CPT: 38562-38572,50125,50220-50290,50340,50544-50548,50553,50572,50650-50660,50825-50840,50976,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52327,52332,52355,52500,53210-53220,55920,58960,77014,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 286

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION
(See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 896,897.6-897.7
CPT: 11010-11012,20838,20920,20922,20924,27888,28800-28805,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 287

Diagnosis: ACUTE POLIOMYELITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 045
CPT: 92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 288

Diagnosis: LEPROSY, YAWS, PINTA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 030,031.1,040.1,040.3,102-104
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 289

Diagnosis: UROLOGIC INFECTIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 590.0,590.80,590.9,595.0,595.2-595.3,595.8-595.9,599.0,601.0,604.0,604.90,604.99,608.0
CPT: 50391,51100-51101,51700,52260,53450,54700,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 290

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 173,176,198.2,238.2
CPT: 11000-11044,11300-11313,11400-11446,11600-11646,12001-12057,13100-13153,13160,14000-14061,14300,14350,15002-15005,15040,15100,15110-15116,15130-15176,15221,15240-15261,15300-15366,15400,15420-15431,15570-15770,17000-17108,17260-17315,17340,21555-21557,21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27048,27327-27329,27615-27619,28043-28046,38700-38745,38760-38765,67950,67961,67966,67971,67973-67975,69120,69145,69910,77014,77261-77295,77300-77321,77331-77370,77401-77470,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 291

Diagnosis: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Notes 1,6,64,65)
Treatment: REPAIR
ICD-9: 901
CPT: 33320-33335,33880-33891,35211,35216,35241-35246,35271-35276,37616,92960-92998,93797-93798,96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 292

Diagnosis: RUPTURE OF BLADDER, NONTRAUMATIC (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.6
CPT: 51860-51865,53080,53085,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 293

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.3,298.1-298.3,298.9,299.8
CPT: 90801-90815,90821,90822,90828,90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 294

Diagnosis: HYDROPS FETALIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 773.3,778.0
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 295

Diagnosis: DEFORMITY/CLOSED DISLOCATION OF JOINT (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 718.12,718.17,718.22-718.27,718.3,718.71-718.79,728.6,732.4,736.21-736.22,736.5,736.73-736.75,736.81,754.40-754.41,754.51-754.53,754.62,754.71,755.01,755.11-755.12,755.2-755.4,755.54-755.55,755.58,830.0,831.0,832.0,833.0,834.0,835.0,836.3,836.5,837.0,838.0,839.6,839.8,V54.81
CPT: 20690-20694,20900,20920-20924,21480,23455,23470,23520-23552,23650-23680,23700,24101,24300,24332,24343,24345-24346,24600-24640,25001,25024-25025,25109,25259,25275,25320,25335-25337,25390-25394,25430-25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035-26045,26060,26121-26180,26320,26340,26390,26440-26596,26641-26715,26770-26776,26820,26841-26863,27095,27097,27100-27122,27140-27170,27179,27185,27250-27258,27265-27275,27306-27307,27350,27420-27498,27550-27570,27580-27598,27600-27654,27656,27658-27676,27680-27692,27698,27705,27715,27727-27742,27830-27832,27840-27848,27860,27892-27894,28008-28072,28086-28092,28110-28118,28126-28160,28220-28280,28288-28289,28300-28305,28307-28341,28360,28540,28545-28546,28555,28570,28575-28576,28585,28600,28605-28606,28615,28630,28635-28636,28645,28660,28665-28666,28675,28705-28760,29049-29131,29305-29445-29515,29590-29750,29806-29819,29828,29861-29863,29873-29874,29881-29882,29891-29892,29894,29904-29907,64702-64704,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D7810,D7820,D7830,S0270,S0271,S0272,S0273,S0274,S2115
Line: 296

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Note 31)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.11-389.12,389.14,389.16,389.18
CPT: 69710-69711,69717-69718,69930,92601-92602,92626-92633
Line: 297

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS (See Guideline Notes 64,65)
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-9: 361.0-361.2,361.31,361.8-361.9,379.25-379.26
CPT: 66990,67005-67113,67208,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 298

Diagnosis: ARTHROPOD-BORNE VIRAL DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 060-066
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 299

Diagnosis: HYPOPLASIA AND DYSPLASIA OF LUNG (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 31601-31603,31820,31825,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 300

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 393,398
CPT: 92960-92998,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 301

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS (See Guideline Notes 64,65)
Treatment: THROMBECTOMY/LIGATION
ICD-9: 453.0-453.3,453.8-453.9
CPT: 34101,34401,34471,34490,34501-34502,34510-34530,35201-35286,35572,35681,35761,35800,35820,35840,35875-35876,35905,35907,37140,37160,37182,37187-37188,37202,37205-37209,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 302

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 427.1,427.4-427.5,428.20-428.23,428.30-428.33,428.40-428.43,428.9,429.4,746.86,V53.3
CPT: 31603,31605,32160,33202-33261,33265-33266,33820,33973-33974,92960-92998,93600-93652,93724-93736,93741-93744,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 303

Diagnosis: ANOREXIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.1
CPT: 90801-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 304

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 491.1-491.2,492,496,508.1-508.9,518.2,518.3,518.83
CPT: 94002-94005,94640,94644-94645,94660-94668,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9346
Line: 305

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 441.0-441.1,441.3,441.5-441.6
CPT: 32110,32120,32124,32820,33320-33335,33530,33690,33860-33891,33916,34520,34803,34805,35081-35103,35301-35311,35331-35351,35500-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35651,35663,35697,35820,35840,35870-35876,35905,35907,36825-36830,36834,75956-75959,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 306

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Notes 6,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 323.5,414.12,443.21-443.24,443.29,519.01,519.09,536.41,569.61,674.1,674.3,996.0-996.2,996.39,996.4,996.51,996.56,996.6-996.9,997.0-997.5,997.62,997.71,997.72,997.79,998.0,998.11,998.2-998.3,998.5-998.6,999.0-999.1,999.3,999.4,999.8,V53.3

CPT: 10121,10140,10180,11008,11040-11044,13160,20670-20680,20693-20694,20975,21120,21627,21750,22849-22850,22852-22855,23331-23332,23472,23800-23802,24160-24164,24430-24435,24800-24802,24925-24935,25109,25250-25251,25415-25420,25431-25446,25449,25907-26045,26060-26565,26568-26910,26991,27090-27091,27132-27138,27236,27265-27266,27284-27286,27301,27303,27310,27331,27486-27488,27580,27590-27596,27786,27870,27884,28715,31613-31614,31750-31781,31800-31830,33206-33210,33213,33233-33238,33240-33244,33249,33284,33400-33478,33496,33510-33536,33768,33863,34830,35188-35190,35301-35390,35556,35566-35571,35583-35587,35656,35666-35671,35700,35800-35881,35883-35884,35901-35907,36145,36261,36575-36585,36818-36821,36831-36870,37203,43772-43774,43848,43860,43870,44137,47802,49002,49020-49021,49402,49422,50065,50135,50225,50370,50398,50405,50525,50727-50728,50830,50920,50930-50940,51705-51710,51860-51880,51900-51925,52001,54340-54352,54390,54406-54417,57296,61880,61888,62194,62225-62230,62256-62258,62350-62365,63660,63688,63744-63746,64585,64595,65150-65175,65710-65755,65920,75984,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274,S9152

Line: 307

Diagnosis: RUPTURE OF PAPILLARY MUSCLE (See Guideline Notes 6,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 429.5-429.6

CPT: 33425,33430,33542,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 308

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 1,7,11,64,65)

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

ICD-9: 202.4,203.1,204.1-204.9,205.1-205.9,206.1-206.9,207.1-207.8,208.1-208.9,238.4

CPT: 36822,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,79101,90284,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99195,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 309

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)

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

ICD-9: 183.2-183.9,184,233.3,236.1,236.3

CPT: 38562-38572,55920,56501,56515,56620,56625,56630-56640,57065,57106-57112,57520,57530,57550,58150,58180,58200,58210,58240,58260,58275,58285,58290,58541-58544,58548-58554,58570-58573,58943-58960,77014,77261-77295,77300,77305-77370,77401-77417,77427,77470,77750-77790,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 310

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)

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

ICD-9: 140-149,160-161,196.3,231.0,231.8,235.0-235.1,235.6,235.9

CPT: 13132,13151,14040-14061,15570,15732-15734,15756-15758,15760,21555,21557,30117-30118,30520,31075-31090,31200-31205,31225-31230,31300,31360-31368,31370,31380-31395,31540-31541,31600-31603,31611,31820,31825,38724,40500-40530,40810-40816,40819,40845,41019,41110-41116,41120-41155,41820,41825-41827,41850,42104-42120,42280-42281,42842,42845,42410-42450,42500,42826,43450,43496,60220,69110,69150,69155,69502,77261-77295,77300-77315,77326-77370,77401-77470,77750-77790,79005-79445,92506-92508,92526,92607-92609,92626-92633,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: C9728,D5983,D5984,D5985,D7440,D7441,D7920,D7981,G0243,S0270,S0271,S0272,S0273,S0274,S9152,S9537

Line: 311

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 284.0
CPT: 38242,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9355
Line: 312

Diagnosis: OSTEOPETROSIS (See Guideline Notes 1,7,11,14)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 756.52,996.85,V59.0,V59.3
CPT: 36680,38204-38215,38230-38242,96150-96154,96401-96571
HCPCS: G0243,S2142,S2150,S9537
Line: 313

Diagnosis: CRUSH INJURIES OF DIGITS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 903.5,927.3,928.3
CPT: 11730,11760,20973,25300-25301,29130,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 314

Diagnosis: ACUTE STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 308
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2013,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 315

Diagnosis: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 772.5-772.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 316

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
ICD-9: 046,049,062-063,090.40,094.0-094.2,094.8-094.9,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,315.4,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,718.4,727.81,728.1,728.3-728.4,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.3,907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0,V53.09,V54.81
CPT: 14040,20550,20664,21610,23020,23800-23802,24301-24331,24800-24802,25280-25290,25310-25316,25320,25332,25337,25800-25805,25830,26442,26474,26490,27000-27006,27036,27097-27122,27140,27306-27307,27325-27326,27390-27400,27435,27605-27606,27612,27676-27692,27705,27870-27871,28005,28010-28011,28130,28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29895,29904-29907,32501,61215,61343,62161-62162,62360-62362,62367-62368,63600,63610,63650-63655,63685,64614,64763,92531-92542,92544-92548,95873-95874,95990-95991,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 317

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 751.6
CPT: 43260-43272,47400-47490,47510-47530,47554-47556,47564,47570,47600-47715,47720-47900,
48548,49422,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 318

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,64,65)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
ICD-9: 191-192,198.3-198.4,237.5-237.9
CPT: 37202,61312-61321,61500-61501,61510-61512,61516-61521,61530,61586,61592,61600-61608,
61615-61616,61750-61751,61770,61793-61795,62140-62148,62164-62165,62223,62350-62368,
63265,63275-63290,63300-63308,63615,64784-64792,64802-64818,77014,77261-77295,77300-
77315,77326-77372,77401-77470,77520-77790,79005-79445,95990-95991,96150-96154,96401-
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
Line: 319

Diagnosis: CATARACT, EXCLUDING CONGENITAL (See Guideline Notes 32,64,65)
Treatment: EXTRACTION OF CATARACT
ICD-9: 366.0-366.3,366.45-366.46,366.8-366.9,V43.1
CPT: 65770,66250,66682,66825,66830,66840,66850-66852,66920-66984,66986-66990,67010,92002-
92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 320

Diagnosis: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
ICD-9: 366.5
CPT: 66820-66825,66830,66985-66990,92002-92060,92070-92353,92358-92371
Line: 321

Diagnosis: FISTULA INVOLVING FEMALE GENITAL TRACT (See Guideline Notes 64,65)
Treatment: CLOSURE OF FISTULA
ICD-9: 619
CPT: 44660,46715,50650-50660,50930,51900-51920,57300-57311,57320,57330,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 322

Diagnosis: VITREOUS DISORDERS (See Guideline Notes 64,65)
Treatment: VITRECTOMY
ICD-9: 379.21-379.23
CPT: 67036,67040-67043,67210,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 323

Diagnosis: CLEFT PALATE AND/OR CLEFT LIP (See Guideline Notes 64,65)
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-9: 749.0-749.2,750.25
CPT: 14060,15732,20900,21079-21080,21082-21083,30462,30600,40500-40520,40650-40720,40761,
40810-40845,42145,42200-42227,42235-42281,92506-92508,92526,92607-92609,92626-92633,
98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: D5932,D5933,D5954,D5955,D5958,D5959,D5960,D5987,D7111,D7140,D7210,D7250,D7260,D7340,
D7350,D7912,D8010,D8020,D8030,D8040,D8050,D8060,D8070,D8080,D8090,D8210,D8220,D8660,
D8670,D8680,D8690,D8691,D8692,D8693,D8999,S0270,S0271,S0272,S0273,S0274,S9152
Line: 324

Diagnosis: GOUT AND CRYSTAL ARTHROPATHIES (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 274,712
CPT: 20605,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,
97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 325

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: PERTUSSIS AND DIPHTHERIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 032-033
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 326

Diagnosis: THROMBOCYTOPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 287.1,287.3-287.5
CPT: 38100,38102,38120,90284,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 327

Diagnosis: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 270.0,270.2-270.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 328

Diagnosis: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Guideline
Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 474.0,480.1
CPT: 31600-31603,31820,31825,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 329

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 445.81,445.89,447.0,447.2-447.9,449,593.81,747.82
CPT: 34151,35471,35480,35501-35515,35526-35531,35536-35551,35560-35563,35601-35616,35626-
35646,35663,37607,62294,63250-63252,96150-96154,98966-98969,99024,99051,99060,99070,
99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 330

Diagnosis: PARALYTIC ILEUS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.1,560.31
CPT: 47562,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 331

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS;
INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification
Below) (See Guideline Notes 1,16)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-9: 277.03,453.0,571.2,571.5-571.6,751.62,774.4,777.8,996.82,V59.6
CPT: 47133-47147,50300,50323-50365,76776,96150-96154
Line: 332

Liver-kidney transplant only covered for a documented diagnosis of Caroli's disease
(751.62).

Diagnosis: CHRONIC INFLAMMATORY DISORDER OF ORBIT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 376.1
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,
99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 333

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 736.31-736.32,754.3,755.61-755.62
CPT: 27179,27181,27185,27256-27259,29861-29863,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 334

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA (See Guideline Notes 64,65)
Treatment: KERATOPLASTY
ICD-9: 370.0,371.0-371.1,371.21,371.23,371.4-371.7
CPT: 65286,65400,65450,65710-65730,65750-65755,65772,65775-65782,65920,66250,66825,66985-66990,68371,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 335

Diagnosis: DISORDERS INVOLVING THE IMMUNE SYSTEM (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 279,287.0,759.0
CPT: 86486,90284,95004-95180,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 336

Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 150,230.1,V53.5
CPT: 15734,31540,38542,38720-38724,38794,43100-43124,43216,43219-43227,43248-43250,43340-43341,43360-43361,43496,44139-44147,44206-44208,44213,44300,49442,77014,77261-77295,77300-77315,77331-77370,77402-77427,77470,77761-77790,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 337

Diagnosis: CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.0,155.2,235.3
CPT: 36260-36262,37204,37617,47120-47130,47370-47371,47380-47382,47562,47600-47620,47711-47712,48150,49080,77014,77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79005-79440,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 338

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 157.0-157.3,157.8-157.9,230.9
CPT: 43219,43260-43272,47721,47741,47760,47785,48140-48155,49320-49321,49324-49325,77014,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77470,79005-79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537
Line: 339

Diagnosis: STROKE (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 338.0,433.01,433.11,433.21,433.31,433.81,433.91,434,436,437.0,437.1,437.6,747.81, V58.61
CPT: 34001,35301,35390,37195,37215-37216,61680,61793-61795,77014,77261-77295,77300-77301,77336,77370-77372,77417-77432,92506-92508,92526,92607-92609,92626-92633,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 340

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 277.6,995.1
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 341

Diagnosis: PURULENT ENDOPTHALMITIS (See Guideline Notes 64,65)
Treatment: VITRECTOMY
ICD-9: 360.0,360.13
CPT: 65101,65800,66020,66030,67005-67036,67041-67043,67515,68200,92002-92060,92070-92353,
92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 342

Diagnosis: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC (See Guideline Notes 64,65)
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
ICD-9: 930.0-930.2,930.8-930.9
CPT: 65205-65222,67938,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 343

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
ICD-9: 442.0,442.3,442.9
CPT: 24900-24931,25900-25931,26910-26952,27590-27598,27880-27889,28800-28825,35001-35002,
35011,35013-35021,35141-35152,35572,35682-35683,35875-35876,35903,37609,64802-64818
Line: 344

Diagnosis: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.2-527.4
CPT: 40810-40816,42300-42320,42330,42335,42340,42408,42410,42415-42420,42440-42509,42600,
42650-42665,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: D7980,D7981,D7982,D7983,S0270,S0271,S0272,S0273,S0274
Line: 345

Diagnosis: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 123.1-123.9,124
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 346

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 441.2,441.4,441.7,441.9,442
CPT: 33320-33335,33530,33860-33891,33916,34800-34834,34900,35001-35081,35091,35102,35111-
35152,35188,35301-35311,35331-35351,35500-35515,35526-35531,35536-35551,35560-35563,
35572,35601-35616,35626-35647,35651,35663,35682-35683,35697,35820,35840,35875-35876,
35905,35907,36825-36830,36834,37565-37606,37618,49203,61680-61700,75956-75959,92960-
92998,93797-93798,93982,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 347

Diagnosis: ARTERIAL ANEURYSM OF NECK (See Guideline Note 6)
Treatment: REPAIR
ICD-9: 442.81-442.82,442.89
CPT: 35321,35516-35518,35572,35691-35695,35800,35820,35875-35876,35901,35905,37205-37208,
92960-92998,93797-93798
Line: 348

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER
OUTLET OBSTRUCTION (See Coding Specification Below) (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 595.1,596.0,596.3-596.5,596.7-596.9,598,599.82-599.89,600.01,600.11,600.21,600.91,
607.3,608.1,608.83,608.87,753.6,939.0,939.1,939.3,939.9,V53.6,V55.5-V55.6
CPT: 50845,51040,51100-51102,51700,51715,51800-51845,51880-51980,52001,52010,52214-52240,
52260-52285,52305-52315,52355-52400,52500,52601,52606,52612-52649,53020,53040,53400-
53500,53600-53621,53660-53665,54115,54161,54220,54230-54231,54235,54240,54250,54420-
54435,54520,54640,54670,54680,54700,54830-54861,54900-54901,55400,55450,55520,55600,
55605,55650,55680,55801,55821,55862-55865,57220,57287,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 349

ICD-9-CM codes 600.01, 600.11, 600.21, and 600.91, benign prostatic hypertrophy
with urinary obstruction, are only included on this line when post-void residuals
are at least 150 cc's.

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See Guideline Notes 1,7,64,65)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-9: 580.0,580.8-580.9,583.0-583.7,584,V56
CPT: 36145,36800-36819,36821,36831-36833,36835,36838,36870,49324-49326,49422,49435-49436,
90918-90997,93990,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,
G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9339,S9537
Line: 350

Diagnosis: VESICULAR FISTULA (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 596.1-596.2
CPT: 51800-51845,51880-51980,53080,53085,53660-53661,57330,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 351

Diagnosis: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER
MYCOSES (See Guideline Notes 1,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 114-116,117.0-117.4,117.6-117.8,118,518.6
CPT: 32662,33405-33417,33420-33430,33973-33974,35180,35182,35184,96150-96154,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 352

Diagnosis: DISSEMINATED INTRAVASCULAR COAGULATION (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 286.6
CPT: 11040-11041,15200,15220,15240,15260,25900-25905,25915-25920,25927,26910-26952,27598,
27880-27882,27888-27889,28800-28825,30150,54130-54135,69110-69120,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 353

Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR
SURVIVAL (See Guideline Notes 1,7,11,64,65)

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

ICD-9: 185,233.4,236.5
CPT: 38562-38572,38780,51700,52010,52234,52240,52281,52400,52601,52612-52649,53600-53601,
54520,54530,55810-55845,55860-55866,58960,77014,77261-77295,77300,77305-77315,77326-
77370,77402-77417,77427,77776-77790,79005-79445,96150-96154,96401-96571,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607
HCPCS: A9507,G0243,S0270,S0271,S0272,S0273,S0274,S9537,S9560
Line: 354

Diagnosis: SYSTEMIC SCLEROSIS (See Guideline Notes 1,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 710.1
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 355

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN

Treatment: HYPERBARIC OXYGEN

ICD-9: 040.0, 526.4, 526.89, 639.0, 639.6, 670.02, 670.04, 673.0, 686.0, 709.3, 728.0, 730.2, 730.30, 730.9, 785.4, 958.0, 990, 996.52, 996.7, 999.1

CPT: 99183

Line: 356

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) (See Guideline Note 34)

Treatment: BASIC RESTORATIVE

ICD-9: 521.0, 521.3, 526.0-526.3, 526.8-526.9, V72.2

HCPCS: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2930, D2931, D2932, D2933, D2951, D2955, D2980, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3410, D7450, D7451, D7465, D7530, D7540, D7550, D9310, D9930, D9999

Line: 357

Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

ICD-9: 348.0, 349.2

CPT: 61120, 61150-61151, 61314-61316, 61516, 61522-61524, 61680-61710, 61795

Line: 358

Diagnosis: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER (See Guideline Notes 1, 64, 65)

Treatment: MEDICAL THERAPY

ICD-9: 571.0-571.3, 571.5-571.6, 572.2-572.3, 572.8

CPT: 49080-49081, 96150-96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 359

Diagnosis: SCLERITIS (See Guideline Notes 64, 65)

Treatment: MEDICAL THERAPY

ICD-9: 379.00, 379.03-379.09, 379.11-379.16

CPT: 66130, 66220, 66225, 66250, 67250, 67255, 92002-92060, 92070-92353, 92358-92371, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 360

Diagnosis: RUBEOSIS IRIDIS (See Guideline Notes 64, 65)

Treatment: LASER SURGERY

ICD-9: 364.42, 364.7

CPT: 65875, 66170, 66720, 67228, 67500, 92002-92060, 92070-92353, 92358-92371, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 361

Diagnosis: DISEASES OF ENDOCARDIUM (See Guideline Notes 6, 64, 65)

Treatment: MEDICAL THERAPY

ICD-9: 424

CPT: 32660, 33496, 92960-92998, 93797-93798, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 362

Diagnosis: WOUND OF EYE GLOBE (See Guideline Notes 64, 65)

Treatment: SURGICAL REPAIR

ICD-9: 871

CPT: 65270, 65272-65273, 65280-65285, 65290, 66680, 92002-92060, 92070-92353, 92358-92371, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 363

Diagnosis: ACUTE NECROSIS OF LIVER (See Guideline Notes 64, 65)

Treatment: MEDICAL THERAPY

ICD-9: 570, 573.3

CPT: 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607

HCPCS: S0270, S0271, S0272, S0273, S0274

Line: 364

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS (See Guideline Notes 1,7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 403,581.0-581.3,581.8-581.9,582,587-588.1,588.89,589,593.9,V56
CPT: 36145,36800-36819,36821,36825-36833,36835,36838,36870,49324-49326,49420-49422,49435-49436,90918-90997,93990,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S0270,S0271,S0272,S0273,S0274,S9339,S9355,S9537
Line: 365

Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 420.91,422.91
CPT: 31750,31760,32659-32661,33010-33011,33015,33020,33025,33030-33031,33050,33979-33980,92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9348
Line: 366

Diagnosis: HEREDITARY HEMORRHAGIC TELANGIECTASIA
Treatment: EXCISION
ICD-9: 448.0
CPT: 11400-11426,45382
Line: 367

Diagnosis: RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 390,392.9
CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 368

Diagnosis: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 271.2-271.9
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 369

Diagnosis: ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 226,227.0,227.4-227.9,253.0,253.1,253.6,253.9
CPT: 60200-60240,60270-60271,60512,60600-60605,60650,61548,62100,79005-79445,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274
Line: 370

Diagnosis: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
ICD-9: 362.21
CPT: 67101-67121,92002-92060,92070-92353,92358-92371
Line: 371

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 1,6,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 046,049,062-063,090.40,094,137.1,138,139.0,139.8,161.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,307.0,310,315.3,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,728.1,728.3,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0

CPT: 21084,31611,61215,70370-70371,92506-92508,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274,S9152

Line: 372

Diagnosis: CARDIAC ARRHYTHMIAS (See Guideline Notes 1,6,64,65)

Treatment: MEDICAL THERAPY, PACEMAKER

ICD-9: 426,427.0,427.2-427.3,427.6,427.8-427.9,429.4,V53.3,V58.61

CPT: 33202-33203,33206-33208,33210,33211-33226,33233-33238,33250-33266,33973-33974,92960-92998,93600-93652,93724-93736,93741-93744,93797-93798,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 373

Diagnosis: MILD/MODERATE BIRTH TRAUMA FOR BABY (See Guideline Notes 1,64,65)

Treatment: MEDICAL THERAPY

ICD-9: 767.19,767.2-767.3,767.5-767.9,768.9

CPT: 96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 374

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL (See Guideline Notes 6,64,65)

Treatment: SURGICAL TREATMENT

ICD-9: 440.2-440.9,444.2,445.01-445.02,447.1

CPT: 20605,27590,34101,34111,34201,35081,35302-35306,35361,35371,35450-35495,35500,35510,35512,35516-35525,35533,35539-35540,35556-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35701,35721,35741,35761,35860,35875-35881,35903,36002,37184-37186,37205-37209,37609,64802-64818,64821-64823,93668,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 375

Diagnosis: URINARY TRACT CALCULUS (See Guideline Notes 64,65)

Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY

ICD-9: 592.1,592.9,594.9

CPT: 50382-50389,50392,50553,50561,50572,50590,50600-50630,50700-50715,50900,50945,50961,50970,50976,50980,52310-52318,52320,52325,52330,52332,52334,52352-52353,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 376

Diagnosis: CONGENITAL ABSENCE OF VAGINA

Treatment: ARTIFICIAL VAGINA

ICD-9: 752.49,V55.7

CPT: 56800,57291-57295,57800

Line: 377

Diagnosis: PENETRATING WOUND OF ORBIT (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 376.6,870.3-870.4,870.8,870.9,950

CPT: 12011-12013,12051-12052,13132,13150-13152,67405,67412-67414,67420-67445,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 378

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline Notes 6,64,65)
Treatment: OPEN OR CLOSED REDUCTION
ICD-9: 732.1-732.2,733.1,733.93-733.95,810.0,811.0,812.0,812.2,812.4,813.0,813.2,813.4,813.8,
814.0,815.0,816.0,817.0,818.0,819.0,820.0,821.0,821.2,822.0,823.0,823.2,823.8,824.0,
824.2,824.4,824.6,824.8,825.0,825.2,827.0,828.0,905.2-905.5,V54.0,V54.10-V54.12,
V54.14-V54.16,V54.20-V54.27
CPT: 20650,20670-20694,20900,23470,23500-23515,23570-23630,24130,24500-24516,24530-24587,
24650-24685,25119,25210-25240,25259,25320,25337,25350-25375,25390-25393,25440-25447,
25450,25455,25490-25492,25500-25575,25600-25652,25671,25800-25830,26520,26600-26615,
26645-26650,26676,26720-26770,27175-27178,27181,27230-27236,27244,27267-27268,27330,
27350,27409,27424,27430-27435,27465-27468,27496-27540,27610,27656,27664,27712,27750-
27829,27846-27848,27892-27894,28400-28531,28730,29049-29131,29305-29445,29505,29515,
29700-29710,29720-29740,29850-29856,29874-29879,29897-29898,97001-97004,97012-97014,
97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 379

Diagnosis: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00,388.02,388.1-388.2,388.4-388.5,388.8,389,V53.2
CPT: 69424,69433,69436,69714-69715,92562-92597,98966-98969,99024,99051,99060,99070,99078,
99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 380

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC
NECROSIS OF BONE (See Guideline Notes 6,15,64,65)
Treatment: ARTHROPLASTY/RECONSTRUCTION
ICD-9: 714.0,714.3,715.1-715.3,715.9,716.1,732.7,733.4,V54.81
CPT: 20610,20692,23120,23470-23472,23800-23802,24102,24130,24160,24164,24360-24366,24800-
24802,25000,25115-25119,25240,25270,25320,25337,25390-25393,25441-25450,25455,25490-
25492,25800,25810,25820,25825,25830,26320,26516-26536,26850,26990-26992,27036,27090-
27091,27122-27132,27187,27284-27286,27358,27437-27454,27457,27580,27620-27626,27641,
27700-27704,27870-27871,28090,28104,28114-28116,28122,28725,28740,28750,29819-29826,
29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29894-29899,29904-29907,
77014,77261-77295,77300,77305-77315,77331-77336,77401-77427,77470,97001-97004,97012-
97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 381

Diagnosis: ANEURYSM OF PULMONARY ARTERY (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 417.0,417.1,417.8-417.9,901.41
CPT: 32480-32486,32488,32500-32501,32540,33726,33910-33915,33917-33920,33922,33973-33974,
92960-92998,93797-93798,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 382

Diagnosis: BODY INFESTATIONS (EG. LICE, SCABIES) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 132-134
CPT: 96900-96922,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 383

Diagnosis: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 088
CPT: 96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-
97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 384

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 333.0-333.7, 333.81, 333.83, 333.89, 333.90, 333.92, 478.74-478.75, V53.09
CPT: 31513, 31570-31571, 31582, 64612-64613, 95873-95874, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 385

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS (See Guideline Notes 64,65)
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-9: 577.2
CPT: 43240, 48000-48020, 48105, 48120-48148, 48152-48154, 48500-48540, 48548, 49322, 49324-49325, 49423-49424, 64680, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 386

Diagnosis: CONVERSION DISORDER, CHILD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 98966-98969, 99051, 99060, 99201-99215, 99241-99255, 99366, 99441-99444, 99477, 99605-99607
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2027, H2032, S0270, S0271, S0272, S0273, S0274, S9484, T1013, T1016, T1023
Line: 387

Diagnosis: ACUTE SINUSITIS (See Guideline Notes 35,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 461
CPT: 31000-31090, 31256, 31276, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274, S2342
Line: 388

Diagnosis: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
ICD-9: 364.41
CPT: 65805-65815, 65930, 92002-92060, 92070-92353, 92358-92371
Line: 389

Diagnosis: ENTROPION
Treatment: REPAIR
ICD-9: 374.0
CPT: 67820-67850, 67880-67882, 67921-67924, 67950, 67961, 67966, 67971, 67973-67975, 92002-92060, 92070-92353, 92358-92371
Line: 390

Diagnosis: SPONTANEOUS ABORTION (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 631, 634.2-634.9
CPT: 59812, 59820, 96150-96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 391

Diagnosis: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; HYPERTROPHY OF TONSILS AND ADENOIDS; ULCER OF TONSIL (See Guideline Notes 36,64,65)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-9: 034, 101, 474.0-474.1, 474.8
CPT: 42820-42821, 42825-42826, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 392

Diagnosis: GIARDIASIS, INTESTINAL HELMINTHIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 007.1, 120-122, 123.0, 125-129
CPT: 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 393

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: AMBLYOPIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 368.0
CPT: 65780-65782,66820-66986,67311-67340,67343,67345,67901-67909,68135,68320,68325-68326,68328,68335,68340,68371,92002-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 394

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER (See Guideline Notes 64,65)
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.7,300.81-300.82,300.9,306,307.80,307.89
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0037,H0038,H2010,H2021,H2022,H2023,H2027,H2033,S0270,S0271,S0272,S0273,S0274,S9484,T1013,T1016,T1023
Line: 395

Diagnosis: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
ICD-9: 986-987,993.3
CPT: 99183
Line: 396

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 1,6,37,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 344.6,722.0-722.2,722.7,723.4,724.4,742.59
CPT: 20660-20662,20665,20931,20938,22532-22819,22840-22855,55870,62284,62287,62350-63091,63170-63200,63300-63308,63600,63610,63650-63655,63685,64421,64445,95990-95991,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2350,S2351
Line: 397

Diagnosis: ENCEPHALOCELE
Treatment: SURGICAL TREATMENT
ICD-9: 742.0
CPT: 20664,61020,61070,61107,61210-61215,61322-61323,62100,62120-62121,62160-62163,62180-62258,62272,63740-63746
Line: 398

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (See Guideline Notes 64,65)
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 212
CPT: 19260-19272,21627,21630,31512,31541-31546,31636-31640,31770,31775,32320,32480-32488,32540,32657,32661-32662,33120,33130,39000-39010,39220,77014,77261-77295,77315,77326-77370,77402-77470,77520-77790,79005-79445,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: C9728,G0243,S0270,S0271,S0272,S0273,S0274
Line: 399

Diagnosis: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM
Treatment: SURGICAL TREATMENT
ICD-9: 621.4,623.2-623.3,626.8,752.40,752.42
CPT: 56442,56700,57130,57400,57500,58120
Line: 400

Diagnosis: RETINAL TEAR (See Guideline Notes 64,65)
Treatment: LASER PROPHYLAXIS
ICD-9: 361.30,361.32-361.33
CPT: 67141-67145,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 401

Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 380.0,380.11,380.21,383.3,383.81,383.89,384.1,384.8,385
CPT: 21235,69220,69420-69450,69501-69505,69511,69530-69535,69601-69605,69610,69620-69646,69662,69670,69700,69905,69910,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 402

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III (See Guideline Notes 6,64,65)
Treatment: REPAIR
ICD-9: 726.5,727.59,727.62-727.65,727.67-727.69,728.83,728.89,841-843,845.0
CPT: 20610,24340-24342,25310,26357-26392,26418-26437,26474,26497,26775-26776,27380-27386,27650-27654,27658-27659,27665,27675,27695-27698,27829,28200-28210,29065-29280,29345,29355-29365,29405,29425,29440,29445,29505,29515-29540,29700,29705,29730,29740,29861-29863,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 403

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION (See Guideline Notes 1,6,38,64,65)
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
ICD-9: 046,049,062-063,090.40,094,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,369.0-369.8,431-432,434,436,438,728.1,728.3,736,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0
CPT: 61215,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2117
Line: 404

Diagnosis: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 284.8-284.9,285.2
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 405

Diagnosis: ESOPHAGEAL STRICTURE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.3,V53.5
CPT: 32110,32120,32124,32820,43219-43220,43226,43245,43248-43249,43330,43410,43415,43420,43425,43450-43456,43653,44300,44372-44373,49442,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 406

Diagnosis: CHRONIC ULCER OF SKIN (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 454.0,454.2,459.11,459.13,459.31,459.33,707
CPT: 10060-10061,11000-11044,14000-15136,15300-15321,15400-15421,15570-15770,15920-15958,27598,28122,28810,29580,37700-37785,96150-96154,97036,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D7920,S0270,S0271,S0272,S0273,S0274
Line: 407

Diagnosis: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS
Treatment: SURGICAL TREATMENT
ICD-9: 530.10,530.11,530.19,530.6,530.81-530.83,530.89,551.3,552.3,553.3
CPT: 32800,39502-39541,39560,39561,43030,43130,43135,43280,43324,43330-43331
Line: 408

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: BULIMIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.51,307.54
CPT: 90801-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2010,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 409

Diagnosis: SUPERFICIAL INJURIES WITH INFECTION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 910.1,910.3,910.5,910.7,910.9,911.1,911.3,911.5,911.7,911.9,912.1,912.3,912.5,912.7,912.9,913.1,913.3,913.5,913.7,913.9,914.1,914.3,914.5,914.7,914.9,915.1,915.3,915.5,915.7,915.9,916.1,916.3,916.5,916.7,916.9,917.1,917.3,917.5,917.7,917.9,919.1,919.3,919.5,919.7,919.9,958.3
CPT: 10120,10121,10140,10160,11000-11001,12001-12014,97602,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 410

Diagnosis: PITUITARY DWARFISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 253.3
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9558
Line: 411

Diagnosis: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.21
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S9484,T1005,T1013,T1016,T1023
Line: 412

Diagnosis: ACUTE OTITIS MEDIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 381.0,381.51,381.8-381.9,382.0,382.4,382.9,384.0,993.0
CPT: 69210,69420-69421,69424,69433,69436,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 413

Diagnosis: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.01,300.21-300.22
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 414

Diagnosis: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-9: 464.01,464.1-464.4,464.51
CPT: 31600-31605,31820-31830,94640,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 415

Diagnosis: ACHALASIA, NON-NEONATAL (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 513.1,519.2,530.0,530.5
CPT: 39000-39010,43219-43220,43280,43324-43325,43330-43331,43450,43456-43458,43460,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2079
Line: 416

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Notes 1,39,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 617
CPT: 49204-49205,49322,58145-58150,58260-58263,58290-58292,58550-58554,58570-58573,58660-58662,58740,58940,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9560
Line: 417

Diagnosis: CALCULUS OF BLADDER OR KIDNEY (See Guideline Notes 64,65)
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY
ICD-9: 592.0,594.0-594.1,594.8
CPT: 50060-50081,50130,50382-50389,50392-50393,50395,50553,50561,50572,50580-50590,50700-50715,50961,50976-50980,52310-52318,52330,52332,52334,52352-52353,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 418

Diagnosis: ESOPHAGITIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 530.1-530.2,530.6,530.81-530.83,530.85,530.89,530.9
CPT: 43248-43249,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 419

Diagnosis: ANOGENITAL VIRAL WARTS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 078.1
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 420

Diagnosis: EATING DISORDER NOS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50,307.54,307.59
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 421

Diagnosis: LYMPHADENITIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 289.1,289.3,683
CPT: 10060-10061,38300-38308,38542,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 422

Diagnosis: UTERINE LEIOMYOMA (See Guideline Notes 40,64,65)
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY
ICD-9: 218-219,621.0-621.2
CPT: 58120-58180,58260-58263,58290-58292,58541-58554,58559,58561,58570-58573,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9560
Line: 423

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS (See Guideline Notes 64,65)
Treatment: INTRAOCULAR LENS
ICD-9: 379.3
CPT: 65750,65765,65767,66825,66985-66990,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 424

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING (See Guideline Notes 64,65)
Treatment: RECONSTRUCT OF EAR CANAL
ICD-9: 380.5,744.00-744.05,744.09
CPT: 15040,15110-15120,15130-15176,15300-15366,15420-15431,69310-69320,69631-69637,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 425

Diagnosis: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.12-300.15,300.6
CPT: 90801-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 426

Diagnosis: EPIDERMOLYSIS BULLOSA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 757.39
CPT: 11000-11001,96150-96154,96900-96922,97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 427

Diagnosis: DELIRIUM DUE TO MEDICAL CAUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 293.0-293.1
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 428

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 1,6,41,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 721.1,721.4-721.6,721.91,723.0,724.0,732.0,737.0-737.3,737.8-737.9,754.1-754.2,756.13-756.17,756.19,756.3
CPT: 20930-20938,21720,21725,22206-22207,22210-22226,22532-22855,29000,29010,29015,29020,29025,29035,29040,29044,29046,29710,29715,29720,62284,62287,63001-63091,63170-63200,63295,63300-63308,63600,63610,63650-63655,63685,77014,96150-96154,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,97530,97535,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 429

Diagnosis: MIGRAINE HEADACHES (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 346
CPT: 92002,92004,92012,92014,96150-96154,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 430

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.0,301.22
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 431

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 607.1,607.81-607.83,607.85,607.89
CPT: 53431,54000-54001,54015,54110-54112,54200-54205,54230-54231,54235,54240,54250,54450,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 432

Diagnosis: SICCA SYNDROME; POLYMYALGIA RHEUMATICA (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 710.2,725
CPT: 68760-68761,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 433

Diagnosis: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
ICD-9: 362.34,388.02,433.00,433.10,433.20,433.30,433.80,433.90,435
CPT: 34001,35301,35390,37215-37216,61680,61795,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 434

Diagnosis: PERIPHERAL NERVE ENTRAPMENT (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 354.0,354.2,355.5,723.3,728.6
CPT: 20526,25109,25111,25118,25447,26035-26045,26060,26121-26180,26320,26440-26498,28035,29105,29125,29848,64702-64704,64718-64727,64774-64783,64788-64792,64856-64857,64872-64907,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 435

Diagnosis: MENIERE'S DISEASE (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 386.0
CPT: 69666-69667,69805-69806,69915,69950,92531-92542,92544-92548,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 436

Diagnosis: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 3 THROUGH 6 (See Guideline Notes 6,64,65)
Treatment: REPAIR/RECONSTRUCTION
ICD-9: 718.01,718.11,718.21,718.51,718.81,726.0,726.10-726.11,726.19,726.2,727.61,840
CPT: 20550,20600-20610,20615,23000,23020,23105-23130,23190-23195,23395,23410-23466,23490-23491,23700,29806-29807,29819-29828,97001-97004,97012-97014,97032,97110-97124,97140,97150,97535,97542,97760-97762,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 437

Diagnosis: INCONTINENCE OF FECES (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 787.6
CPT: 46750-46762,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 438

Diagnosis: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 42,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.9,313.81
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 439

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: SARCOIDOSIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 135
CPT: 96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 440

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Notes 6,43,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 349.0,457.0-457.1,519.00,519.02,530.86-530.87,536.40,536.42,536.49,569.60,569.62,569.69,990,996.30-996.32,996.52-996.54,996.57,996.59,997.60-997.61,997.69,997.91,997.99,998.12-998.13,998.4,998.7,998.82-998.89,999.2,999.5-999.7,V53.02
CPT: 10140,10160,11040-11044,11976-11977,11982-11983,15002-15005,15040,15110-15116,15130-15176,15300-15366,15400-15431,19328-19330,19371-19380,20680,20694,21120,21501,22849-22850,22852-22855,24160-24164,25250-25251,25449,26320,27090-27091,27132-27138,27265-27266,27486-27488,27570,27704,31502,31613-31614,31630,31750-31781,31800-31830,33922,35875-35876,35901-35905,36595-36596,36860-36861,43772-43774,43848,44227,44312-44314,44340-44346,44625,47525-47530,49422,53442,53446-53449,58301,62273,63660,63688,64595,64788,65150-65175,66985-66986,67560,69710-69711,75984,92506-92508,92526,92607-92609,92626-92633,95970-95975,97001-97004,97012-97014,97022,97032,97036,97110-97124,97140-97535,97542,97602,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S9152
Line: 441

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Notes 1,44,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 621.7,626.2-626.6,627.0
CPT: 58120,58150,58180,58260,58262,58290-58291,58353,58356,58541-58544,58550-58554,58561-58563,58570-58573,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 442

Diagnosis: ADRENOGENITAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 255.2,752.7
CPT: 50700,54690,56800,56805,56810,57335,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 443

Diagnosis: NON-MALIGNANT OTITIS EXTERNA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.82,380.10,380.12-380.13,380.15-380.16,380.22-380.23
CPT: 69020,69210,92626-92633,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 444

Diagnosis: VAGINITIS, TRICHOMONIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.1,131,616.1,623.5
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 445

Diagnosis: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 378,743
CPT: 65780-65782,66820-66986,67311-67340,67343,67345,67901-67909,68135,68320,68325-68326,68328,68335,68340,68371,92002-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 446

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS;
OVARIAN CYSTS; STREAK OVARIES (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 220,221.0,256.0,620.0-620.2,620.4,620.7-620.9,752.0

CPT: 49322,58120,58140-58180,58260-58263,58290-58292,58541-58554,58559-58563,58570-58573,
58660-58662,58700-58740,58800,58805,58900,58920,58925,58940-58943,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 447

Diagnosis: URETHRAL FISTULA (See Guideline Notes 64,65)

Treatment: EXCISION, MEDICAL THERAPY

ICD-9: 599.1-599.2,599.4

CPT: 45820,53230,53235,53240,53250,53520,98966-98969,99024,99051,99060,99070,99078,99201-
99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 448

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II
AND III (See Guideline Notes 6,64,65)

Treatment: REPAIR, MEDICAL THERAPY

ICD-9: 717.0-717.4,717.6-717.8,718.56,727.66,836.0-836.2,844

CPT: 20610,27332-27340,27350,27380-27381,27403-27430,29345-29445,29505,29530,29705,29730,
29740,29871-29889,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,
97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 449

Diagnosis: OPEN WOUND OF EAR DRUM

Treatment: TYMPANOPLASTY

ICD-9: 872.61

CPT: 69450,69610-69643

Line: 450

Diagnosis: CHRONIC DEPRESSION (DYSTHYMIA) (See Guideline Notes 64,65)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.4-300.5

CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-
98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607

HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H2010,H2011,
H2012,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S9480,
S9484,T1013,T1016,T1023

Line: 451

Diagnosis: HYPOSPADIAS AND EPISPADIAS (See Guideline Notes 64,65)

Treatment: REPAIR

ICD-9: 752.6

CPT: 51715,53431,54230-54231,54235,54240,54250,54300-54390,54420-54430,54440,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 452

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL RESULT IN A GREATER
THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,33,64,65)

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

ICD-9: 155.1,156,230.8

CPT: 43260-43272,47564,47570,47600-47620,47711-47712,47741,47785,48145-48155,60540,77014,
77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79005-
79445,96150-96154,96401-96571,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: G0243,S0270,S0271,S0272,S0273,S0274,S9537

Line: 453

Diagnosis: DYSTROPHY OF VULVA (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 624.0-624.1

CPT: 56501,56515,56620,57452,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 454

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65)
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-9: 371.42
CPT: 65435-65436, 65600, 92002-92060, 92070-92353, 92358-92371, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 455

Diagnosis: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION (See Guideline Notes 1, 64, 65)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 307.3
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96101, 96150-96154, 98966-98969, 99051, 99060, 99201-99215, 99241-99245, 99366, 99441-99444, 99477, 99605-99607
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0034, H0035, H0036, H0037, H0038, H0039, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S0270, S0271, S0272, S0273, S0274, S9125, S9480, S9484, T1013, T1016, T1023
Line: 456

Diagnosis: FOREIGN BODY IN UTERUS, VULVA AND VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 939.2
CPT: 57410-57415, 58120, 58562, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 457

Diagnosis: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
ICD-9: 374.86, 729.6
CPT: 10120-10121, 20520-20525, 23330, 24200-24201, 25248, 27086-27087, 27372, 28190-28193, 40804, 41805, 55120
Line: 458

Diagnosis: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64, 65)
Treatment: LASER SURGERY
ICD-9: 362.30, 362.35-362.36
CPT: 67228, 92002-92060, 92070-92353, 92358-92371, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 459

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS (See Guideline Notes 1, 64, 65)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 350, 352, V53.02
CPT: 61450, 61458, 61790-61791, 64573, 64600-64610, 64716, 77014, 77261-77295, 77300-77301, 77336, 77370, 77372, 77417-77432, 95970-95975, 96150-96154, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 460

Diagnosis: MALUNION AND NONUNION OF FRACTURE (See Guideline Notes 6, 64, 65)
Treatment: SURGICAL TREATMENT
ICD-9: 733.8, V54.81
CPT: 20690-20694, 20900, 20902, 20955-20975, 21244, 21462, 21750, 21825, 23472, 23480-23485, 24130, 24140, 24400, 24410, 24430-24435, 25259, 25400-25440, 25628, 26185, 26546, 26565, 26841, 27125-27130, 27165-27170, 27217, 27465-27466, 27468, 27470-27472, 27656, 27720-27726, 27824-27829, 28315, 28320-28322, 28485, 28725, 29825-29826, 29904-29907, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 461

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Notes 45,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.0,309.1,309.23-309.29,309.3-309.4,309.82,309.83,309.89,309.9,V61.20,V62.82
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 462

ICD-9-CM codes V61.20, Counseling for Parent-Child Problem, Unspecified, and V62.82, Bereavement, Uncomplicated, are only included in this line when identified as secondary diagnoses with a primary diagnosis of 309.89, Other Specified Adjustment Reactions.

Diagnosis: HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS

ICD-9: 388.00-388.01,388.1-388.5,389,V53.2
CPT: 69714-69715,92562-92597,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 463

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 1,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.2
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S9484,T1013,T1016,T1023
Line: 464

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL (See Guideline Notes 1,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 440.0-440.1
CPT: 35450,35471,35490,35501-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35654,35663,35697,35820,35840,35875-35876,35905,35907,37184-37186,37205-37208,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 465

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65)
Treatment: VITRECTOMY, LASER SURGERY

ICD-9: 362.5
CPT: 66990,67028,67210,67221-67225,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 466

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.89
CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,98966-98969,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 467

Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY

ICD-9: 360.21,360.34,367,368.10-368.11,368.13-368.16,368.2-368.3,368.5-368.9,V53.1
CPT: 92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 468

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 364.61-364.64,364.8,376.30-376.36,376.40,376.42-376.47,376.81
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92060,92070-92353,
92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 469

Diagnosis: URINARY INCONTINENCE (See Guideline Notes 1,47,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 599.81,625.6,788.31-788.33,788.38
CPT: 20922,51840-51845,51990-51992,53446,53448,57160,57220,57260,57267,57280-57289,57423-
57425,90911,96150-96154,97001-97002,97014,97110,98966-98969,99024,99051,99060,99070,
99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 470

Diagnosis: DISORDERS OF PLASMA PROTEIN METABOLISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 273
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 471

Diagnosis: FACTITIOUS DISORDERS (See Guideline Notes 64,65)
Treatment: CONSULTATION
ICD-9: 300.16,300.19,301.51
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96101,
98966-98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H2010,H2011,H2013,H2021,H2022,
H2033,S0270,S0271,S0272,S0273,S0274,S9484,T1013,T1016,T1023
Line: 472

Diagnosis: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION (See Guideline Notes
64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.6-771.7
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 473

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline Note 48)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
ICD-9: 520.0,V72.2
HCPCS: D1510,D1515,D1520,D1525,D1555,D4240,D4241,D4245,D4260,D4261,D4268,D4910,D4920
Line: 474

Diagnosis: SIMPLE AND SOCIAL PHOBIAS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.23,300.29
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-
98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2010,H2011,
H2012,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S9484,
T1013,T1016,T1023
Line: 475

Diagnosis: ACUTE BRONCHITIS AND BRONCHIOLITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 466
CPT: 31600-31603,31820,31825,94640,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 476

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CENTRAL PTERYGIUM (See Guideline Notes 64,65)
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-9: 372.43
CPT: 65420,65426,77326,77336,77370,77427,77789,79005-79445,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274
Line: 477

Diagnosis: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX (See Guideline Notes 64,65)
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 478.25-478.26,744.41-744.46,744.49,759.2
CPT: 38550,38555,42808,42810,42815,60000,60280-60281,69145,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 478

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2011,H2010,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S9480,S9484,T1005,T1013,T1016,T1023
Line: 479

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.00,300.02-300.09,307.46,313.0
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 480

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 713.5,715,716.0-716.1,716.5-716.6
CPT: 11042,20600,20605,20610,25000,96150-96154,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 481

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 518.0-518.1
CPT: 31645,31646,94002-94005,94640,94660-94668,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 482

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 1,49)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.11-389.12,389.14,389.16,389.18
CPT: 69710-69711,69717-69718,69930,92601-92604,96150-96154
Line: 483

Diagnosis: BRACHIAL PLEXUS LESIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 353.0
CPT: 21615-21616,21700,21705,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 484

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Notes 50,64,65)

Treatment: SURGICAL REPAIR

ICD-9: 618

CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220,57230,57240-57289,
57423-57425,57545,57555-57556,58150,58152,58260-58280,58290-58294,58550-58554,58570-
58573,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 485

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT (See Guideline Notes 64,65)

Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY

ICD-9: 256.1,256.31,256.39,256.4,257,259.0,259.5,608.3,620.3,627.1-627.9,716.3,752.0,758.6-
758.7

CPT: 54520,54690,58660-58662,58740,58940,98966-98969,99024,99051,99060,99070,99078,99201-
99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274,S9558

Line: 486

Diagnosis: FUNCTIONAL ENCOPRESIS (See Guideline Notes 1,64,65)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.7

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-
98969,99051,99060,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S0270,S0271,S0272,
S0273,S0274,S5151,S9125,S9484,T1005,T1013,T1016,T1023

Line: 487

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT (See Guideline Notes 64,65)

Treatment: PTOSIS REPAIR

ICD-9: 374.2-374.3,374.41,374.43,374.46

CPT: 15822-15823,67710,67875,67880,67900-67912,67961,67971,92002-92060,92070-92353,92358-
92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 488

Diagnosis: CHRONIC SINUSITIS (See Guideline Notes 35,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 473

CPT: 30000-30020,30110-30140,30200-30930,31000-31230,31237-31240,31254-31256,31267,31276,
31287-31294,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 489

Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 370.2-370.9,371.43-371.44,371.48

CPT: 67515,67880-67882,68200,68760-68761,68801-68840,92002-92060,92070-92353,92358-92371,
98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 490

Diagnosis: SELECTIVE MUTISM (See Guideline Notes 64,65)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.23

CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-
98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607

HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2010,H2011,
H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S9484,T1013,
T1016,T1023

Line: 491

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, INCISION
ICD-9: 455.1-455.2,455.4-455.5,455.7-455.8
CPT: 45320,45334,45339,46083,46220-46221,46250-46262,46320,46500,46608-46615,46934-46936,46945-46947,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 492

Diagnosis: CHRONIC OTITIS MEDIA (See Guideline Notes 51,64,65)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 380.5,381.1-381.8,382.1-382.3,383.1-383.2,383.30-383.31,383.9,384.2,384.8-384.9
CPT: 42830-42831,42835-42836,69210,69220-69222,69310,69400-69410,69420-69421,69424,69433,69436,69440,69450,69501-69511,69601-69605,69610-69633,69635-69650,69700,69801-69802,69905,69910,69979,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 493

Diagnosis: RECTAL PROLAPSE (See Guideline Notes 64,65)
Treatment: PARTIAL COLECTOMY
ICD-9: 569.1-569.2
CPT: 44139-44144,44206-44208,44213,44701,45130,45135,45400,45505-45541,45900,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 494

Diagnosis: OTOSCLEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 387
CPT: 69650-69662,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 495

Diagnosis: FOREIGN BODY IN EAR AND NOSE (See Guideline Notes 64,65)
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 931-932
CPT: 30300-30320,69200,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 496

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Notes 52,64,65); ANAL FISTULA
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-9: 565.0-565.1
CPT: 45905,45910,46030,46080,46200-46211,46270-46285,46288,46700,46706,46940-46942,96150-96154,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 497

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY (See Guideline Notes 6,22,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.2,805.4,805.6,805.8,809.0,839.40,839.42,839.49,905.1
CPT: 20930-20938,22325-22328,22520-22522,22526-22819,22840-22855,27216,27218,29035-29046,29700,29710,29720,72291-72292,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2360,S2361
Line: 498

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline Note 53)
Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS
ICD-9: 521.5,523,525.0,525.8,V72.2
CPT: 41870,41872
HCPCS: D2710,D2721,D2722,D2751,D2752,D2950,D2954,D2957,D3351,D3352,D3353,D3910,D3950,D4210,D4211,D4341,D4342,D5110,D5120,D5130,D5140,D5213,D5214,D5520,D5610,D5620,D5630,D5640,D5650,D5660,D5710,D5711,D5720,D5721,D5730,D5731,D5740,D5741,D5750,D5751,D5760,D5761,D5820,D5821,D5850,D5851,D6972,D6980,D7310,D7320,D7471,D7970
Line: 499

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Note 54,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.0-312.2,312.4,312.8
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 500

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 610,611.0,611.2,611.5,611.8
CPT: 19000-19103,19110-19126,19295,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 501

Diagnosis: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 616.0,623.6,623.8-623.9,624.5
CPT: 56405,56501,56515,57135,57200,57210,57511,57513,57520,57530,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 502

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 616.2,616.5-616.9
CPT: 10060-10061,11004,56440,56501,56515,56740,57135,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 503

Funding Level as of 1/1/08

Diagnosis: LICHEN PLANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 697
CPT: 11900-11901,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 504

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES) (See Guideline Notes 64,65)
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS
ICD-9: V72.2
CPT: 98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: D3347,D3348,D3430,D4320,D4321,D5850,D5851,D5860,D5861,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6970,D6973,D6975,D7960,D7970,S0270,S0271,S0272,S0273,S0274
Line: 505

Diagnosis: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-9: 727.51
CPT: 27345
Line: 506

Diagnosis: ENOPHTHALMOS (See Guideline Notes 64,65)
Treatment: ORBITAL IMPLANT
ICD-9: 372.64,376.5
CPT: 20902,21076-21077,67550,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D5915,D5928,S0270,S0271,S0272,S0273,S0274
Line: 507

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: TARSORRHAPHY
ICD-9: 351.0-351.1, 351.8-351.9, 370.34, 374.44, 374.45, 374.89
CPT: 15840-15842, 64864-64870, 67875, 67880-67882, 67911, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 508

Diagnosis: PERIPHERAL ENTHESOPATHIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 726.12, 726.3-726.4, 726.6-726.9, 728.81, V53.02
CPT: 95970-95975, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 509

Diagnosis: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 110, 111
CPT: 11720-11732, 11750, 96900-96922, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 510

Diagnosis: CONVERSION DISORDER, ADULT (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10-300.11
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 98966-98969, 99051, 99060, 99201-99215, 99241-99255, 99366, 99441-99444, 99477, 99605-99607
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H2010, H2011, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S0270, S0271, S0272, S0273, S0274, S9484, T1013, T1016, T1023
Line: 511

Diagnosis: FRACTURES OF RIBS AND STERNUM, CLOSED (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 805.6, 807.0, 807.2, 839.41
CPT: 27200, 27202, 29200, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 512

Diagnosis: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
ICD-9: 343.0
CPT: 21720, 21725, 62350-62368, 63185-63190, 95990-95991
Line: 513

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90882, 90887, 96101, 98966-98969, 99051, 99060, 99201-99215, 99241-99245, 99366, 99441-99444, 99477, 99605-99607
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0034, H0035, H2010, H2011, H2014, H2027, H2032, H2033, S0270, S0271, S0272, S0273, S0274, S9484, T1013, T1016, T1023
Line: 514

Diagnosis: HEPATORENAL SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 572.4
CPT: 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 515

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID

Treatment: ECTROPION REPAIR

ICD-9: 216.1,224,372.63,374.1,374.85

CPT: 17340,21280,21282,67343,67700-67808,67820-67850,67880-67882,67914-67924,67950,67961,67966,67971,67973-67975,68110,68115-68130,68135,68320,68325-68326,68328,68330,68335,68340,68362,68705,92002-92060,92070-92353,92358-92371

Line: 516

Diagnosis: PHIMOSIS

Treatment: SURGICAL TREATMENT

ICD-9: 605

CPT: 54150-54161

Line: 517

Diagnosis: CERUMEN IMPACTION (See Guideline Notes 64,65)

Treatment: REMOVAL OF EAR WAX

ICD-9: 380.4

CPT: 69210,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 518

Diagnosis: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 527.5-527.9

CPT: 40810-40816,42300,42305,42330,42335,42340,42408-42409,42410,42415-42425,42440-42510,42600,42650-42665,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: D7980,D7981,D7982,S0270,S0271,S0272,S0273,S0274

Line: 519

Diagnosis: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 372.10-372.13,372.2-372.3,372.53,372.73,374.55

CPT: 92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 520

Diagnosis: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSSTROPHY (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4

CPT: 20550-20553,20600,20610,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 521

Diagnosis: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 373.34,695.0,695.2-695.9

CPT: 17340,17360,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 522

Diagnosis: PERIPHERAL ENTHESOPATHIES

Treatment: SURGICAL TREATMENT

ICD-9: 726.12,726.3-726.4,726.6-726.9,728.81

CPT: 20550-20553,20600-20610,21032,24105,24357-24359,25109,25447,26035-26045,26060,26121-26180,26320,26440-26596,26820-26863,27060-27062,27095-27097,27100-27122,27140-27185,27306-27307,27448-27455,27466-27468,27475-27485,27715,27730-27742,28119,64550,64702-64704,64718-64727,64774-64795,64856-64857,64872-64907

Line: 523

Diagnosis: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 471,478.1,993.1

CPT: 30000-30020,30110-30140,30200-30930,31000-31230,31237-31240,31254-31256,31267,31276,31287-31294,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 524

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CIRCUMSCRIBED SCLERODERMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 701.0
CPT: 11900-11901,17000-17004,17340,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 525

Diagnosis: PERIPHERAL NERVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 337.2,353,354.1,354.3-354.9,355.0,355.3,355.7-355.8,357.5-357.9,723.2
CPT: 90284,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 526

Diagnosis: CLOSED FRACTURE OF GREAT TOE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0,V54.19,V54.29
CPT: 11740,28470,28490-28496,29550,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 527

Diagnosis: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION (See Guideline Notes
64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 375,870.2
CPT: 67880-67882,68530,68760-68761,68801-68840,92002-92060,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 528

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 223
CPT: 50542-50543,50562,52224,52282,53260-53265,98966-98969,99024,99051,99060,99070,99078,
99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 529

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM (See Guideline Notes
64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 379.54,386.1-386.2,386.4-386.9
CPT: 69666-69667,69805-69806,69915,69950,92531-92542,92544-92548,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 530

Diagnosis: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0
CPT: 28510,28515
Line: 531

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 451.0,451.2,451.82,451.84,451.89,451.9,V58.61
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99363-99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 532

Diagnosis: DISORDERS OF SWEAT GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 705.0-705.1,705.2,705.81-705.83,705.89,705.9,780.8
CPT: 11450-11471,64650-64653,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 533

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-9: 302.7,607.84
CPT: 54400-54417,90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,
93980-93981,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0038,H2011,H2014,H2027,H2032,
S0270,S0271,S0272,S0273,S0274,S9484,T1013,T1016,T1023
Line: 534

Diagnosis: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,65)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-9: 478.3,478.70
CPT: 31582,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 535

Diagnosis: DELUSIONAL DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.0-297.2,297.8-297.9
CPT: 90801-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-
99318,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2010,H2021,H2022,H2023,H2027,H2032,S0270,
S0271,S0272,S0273,S0274,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 536

Diagnosis: CYSTIC ACNE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 705.83,706.0-706.1
CPT: 10040-10061,11450-11471,11900-11901,17000,17340,17360,96900-96922,98966-98969,99024,
99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 537

Diagnosis: UNCOMPLICATED HERNIA (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-9: 550.9,553.0-553.2,553.8-553.9
CPT: 44050,49250,49505-49572,49580,49585-49590,49650-49659,55540,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2075,S2076,S2077
Line: 538

Diagnosis: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
ICD-9: 212.0
CPT: 30117-30150,30520,31020,31032,31201,31276,69145,69501-69540,69550-69554,69960
Line: 539

Diagnosis: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN
NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 213,215,526.0-526.1,526.81,719.2,733.2
CPT: 11400-11446,12051-12052,13131,17106-17111,20150,20550-20551,20610,20615,20900,20930-
20938,20955-20973,21025-21032,21040-21041,21046-21049,21181,21555-21556,21600,21930-
21935,22532-22819,22851,23075-23076,23101,23140-23156,23200-23222,24075-24077,24105-
24126,24420,24498,25000,25110-25136,25170,25210-25240,25295-25301,25320,25335-25337,
25390-25393,25441-25447,25450,25455,25490-25492,25810-25830,26100-26116,26200-26215,
26250-26262,26449,27025,27047-27049,27054,27065-27071,27075-27079,27187,27327-27328,
27355-27358,27365,27465-27468,27495-27498,27630-27638,27645-27647,27656,27745,27892-
27894,28043-28045,28100-28108,28122-28124,28171-28175,28820-28825,36680,63081-63103,
64774,64792,77014,77261-77295,77300-77315,77331-77336,77401-77427,77470,79005-79445,
96401-96571,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-
97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: G0243,S0270,S0271,S0272,S0273,S0274
Line: 540

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Hospitalization for Acute Viral Infections Statement of Intent) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 558
CPT: 86486, 95004-95180, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 541

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,65)
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-9: 718.02-718.05, 718.13-718.15, 718.52-718.55, 718.65, 718.82-718.86, 728.79, 732.3, 732.6, 732.8-732.9, 733.90-733.91, 736.00-736.04, 736.07, 736.09, 736.1, 736.20, 736.29, 736.30, 736.39, 736.4, 736.6, 736.76, 736.79, 736.89, 736.9, 738.6, 738.8, 754.42-754.44, 754.61, 754.8, 755.50-755.53, 755.56-755.57, 755.59, 755.60, 755.63-755.64, 755.69, 755.8, 756.82-756.83, 756.89
CPT: 11041-11042, 14040-14041, 15040, 15110-15120, 15130-15157, 15240, 20150, 20690-20694, 20900, 20920, 20922, 20924, 21740-21743, 24101, 25109, 25320, 25335-25337, 25390-25393, 25441-25450, 25455, 25490-25492, 25810-25830, 26035-26060, 26121-26180, 26320, 26390, 26440-26596, 26820-26863, 27095-27097, 27100-27122, 27140, 27185, 27306-27307, 27435, 27448-27455, 27465-27468, 27475-27485, 27496-27498, 27590, 27656, 27676, 27685-27690, 27705, 27715, 27727, 27730-27742, 27892-27894, 29861-29863, 64702-64704, 64718-64727, 64774-64783, 64788-64792, 64856-64857, 64872-64907, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 542

Diagnosis: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 536.0-536.3, 536.8-536.9, 537.1-537.2, 537.5-537.6, 537.89, 537.9, 564.0-564.7, 564.9
CPT: 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 543

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Notes 55,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 300.81, 614.1, 614.6, 620.6, 625.0-625.2, 625.5, 625.8-625.9
CPT: 49322, 58150, 58180, 58260-58262, 58290-58291, 58400, 58410, 58541-58544, 58550, 58552-58554, 58562, 58570-58573, 58660-58662, 58700, 58720, 58740, 58805, 58925-58940, 64517, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 544

Diagnosis: ATOPIC DERMATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 691.8
CPT: 86486, 95004-95180, 96900-96922, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 545

Diagnosis: CONTACT DERMATITIS AND OTHER ECZEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 692.0-692.6, 692.70, 692.72-692.74, 692.79, 692.8-692.9
CPT: 86486, 95004-95180, 96900-96922, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 546

Diagnosis: HYPOTENSION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 458
CPT: 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS: S0270, S0271, S0272, S0273, S0274
Line: 547

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Hospitalization for Acute Viral Infections Statement of Intent) (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 056.0,056.71,323.8-323.9

CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 548

Diagnosis: PERIPHERAL NERVE DISORDERS

Treatment: SURGICAL TREATMENT

ICD-9: 337.2,353,354.1,354.3-354.9,355.0,355.3,355.4,355.7-355.8,723.2

CPT: 23397,64702-64719,64722,64726-64727,64774-64792,64820,64856-64857,64872-64907

Line: 549

Diagnosis: ICHTHYOSIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 757.1

CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 550

Diagnosis: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY, EXCISION

ICD-9: 355.6,728.71

CPT: 20550,20605,28008,28060,28080,29893,64726,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 551

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,56,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 721.0,721.2-721.3,721.7-721.8,721.90,722.0-722.6,722.8-722.9,723.1,723.5-723.9,724.1-724.2,724.5-724.9,739,839.2,847

CPT: 20550,20660-20661,20665,29220,62350-62351,62360-62362,62367-62368,64416,64445,64449,64550,95990-95991,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 552

Diagnosis: RAYNAUD'S SYNDROME (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 443.0,443.82,443.89,443.9

CPT: 64821-64823,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 553

Diagnosis: TENSION HEADACHES (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 307.81,784.0

CPT: 98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 554

Diagnosis: MILD PSORIASIS (See Guideline Notes 57,64,65); DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED

Treatment: MEDICAL THERAPY

ICD-9: 110.0,110.2,110.5-110.6,696.1-696.2,696.8

CPT: 11900-11901,96900-96922,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 555

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: DEFORMITIES OF FOOT (See Guideline Notes 64,65)
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-9: 718.07,718.57,718.87,727.1,732.5,735,736.70-736.72,754.50,754.59,754.60,754.69,754.70,
754.79,755.65-755.67
CPT: 20920,20922,20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-
28119,28126-28160,28220-28238,28240-28341,28360,28705-28760,29450,29750,29904-29907,
98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 556

Diagnosis: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE (See Guideline Notes
64,65)
Treatment: REMOVAL OF GRANULOMA
ICD-9: 709.4,728.82
CPT: 21555-21556,21930,23075-23076,24075-24076,25075-25076,26115-26116,27047-27048,27327-
27328,27618-27619,28043,28045,28192,98966-98969,99024,99051,99060,99070,99078,99201-
99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 557

Diagnosis: HYDROCELE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 608.84,629.1,778.6
CPT: 54840,55000,55040-55041,55060,55500,98966-98969,99024,99051,99060,99070,99078,99201-
99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 558

Diagnosis: SYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 708.0-708.1,708.5,708.8,995.7
CPT: 96900-96922,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,
99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 559

Diagnosis: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING (See Guideline Notes 58,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.32-312.39
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-
99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,
H0039,H0045,H2010,H2011,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S0270,S0271,S0272,
S0273,S0274,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 560

Diagnosis: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,65)
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-9: 456.3-456.5
CPT: 36470,55530-55535,55550,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 561

Diagnosis: ASEPTIC MENINGITIS (See Hospitalization for Acute Viral Infections Statement of
Intent) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 047-049
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 562

Diagnosis: TMJ DISORDER (See Guideline Notes 64,65)
Treatment: TMJ SPLINTS
ICD-9: 524.6,848.1
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: D7880,S0270,S0271,S0272,S0273,S0274
Line: 563

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: XEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 706.8
CPT: 11010-11044,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 564

Diagnosis: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 64,65)
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-9: 474.0,474.1-474.2,474.9
CPT: 42820-42836,42860,42870,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 565

Diagnosis: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.21-313.22
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2010,H2011,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S9484,T1013,T1016,T1023
Line: 566

Diagnosis: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR (See Guideline Notes 64,65)
Treatment: DRAINAGE
ICD-9: 380.3,380.8,738.7
CPT: 10140,69000-69005,69020,69140,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 567

Diagnosis: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.31-373.33,690,698,701.1-701.3,701.8,701.9
CPT: 11000-11057,11200-11201,11401-11406,11900,11950-11954,17000-17004,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 568

Diagnosis: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 601.1,601.3,601.9,602
CPT: 55801,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 569

Diagnosis: CHONDROMALACIA (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 733.92
CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 570

Diagnosis: MACROMASTIA
Treatment: SUBCUTANEOUS TOTAL MASTECTOMY, BREAST REDUCTION
ICD-9: 611.1
CPT: 19318
Line: 571

Diagnosis: DYSMENORRHEA (See Guideline Notes 59,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 625.3-625.4
CPT: 58150,58180,58260,58290,58541-58544,58550-58554,58570-58573,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 572

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: OPEN WOUND OF EAR DRUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 872.61
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 573

Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 372.01-372.05,372.14,372.54,372.56,472,477,995.3,V07.1
CPT: 30420,86486,92002-92060,92070-92353,92358-92371,95004-95180,98966-98969,99024,99051,
99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 574

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS (See Guideline Note 16)
Treatment: LIVER TRANSPLANT
ICD-9: 155.0-155.1,996.82,V59.6
CPT: 47133,47135-47147
HCPCS: G0243
Line: 575

Diagnosis: POSTCONCUSSION SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 310.2
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 576

Diagnosis: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-9: 221.1-221.9
CPT: 56440-56441,56501,57130-57135
Line: 577

Diagnosis: RUMINATION DISORDER OF INFANCY
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.53
CPT: 90816-90819,90823-90827,90846-90849,90887,99051,99060,99217-99239,99251-99255
HCPCS: H0035,H0038,H2011,H2027,S9125,S9484
Line: 578

Diagnosis: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 373.11-373.12,373.2,374.50,374.54,374.56,374.84
CPT: 67700,67800-67808,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,
99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 579

Diagnosis: CONDUCTIVE HEARING LOSS
Treatment: AUDIANT BONE CONDUCTORS
ICD-9: 389.0,389.2
CPT: 69710-69711
Line: 580

Diagnosis: ACUTE ANAL FISSURE (See Guideline Notes 64,65)
Treatment: FISSURECTOMY, MEDICAL THERAPY
ICD-9: 565.0
CPT: 46200,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 581

Diagnosis: PLEURISY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 511.0,511.9
CPT: 32200,32215,32220-32225,32310,32420-32421,32550-32560,32650-32652,32655,32664-32665,
32940,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-
99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 582

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CENTRAL SEROUS RETINOPATHY
Treatment: LASER SURGERY
ICD-9: 362.40-362.41,362.6-362.7
CPT: 67210
Line: 583

Diagnosis: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-9: 568.0,568.82-568.89,568.9
CPT: 44005,44180,44213,44603-44604,49423-49424,58660-58662,58740,58940
Line: 584

Diagnosis: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 693
CPT: 86486,95004-95180,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 585

Diagnosis: BLEPHARITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.0,373.8-373.9,374.87
CPT: 92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 586

Diagnosis: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 599.6,600
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 587

Diagnosis: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 371.82,457.0,998.81,998.9
CPT: 38300-38308,38380-38382,38542-38555,38700-38760,49062,49323,49423-49424,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 588

Diagnosis: LYMPHEDEMA (See Guideline Notes 43,64,65)
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-9: 457.2-457.9,757.0
CPT: 38300-38308,38380-38382,38542-38555,38700-38760,49062,49323,49423-49424,97001-97004,97110,97124,97140,97530,97760,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 589

Diagnosis: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 386.30-386.32,386.34-386.35
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 590

Diagnosis: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT (See Guideline Notes 64,65)
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-9: 470,478.0,738.0,754.0
CPT: 14060,20912,21325-21335,30115-30117,30124-30320,30400-30430,30465,30520,30580,30620,30630,31020-31090,31200,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D7260,S0270,S0271,S0272,S0273,S0274
Line: 591

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 528.0,528.9
CPT: 40650,40805,40810,40812,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 592

Diagnosis: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, ORTHOTIC
ICD-9: 734,736.73,755.00,755.02,755.10,755.13-755.14
CPT: 28344-28345,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 593

Diagnosis: ERYTHEMA MULTIFORME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 695.1
CPT: 65780-65782,68371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 594

Diagnosis: INFECTIOUS MONONUCLEOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 075
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 595

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 752.0-752.3,752.41
CPT: 57135,57500,57720,58400,58540,58559-58562,58660-58662,58700,58720,58740,58940,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 596

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Notes 60,64,65)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-9: 721.5-721.6,723.0,724.0,731.0,737.0-737.3,737.8-737.9,738.4-738.5,754.1-754.2,756.1,756.3
CPT: 20930-20938,21720,21725,22206-22207,22210-22226,22554-22585,22590-22632,22800-22855,63050-63051,63295,97001-97004,97010-97014,97022,97032,97110-97124,97140-97150,97530,97535,98925-98942,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 597

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90801,90804-90807,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H2010,H2011,H2014,H2027,H2032,S0270,S0271,S0272,S0273,S0274,S9484,T1013,T1016,T1023
Line: 598

Diagnosis: SPASTIC DYSPHONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 478.79
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S2340,S2341
Line: 599

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: URETHRITIS, NON-SEXUALLY TRANSMITTED (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 597.8,599.3-599.5,599.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 600

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL (See Guideline
Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59,301.6,301.81-301.82,
301.84,301.89,301.9
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,98966-
98969,99051,99060,99201-99215,99241-99245,99366,99441-99444,99477,99605-99607
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2010,
H2011,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S0270,S0271,S0272,S0273,S0274,S5151,
S9484,T1005,T1013,T1016,T1023
Line: 601

Diagnosis: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.0,112.3,112.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 602

Diagnosis: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS (See Guideline
Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 222.0,222.2,222.3,222.8,222.9
CPT: 52606,54231,54512,54522,54900-54901,55200,55600,55605,55650,55680,55801,98966-98969,
99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-
99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 603

Diagnosis: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-9: 525.2
CPT: 15574,20902,21210,21215,21244-21249,40840,40842,40845
HCPCS: D7340,D7350
Line: 604

Diagnosis: OLD LACERATION OF CERVIX AND VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 621.5,622.3,624.4
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 605

Diagnosis: VULVAL VARICES (See Guideline Notes 64,65)
Treatment: VASCULAR SURGERY
ICD-9: 456.6
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 606

Diagnosis: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 703.8-703.9,704.0,704.1-704.9,706.3,706.9,757.4-757.5,V50.0
CPT: 11000-11001,11720-11765,11900-11901,17380,98966-98969,99024,99051,99060,99070,99078,
99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 607

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: OBESITY (See Guideline Note 61)
Treatment: NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; BARIATRIC SURGERY FOR OBESITY WITHOUT COMORBID TYPE II DIABETES & BMI \geq 35
ICD-9: 278.0
CPT: 43644-43645,43770-43774,43845-43848,98966-98969,99051,99078,99201-99360,99366,99374-99375,99381-99412,99441-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 608

Diagnosis: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 463
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 609

Diagnosis: CORNS AND CALLUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 700
CPT: 11055-11057,17000-17004,17110,17340,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,S0390
Line: 610

Diagnosis: SYNOVITIS AND TENOSYNOVITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 726.12,727.00,727.03-727.09
CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 611

Diagnosis: PROLAPSED URETHRAL MUCOSA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 599.3,599.5
CPT: 51840-51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 612

Diagnosis: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
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
Line: 613

Diagnosis: GANGLION (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-9: 727.02,727.4
CPT: 10140,10160,20551-20553,20600-20612,25111-25112,26160,28090,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 614

Diagnosis: EPISCLERITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 379.01-379.02
CPT: 92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 615

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: DIAPER RASH (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 691.0
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 616

Diagnosis: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE
ICD-9: 529.5,750.0-750.1
CPT: 40806,40819,41010,41115
Line: 617

Diagnosis: CYSTS OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE
ICD-9: 527.1,528.4,528.8
CPT: 40800,41005-41009,41015-41018,98966-98969,99024,99051,99060,99070,99078,99201-99360,
99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D7460,D7461,S0270,S0271,S0272,S0273,S0274
Line: 618

Diagnosis: CONGENITAL DEFORMITIES OF KNEE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 727.83,755.64
CPT: 27403-27429,27435,27465-27466,27468,27496-27498,27656,27892-27894,29871-29889,98966-
98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,
99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 619

Diagnosis: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
ICD-9: 577.1
CPT: 48020,48120,48548
Line: 620

Diagnosis: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES (See Guideline Notes
64,65)
Treatment: MEDICAL THERAPY
ICD-9: 054.2,054.6,054.73,054.9,058.8
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 621

Diagnosis: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES
OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
ICD-9: 744.00-744.04,744.09,744.1-744.3
CPT: 21086,21089,69110,69300
HCPCS: D5914,D5927
Line: 622

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-9: 701.4-701.5
CPT: 11200-11201,11300-11446,11900-11901,12032,17000-17004,77014,77261-77295,77300-77315,
77331-77336,77401-77427,77470,79005-79445
HCPCS: G0243
Line: 623

Diagnosis: DISORDERS OF SOFT TISSUE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 729.0-729.2,729.31-729.39,729.4-729.9,V53.02
CPT: 11041-11042,14040-14041,20550,20600-20610,62350-62351,62360-62362,62367-62368,64550,
95970-95975,95990-95991,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,
99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 624

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: MINOR BURNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 692.71,692.76,941.0-941.2,942.0-942.2,943.0-943.2,944.0-944.2,945.0-945.2,946.0-946.2,
949.0-949.1
CPT: 11000-11001,11040-11044,11960-11971,16000-16030,98966-98969,99024,99051,99060,99070,
99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 625

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 291.82,292.85,307.41-307.45,307.47-307.49,327.22,327.3-327.8,333.99,780.50,780.52,
780.54-780.56,780.58,780.59
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 626

Diagnosis: ORAL APHTHAE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 528.2
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 627

Diagnosis: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes
6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 355.1-355.3,355.9,717,718.26,718.36,718.56,836.0-836.2,840-843,844.0-844.3,844.8-
844.9,845.00-845.03,845.1,846,848.3,848.40-848.42,848.49,848.5,848.8-848.9,905.7
CPT: 24341,27347,27590,29240,29260,29280,29520,29530,29540,29550,29580,29590,97001-97004,
97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,98966-
98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,
99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 628

Diagnosis: ASYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 708.2-708.4,708.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 629

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS) (See Guideline Notes 64,65)
Treatment: COSMETIC DENTAL SERVICES
ICD-9: 520.0-520.3,520.5,520.8-520.9,521.1-521.2,521.7,521.9,524.3-524.4,525.7,V53.4,V58.5,
V72.2
CPT: 98966-98969,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: D2410,D2420,D2430,D2510,D2520,D2530,D2610,D2620,D2630,D2642,D2643,D2644,D2650,D2651,
D2652,D2662,D2663,D2664,D2720,D2750,D2790,D2791,D2792,D2952,D2960,D2961,D2962,D2999,
D3120,D3460,D3999,D4271,D4999,D5281,D5810,D5820,D5862,D5867,D5875,D5899,D5999,D6010,
D6012,D6040,D6050,D6055,D6056,D6057,D6058,D6059,D6060,D6061,D6062,D6063,D6064,D6065,
D6066,D6067,D6068,D6069,D6070,D6071,D6072,D6073,D6074,D6075,D6076,D6077,D6078,D6079,
D6080,D6090,D6091,D6092,D6093,D6095,D6100,D6199,D6210,D6240,D6245,D6250,D6548,D6600,
D6601,D6602,D6603,D6604,D6605,D6606,D6607,D6608,D6609,D6610,D6611,D6612,D6613,D6614,
D6615,D6720,D6721,D6722,D6740,D6750,D6790,D6920,D6950,D6999,D7280,D7290,D7291,D7292,
D7293,D7294,D7410,D7840,D7850,D7951,D7995,D7996,D7999,D8010,D8020,D8030,D8040,D8050,
D8060,D8070,D8080,D8090,D8210,D8220,D8660,D8693,D8670,D8680,D8690,D8691,D8692,D8999,
D9941,D9950,D9970,D9971,D9972,D9973,D9974,D9999,S0270,S0271,S0272,S0273,S0274
Line: 630

Diagnosis: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-9: 883.0
CPT: 12001-12002,14040-14041,14350
Line: 631

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 800.00-800.01,801.00-801.01,803.00-803.01,850.0,850.9,851.00-851.01,851.09,851.20-851.21,851.29,851.40-851.41,851.49,851.60-851.61,851.69,851.80-851.81,851.89
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 632

Diagnosis: VIRAL WARTS EXCLUDING VENEREAL WARTS (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY

ICD-9: 078.0,078.10,078.19
CPT: 11055-11057,11420-11424,11900-11901,17000-17004,17110-17111,17340,28043,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 633

Diagnosis: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 460,465
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 634

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Hospitalization for Acute Viral Infections Statement of Intent) (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 052,055,056.79,056.8-056.9,057,058.1,072,074,078.0,078.2,078.4-078.8,079.0-079.6,079.83,079.88-079.89,079.9,480,487,488
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 635

Diagnosis: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 462,464.00,464.50,476,478.5
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 636

Diagnosis: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES (See Guideline Notes 64,65)

Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE

ICD-9: 524.0-524.2,524.5,524.7-524.8,524.9
CPT: 21120-21127,21145-21147,21150-21151,21154-21160,21193-21196,21198,21206-21209,21255,21295-21296,30520,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D7940,D7941,D7943,D7944,D7945,D7946,D7947,D7948,D7949,S0270,S0271,S0272,S0273,S0274
Line: 637

Diagnosis: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 217,611.3,611.4,611.6,611.71,611.9,757.6
CPT: 19110,19125-19126,19290-19295,19324-19355,19357,19361,19364,19366-19396,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 638

Diagnosis: HYPERTELORISM OF ORBIT (See Guideline Notes 64,65)

Treatment: ORBITOTOMY

ICD-9: 376.41
CPT: 67405,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 639

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Notes 64,65)
Treatment: REPAIR SOFT TISSUES
ICD-9: 525.4-525.5,873.6
CPT: 12001-12057,13131-13133,13151-13153,40831,41250-41251,42180,42182,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 640

Diagnosis: SEBACEOUS CYST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 685.1,706.2,744.47
CPT: 10060-10061,11400-11446,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 641

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.1,702.1-702.8,709.1-709.3,709.8-709.9
CPT: 11000,11040-11042,11055-11057,11300-11313,11400-11406,11420-11446,13100-13160,14000-14300,15040,15110-15120,15130-15157,15240,15780-15793,15830-15839,15847,15876-15879,17000-17004,17106-17108,17340,17360,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 642

Diagnosis: REDUNDANT PREPUCE (See Guideline Notes 64,65)
Treatment: ELECTIVE CIRCUMCISION
ICD-9: 605,V50.2
CPT: 54000-54001,54150-54164,54450,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 643

Diagnosis: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
Treatment: DACRYOCYSTORHINOSTOMY
ICD-9: 375.02,375.30,375.32,375.4,375.56-375.57,375.61,771.6
CPT: 31238-31239,68420,68520,68720-68750,68770,68801,68816,92002-92060,92070-92353,92358-92371
Line: 644

Diagnosis: CONJUNCTIVAL CYST (See Guideline Notes 64,65)
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75
CPT: 68020,68040,68110,92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 645

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 210,214,216,221,222.1,222.4,228.00-228.01,228.1,229,686.1,686.9,702.0
CPT: 11300-11313,11400-11471,12031-12032,13100-13151,17000-17108,19120,40814,41116,41826,42104-42107,42160,42808,69145,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: D7450,D7451,D7460,D7981,S0270,S0271,S0272,S0273,S0274
Line: 646

Diagnosis: DISEASE OF CAPILLARIES
Treatment: EXCISION
ICD-9: 448.1-448.9
CPT: 11400-11426
Line: 647

Diagnosis: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9
CPT: 56805,57061,57065,57200,57800,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 648

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 246.2,246.3,246.9
CPT: 60200,60210,60212,60220,60225,60270-60271,60300,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 649

Diagnosis: PICA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90801-90807,90810-90813,90846-90857,90882,90887,96101,98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607
HCPCS: G0177,H0002,H0004,H0031,H0032,H0034,H0035,H2010,S0270,S0271,S0272,S0273,S0274,T1013,T1016,T1023
Line: 650

Diagnosis: ACUTE VIRAL CONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 077.0-077.8,077.99,372.00
CPT: 92002-92060,92070-92353,92358-92371,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 651

Diagnosis: MUSCULAR CALCIFICATION AND OSSIFICATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 728.1
CPT: 27036,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 652

Diagnosis: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 910.0,910.2,910.4,910.6,910.8,911.0,911.2,911.4,911.6,911.8,912.0,912.2,912.4,912.6,912.8,913.0,913.2,913.4,913.6,913.8,914.0,914.2,914.4,914.6,914.8,915.0,915.2,915.4,915.6,915.8,916.0,916.2,916.4,916.6,916.8,917.0,917.2,917.4,917.6,917.8,919.0,919.2,919.4,919.6,919.8,920-924,959.0,959.11-959.12,959.14-959.19,959.2-959.8
CPT: 10120,10140,11740,11760,11762,12001-12014,28190,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 653

Diagnosis: CHRONIC BRONCHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 490,491.0,491.8-491.9
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 654

Diagnosis: BENIGN POLYPS OF VOCAL CORDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, STRIPPING
ICD-9: 478.4
CPT: 31540-31541,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 655

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 211.0-211.2,211.5-211.6,211.8-211.9
CPT: 43202,43216-43217,43248-43251,43258,43450,44110-44120,44139-44145,44204,44206-44208,44369,44392,44701,45160,45308-45309,45333,45383-45385,46610,46937,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 656

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION (See Guideline Notes 64,65)

Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY

ICD-9: 454.8-454.9,459.0,459.10,459.19,459.2,459.30,459.39,459.8-459.9,607.82

CPT: 36468-36479,37700,37718-37735,37760,37766,37780-37790,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 657

Diagnosis: CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 593.2

CPT: 50390,50541,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 658

Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY

ICD-9: 574.2,575.8

CPT: 43260-43272,47490,47564,47570,47600-47620,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 659

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Notes 62,64,65)

Treatment: ELECTIVE DENTAL SERVICES

ICD-9: 520.7,V72.2

CPT: 98966-98969,99201-99215,99241-99255,99366,99441-99444,99477,99605-99607

HCPCS: D1204,D1205,D1206,D2542,D2543,D2544,D2720,D2740,D2750,D2780,D2781,D2782,D2783,D2790,D2791,D2792,D2799,D2952,D2953,D3421,D3425,D3426,D3450,D3470,D3920,D4230,D4231,D4249,D4263,D4264,D4270,D4271,D4273,D4274,D4381,D5211,D5212,D6212,D6780,D6781,D6782,D6783,D6940,D6976,D6977,D7220,D7230,D7240,D7241,D7250,D7272,D7971,D7998,D9120,D9910,D9911,D9940,D9951,D9952,S0270,S0271,S0272,S0273,S0274

Line: 660

Diagnosis: GYNECOMASTIA

Treatment: MASTECTOMY

ICD-9: 611.1

CPT: 19300

Line: 661

Diagnosis: TMJ DISORDERS (See Guideline Notes 64,65)

Treatment: TMJ SURGERY

ICD-9: 524.5,524.6,718.08,718.18,718.28,718.38,718.58

CPT: 20910,20926,21010,21050-21070,21073,21210,21215,21230-21235,21240-21243,21480,21485,21490,29800-29804,30520,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: D7852,D7854,D7856,D7858,D7860,D7865,D7870,D7871,D7872,D7873,D7874,D7875,D7876,D7877,D7899,D7955,D7991,S0270,S0271,S0272,S0273,S0274

Line: 662

Diagnosis: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-9: 778.5,778.7-778.9

CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 663

Diagnosis: CONGENITAL CYSTIC LUNG - SEVERE

Treatment: LUNG RESECTION

ICD-9: 748.4

CPT: 32140-32141,32500,32663

Line: 664

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: AGENESIS OF LUNG (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 665

Diagnosis: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-9: 362.31-362.33
CPT: 67015,67500-67505
Line: 666

Diagnosis: BENIGN LESIONS OF TONGUE (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-9: 529.1-529.6,529.8-529.9
CPT: 41110,41112-41114,98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-
99375,99379-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 667

Diagnosis: UNCOMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-9: 455.0,455.3,455.6,455.9
CPT: 45320,45334,45339,46083,46220-46262,46320,46500,46610-46615,46934-46936,46945-46947,
98966-98969,99024,99051,99060,99070,99078,99201-99360,99366,99374-99375,99379-99444,
99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 668

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline
Notes 64,65)
Treatment: EVALUATION
ICD-9: 313.1,313.3,313.82-313.83
CPT: 98966-98969,99201-99215,99366,99441-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274,T1023
Line: 669

Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See
Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 377.01,377.02,377.2,377.3,377.5,377.7,437.7-437.8
CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 670

Diagnosis: INFECTIOUS DISEASES WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See
Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 071,136.0,136.9
CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 671

Diagnosis: ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT (See
Guideline Notes 64,65)
NECESSARY
Treatment: EVALUATION
ICD-9: 240-241,251.1-251.2,254.0,254.8-254.9,259.4,259.8-259.9,277.3,759.1
CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: S0270,S0271,S0272,S0273,S0274
Line: 672

Diagnosis: CARDIOVASCULAR CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See
Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 429.3,429.81-429.82,429.89,429.9,747.9
CPT: 75557-75564,98966-98969,99201-99255,99366,99441-99444,99477,99605-99607
HCPCS: C8921,C8922,C8926,S0270,S0271,S0272,S0273,S0274
Line: 673

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2008

Diagnosis: SENSORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)

Treatment: EVALUATION

ICD-9: 360.30-360.31,360.33,362.37,362.42-362.43,362.8-362.9,363.21,364.5,364.60,364.9,371.20,371.22,371.24,371.3,371.81,371.89,371.9,372.40-372.42,372.44-372.45,372.50-372.52,372.55,372.8-372.9,374.52-374.53,374.81-374.83,374.9,376.82,376.89,376.9,377.03,377.1,377.4,377.6,379.24,379.29,379.4-379.8,380.9

CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 674

Diagnosis: NEUROLOGIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)

Treatment: EVALUATION

ICD-9: 333.82,333.84,333.91,333.93

CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 675

Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 29,64,65)

Treatment: EVALUATION

ICD-9: 287.2,287.8-287.9,696.3-696.5,709.0,757.2-757.3,757.8-757.9

CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 676

Diagnosis: RESPIRATORY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)

Treatment: EVALUATION

ICD-9: 519.3,519.9,748.60,748.69,748.9,770.13,770.15,770.85

CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 677

Diagnosis: GENITOURINARY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)

Treatment: EVALUATION

ICD-9: 593.0-593.1,593.6,607.9,608.3,608.9,621.6,621.8-621.9,626.9,629.2,629.8,752.9

CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 678

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)

Treatment: EVALUATION

ICD-9: 716.9,718.00,718.10,718.20,718.50,718.60,718.80,718.9,728.5,728.84,728.87,728.9,731.2,738.2-738.3,738.9,744.5-744.9,748.1,755.9,756.2,756.9

CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 679

Diagnosis: GASTROINTESTINAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)

Treatment: EVALUATION

ICD-9: 527.0,569.43,569.9,573.9,576.5-576.9

CPT: 98966-98969,99201-99255,99366,99441-99444,99477,99605-99607

HCPCS: S0270,S0271,S0272,S0273,S0274

Line: 680

STATEMENTS OF INTENT

STATEMENTS OF INTENT FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

COMFORT/PALLIATIVE CARE

It is the intent of the Commission that comfort/palliative care treatments for patients with an illness with <5% expected 5 year survival be a covered service. Comfort/palliative care includes the provision of services or items that give comfort to and/or relieve symptoms for such patients. There is no intent to limit comfort/palliative care services according to the expected length of life (e.g., six months) for such patients, except as specified by Oregon Administrative Rules.

It is the intent of the Commission to not cover diagnostic or curative care for the primary illness or care focused on active treatment of the primary illness which are intended to prolong life or alter disease progression for patients with <5% expected 5 year survival.

Examples of comfort/palliative care include:

- 1) Medication for symptom control and/or pain relief;
- 2) In-home, day care services, and hospice services as defined by DMAP;
- 3) Medical equipment (such as wheelchairs or walkers) determined to be medically appropriate for completion of basic activities of daily living;
- 4) Medical supplies (such as bandages and catheters) determined to be medically appropriate for management of symptomatic complications or as required for symptom control; and
- 5) Services under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health evaluation and counseling, and prescription medications.

Examples of services which are not intended to be covered as comfort/palliative care include:

- 1) Chemotherapy or surgical interventions with the primary intent to prolong life or alter disease progression; and
- 2) Medical equipment or supplies which will not benefit the patient for a reasonable length of time.

HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS

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

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the ICD-9-CM code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on line 296 and any necessary outpatient or inpatient services would be covered.

The Commission has added the following statements to indicate their intent that reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the disease.

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS

Treatment: MEDICAL THERAPY

Line: 541

Treatment of non-infectious gastroenteritis of significant severity that is associated with dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS

Treatment: MEDICAL THERAPY

Line: 548

Treatment of viral encephalitis, myelitis and encephalomyelitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

STATEMENTS OF INTENT FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS (CONT'D)

Diagnosis: ASEPTIC MENINGITIS

Treatment: MEDICAL THERAPY

Line: 562

Treatment of aseptic meningitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS
IN PERSONS UNDER AGE 3

Treatment: MEDICAL THERAPY

Line: 635

Treatment of viral pneumonia of significant severity that is associated with either respiratory failure or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

PRACTICE GUIDELINES

**GUIDELINE NOTES FOR DIAGNOSTIC SERVICES
NOT APPEARING ON THE APRIL 1, 2008 PRIORITIZED LIST
OF HEALTH SERVICES**

**GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE APRIL 1, 2008 PRIORITIZED LIST
OF HEALTH SERVICES**

PREVENTION TABLES

GUIDELINE NOTE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

- I. Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure C.1 unless otherwise specified below.
- II. Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer suspected to be hereditary, or patients at increased risk to due to family history.
 - A. Services are provided according to the Comprehensive Cancer Network Guidelines.
 1. NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2006 (1/3/06). www.nccn.org
 2. NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). www.nccn.org
 - B. Genetic counseling should precede genetic testing for hereditary cancer. Very rarely, it may be appropriate for a genetic test to be performed prior to genetic counseling for a patient with cancer. If this is done, genetic counseling should be provided as soon as practical.
 1. Pre and post-test genetic counseling by the following providers should be covered.
 - i. Medical Geneticist (M.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics
 - ii. Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics.
 - iii. Genetic Counselor - Board Certified or Active Candidate Status from the American Board of Genetic Counseling, or Board Certified by the American Board of Medical Genetics.
 - iv. Advance Practice Nurse in Genetics - Credential from the Genetic Nursing Credentialing Commission.
 - C. If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 or 2 has been identified in a family, a single site mutation analysis for that mutation is covered, while a full sequence BRCA 1 and 2 analyses is not.
 - D. Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.
- III. Related to genetic testing for infants and children with developmental delay:
 - A. Chromosome studies and Fragile X testing is covered without a visit or consultation with a specialist.
 - B. A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.
 - C. Coverage for genetic testing for other conditions should continue to be made on a case-by-case basis according to the algorithm in Figure C.1.

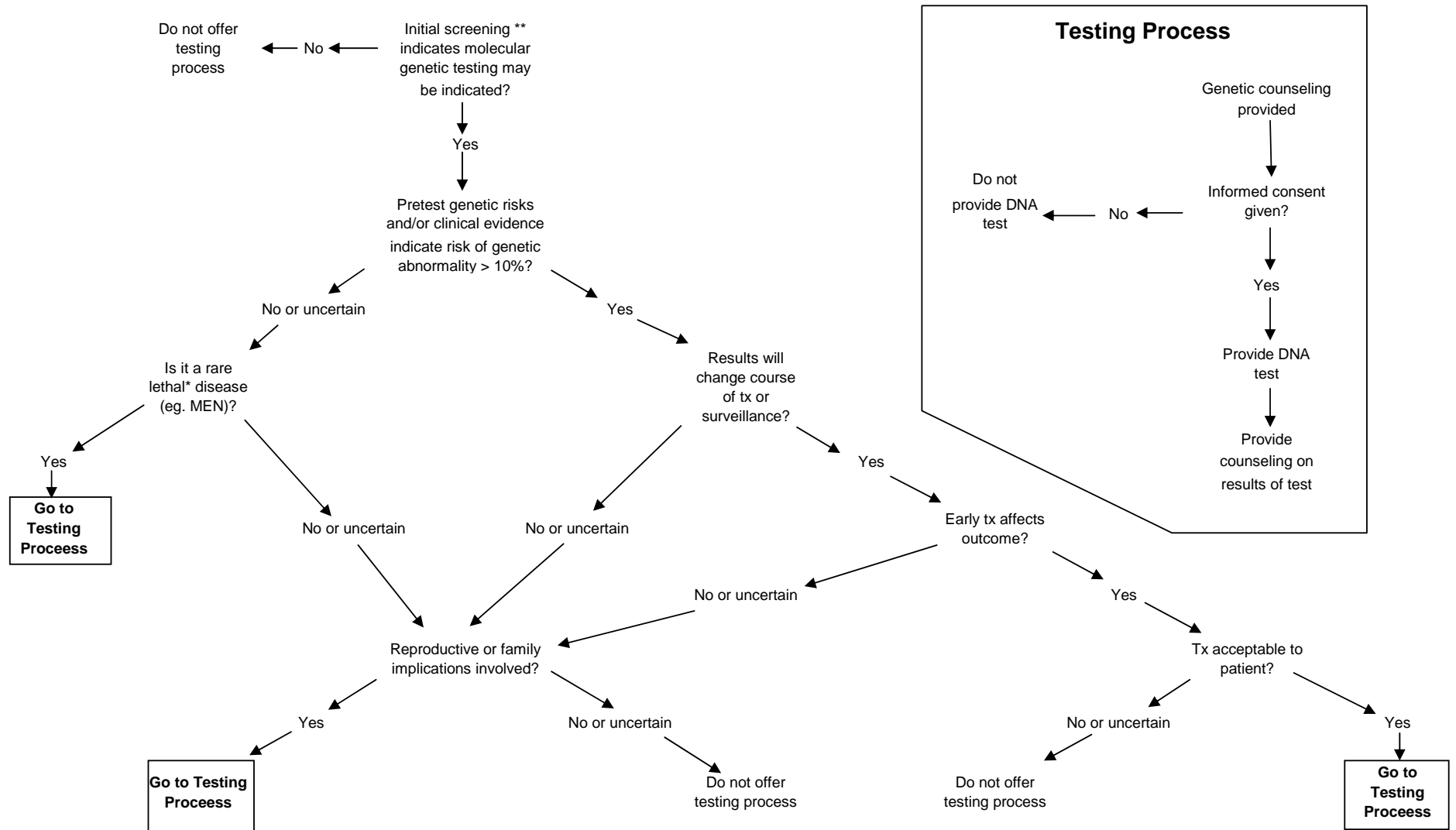
GUIDELINE NOTE D2, TUBERCULOSIS TESTING GUIDELINE

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

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.

**FIGURE C.1
NON-PRENATAL GENETIC TESTING ALGORITHM (See Guideline Note D1)**



* Greater than a 1% chance of death within five years due to the condition, in the absence of treatment

** Examples of initial screening: physical exam, medical history, family history, laboratory studies, imaging studies

PRACTICE GUIDELINES

**GUIDELINE NOTES FOR DIAGNOSTIC SERVICES
NOT APPEARING ON THE APRIL 1, 2008 PRIORITIZED LIST
OF HEALTH SERVICES**

**GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE APRIL 1, 2008 PRIORITIZED LIST
OF HEALTH SERVICES**

PREVENTION TABLES

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 1, HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

Line: 1,6,8,10,11,12,13,14,15,16,17,18,20,21,22,25,26,28,29,33,34,35,36,37,39,40,41,42,46,47,50,52,53,55,56,61,63,65,66,68,70,74,76,78,79,80,82,84,85,87,92,94,96,98,100,101,102,103,106,109,110,111,112,114,116,120,123,124,125,129,135,136,138,139,141,142,145,147,148,150,151,152,159,160,165,166,167,168,169,170,174,180,182,183,184,186,191,192,194,196,197,198,200,202,203,206,208,209,210,211,219,221,222,225,228,229,230,233,234,236,237,238,244,246,249,250,252,253,254,255,256,265,266,267,268,271,272,273,274,275,276,277,278,279,284,286,287,289,291,301,303,305,309,310,311,312,313,317,319,325,330,332,336,337,338,339,340,347,350,352,354,355,359,365,369,370,372,373,384,391,397,404,407,416,417,419,420,427,429,430,433,436,438,440,442,453,456,460,463,464,465,470,481,483,497

Health and behavior assessment and interventions (CPT codes 96150-96154) are included on these lines when provided subject to the Centers for Medicare and Medicaid (CMS) guidelines dated 2/1/06 located at:

http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=13492&lcd_version=48&basket=lcd%3A13492%3A48%3AHEALTH+AND+BEHAVIOR+ASSESSMENT%2FINTERVENTION%3ACarrier%3ANHC%7C%7C+Corp%2E+%2831142%29%3A

GUIDELINE NOTE 2, FETOSCOPIC 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 must show evidence of developing hydrops fetalis.

Certification of laboratory required (76813-76814).

GUIDELINE NOTE 3, PROPHYLACTIC BREAST REMOVAL

Lines 4,198

Prophylactic breast removal is included on this line in the case of high risk for breast cancer defined as being BRCA positive.

GUIDELINE NOTE 4, TOBACCO DEPENDENCE

Line 6

Persons are eligible for tobacco dependence counseling if a documented quit date has been established.

GUIDELINE NOTE 5, OBESITY

Line 8

Medical treatment of obesity includes intensive counseling on nutrition and exercise, provided by health care professionals. Intensive counseling is defined as face to face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling visits (once every 1-2 weeks) are covered for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period. Pharmacological treatments are not intended to be included as a treatment on this line. See also Guideline Note 61.

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

Lines 12,50,51,52,63,74,75,76,78,80,85,89,90,94,95,98,99,100,101,109,110,116,117,123,130,140,142,143,144,146,147,159,162,166,180,185,186,190,191,193,195,196,202,203,209,217,227,237,239,270,271,273,274,279,287,288,292,296,301,303,306,307,308,317,334,340,347,348,362,366,368,372,373,375,379,381,382,384,397,403,404,429,435,437,441,449,461,481,498,509,540,552,570,588,611,628

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months immediately following stabilization from an acute event. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

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

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES (CONT'D)

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

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

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

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

GUIDELINE NOTE 7, ERYTHROPOIETIN GUIDELINES

Lines 33,65,71,79,102,103,106,124,125,126,132,139,145,160,167,168,169,171,182,198,199,207,208,209,219,221,222,229,230,232,236,243,249,252,275,276,277,278,280,286,291,309,310,311,313,319,337,338,339,350,354,365,453,613

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

GUIDELINE NOTE 8, BARIATRIC SURGERY FOR OBESITY WITH COMORBID TYPE II DIABETES & BMI ≥ 35

Line 33

Bariatric surgery for obesity is included on this line under the following criteria:

1. Age ≥ 18
2. BMI ≥ 35 with co-morbid type II diabetes
3. Undergo a six month evaluation period, starting with the date the patient is first evaluated by a licensed bariatric surgeon in section 4C below. During this evaluation period, the patient will have periodic visits with staff of the qualified bariatric surgery program and the licensed bariatric surgeon to verify that the patient meets the Bariatric Center of Excellence program criteria for bariatric surgery. If the patient is found to no longer be an appropriate candidate for surgery for any reason listed in these criteria during the six-month observation period, a new six-month observation period will be required to precede surgery once surgical candidacy has been re-established.
4. Participate in the following four evaluations and meet criteria as described.
 - A. Psychosocial evaluation: (Conducted by a licensed mental health professional)
 - i. Evaluation to assess compliance with post-operative requirements.
 - ii. No current abuse of or dependence on alcohol. Must remain free of abuse of or dependence on alcohol during a six-month observation period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing, at a minimum, will be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.
 - iii. No mental or behavioral disorder that may interfere with postoperative outcomes¹.
 - iv. Patient with previous psychiatric illness must be stable for at least 6 months.
 - B. Medical evaluation: (Conducted by OHP primary care provider)
 - i. Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
 - ii. Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
 - iii. Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 8, BARIATRIC SURGERY FOR OBESITY WITH COMORBID TYPE II DIABETES & BMI ≥ 35
(CONT'D)

- C. Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program²)
 - i. Patient found to be an appropriate candidate for surgery at initial evaluation and throughout a six-month observation period while continuously enrolled on OHP.
 - ii. Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure³ and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
- D. Dietician evaluation: (Conducted by licensed dietician)
 - i. Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
 - ii. Counseling in dietary lifestyle changes
- 5. Participate in additional evaluations:
 - i. Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

¹Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

²All surgical services including evaluation are to be performed at a center of excellence for bariatric surgery as recognized by Medicare.

³Only Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding are approved for inclusion.

GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY

Lines 35,61

- 1) Wireless capsule endoscopy is included on these lines for diagnosis of:
 - a. Obscure GI bleeding suspected to be of small bowel origin with iron deficiency anemia or documented GI blood loss
 - b. Suspected Crohn's disease with prior negative work up
- 2) Wireless capsule endoscopy is not included on these lines for:
 - a. Colorectal cancer screening
 - b. Confirmation of lesions of pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)
- 3) Wireless capsule endoscopy is only included on these lines when the following conditions have been met:
 - a. Prior studies must have been performed and been non-diagnostic
 - i. GI bleeding: upper and lower endoscopy
 - ii. Suspected Crohn's disease: upper and lower endoscopy, small bowel follow through
 - b. Radiological evidence of lack of stricture
 - c. Only covered once during any episode of illness
 - d. FDA approved devices must be used
 - e. Patency capsule should not be used prior to procedure

GUIDELINE NOTE 10, URGENT DENTAL CARE

Line 59

Treatment only for symptomatic dental pain, infection, bleeding or swelling (D7220, D7230, D7240, D7250).

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES

Lines 71,79,102,103,106,124,125,126,132,145,160,167,168,169,171,182,198,199,207,208,209,219,221,222,229,230,232,243,249,252,275,276,277,278,280,286,291,309,310,311,313,319,337,338,339,354,453,613

- 1. CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is potentially curative, and is known to produce febrile neutropenia at least 40% of the time. Even for these regimens, dose reduction should be considered instead of using CSF, as no improvement in survival has been documented by use of CSF.

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES (CONT'D)

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

~~GUIDELINE NOTE 12, COMFORT CARE~~

~~Line 71~~

~~Comfort care includes the provision of services or items that gives comfort and/or relieve symptoms to patients with a terminal illness.~~

~~This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. Examples of comfort care include:~~

- ~~1) Pain medication and/or pain management devices~~
- ~~2) In-home and day care services and hospice services as defined by DMAP~~
- ~~3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)~~

~~GUIDELINE NOTE 12, COMFORT CARE (Cont'd)~~

- ~~4) Palliative services for specific symptom relief~~
- ~~5) Physician aid in dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications.~~

~~(NOTE: Services related to physician aid in dying are not priced as part of the list and only state funds will be used for their provision.)~~

~~[Guideline Note 12 was deleted effective October 1, 2007. Please see the new Comfort/Palliative Care Statement of Intent immediately following the Prioritized List that clarifies the issues of which services the HSC believes hold more importance near the end of life.]~~

GUIDELINE NOTE 13, MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY

Lines 76,196

Minimally invasive coronary artery bypass surgery indicated only for single vessel disease.

GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS, NON-MYELOABLATIVE STEM CELL TRANSPLANTS

Lines 79,103,106,126,132,167,171,199,207,232,280,313

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

GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION

Lines 89,381

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

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 16, SECOND SOLID ORGAN TRANSPLANTS

Lines 92,170,253,254,255,256,279,332,575

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

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Line 105

Dental cleaning and fluoride limited to once per calendar year. Additional provision of prophylaxis for persons with disabilities who cannot perform adequate daily oral health care, severe periodontal disease and/or rampant caries, by report. (D0120, D0150, D1110, D1120, D1204). Used up to 4 times per year (maximum once per week) for patients over 18 who are mentally disabled or are truly dental phobic in order to determine the need to use IV or GA sedation to render necessary treatment (D9920).

GUIDELINE NOTE 18, HEART FAILURE

Lines 109,279

Ventricular assist devices are covered 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 19, PET SCAN GUIDELINES

Lines 126,171,183,222,243,278

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

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

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

For staging, PET is covered in the following situations:

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

OR

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

AND

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

PET Scans are also indicated for preoperative evaluation of the brain in patients who have intractable seizures and are candidates for focal surgery. PET Scans are NOT indicated for routine follow up of cancer treatment, or for cardiac evaluation.

GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN EARLY CHILDHOOD

Line 134

When using 314.9, Unspecified Hyperkinetic Syndrome, in children age 5 and under, it is appropriate only when the following apply:

- Child does not meet the full criteria for the full diagnosis because of their age.
- For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN EARLY CHILDHOOD (CONT'D)

For children age 3 and under, it is especially important that psychosocial interventions, including parent skills training and/or parent-child therapy, and environmental modifications, be tried prior to medication. For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.

Use of 314.9 for children age five and younger is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE 21, MODERATE/SEVERE PSORIASIS

Line 135

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

- a) At least 10% of body surface area involved; and/or,
- b) Hand, foot or mucous membrane involvement.

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

GUIDELINE NOTE 22, VERTEBROPLASTY

Lines 159,498

Vertebroplasty is included on these lines under the following criteria:

- 1) Must be performed within the first 6 weeks after fracture
 - a. Acute nature of fracture must be documented by MRI, Xray or other modality
- 2) None of the following may be present:
 - a. Coagulation disorder
 - b. Underlying vertebral infection
 - c. Severe cardiopulmonary disease
 - d. Extensive vertebral destruction (>50% of height)
 - e. Neurological symptoms related to spinal compression
 - f. Lack of surgical back up for emergency decompression
- 3) Must document
 - a. Disabling pain caused by non healing vertebral fracture
 - b. Vertebral height is not more than 50% collapsed
 - c. Procedure is not performed on a prophylactic basis
 - d. Risks of open surgical approach are greater than risks of percutaneous approach
 - e. Analgesic therapy fails to control pain or the risks of analgesic therapy outweigh the benefits

GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE

Line 168

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

GUIDELINE NOTE 24, COMPLICATED HERNIAS

Line 176

Complicated hernias are included on this line if they are incarcerated and have symptoms of obstruction and/or strangulation.

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 25, MENTAL HEALTH PROBLEMS IN EARLY CHILDHOOD RELATED TO NEGLECT OR ABUSE

Line 181

995.52, Child Neglect (Nutritional), 995.53, Child Sexual Abuse, and 995.54, Child Physical Abuse, may be used in children age five and younger when there is evidence or suspicion of abuse or neglect. These codes are to be used when the focus of treatment is on the alleged child victim. This can include findings by child welfare of abuse or neglect; or statements of abuse or neglect by the child, the perpetrator, or a caregiver or collateral report. Although these diagnoses can be used preventively, i.e. for children who are not yet showing symptoms, presence of symptoms should be demonstrated for interventions beyond evaluation or a short-term child or family intervention.

Use of 995.52-995.54 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual counseling and therapy: 90810, 90812
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE

Line 198

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

GUIDELINE NOTE 27, SLEEP APNEA

Line 211

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

GUIDELINE NOTE 28, MOOD DISORDERS IN EARLY CHILDHOOD

Line 213

The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only when the following apply:

- For children five years old and under.
- In the presence of significant difficulty with emotional regulation that causes functional impairment.

Use of 296.90 for children five years old and under is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90810, 90812, H0004
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE 29, MASTOCYTOSIS

Lines 222,676

Mastocytosis limited to the skin resides on Line 676.

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 30, TESTICULAR CANCER

Line 232

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

GUIDELINE NOTE 31, COCHLEAR IMPLANTATION, AGE LESS THAN 5

Line 297

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

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

GUIDELINE NOTE 32, CATARACT

Line 320

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

GUIDELINE NOTE 33, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY

Lines 337,338,339,453

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See Comfort/Palliative Care Statement of Intent.

GUIDELINE NOTE 34, BASIC RESTORATIVE DENTAL CARE

Line 357

Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (D2391, D2392, D2393, D2394).

GUIDELINE NOTE 35, SINUS SURGERY

Lines 388,489

Sinus surgery indicated in the following circumstances:

1. 4 or more episodes of acute rhinosinusitis in one year
- OR
2. Failure of medical therapy of chronic sinusitis including all of the following:
 - Several courses of antibiotics AND
 - Trial of inhaled and/or oral steroids AND
 - Allergy assessment and treatment when indicated
- AND
- One or more of the following:
- Findings of obstruction of active infection on CT scan
 - Symptomatic mucocele
 - Negative CT scan but significant disease found on nasal endoscopy
- OR
3. Nasal polyposis causing or contributing to sinusitis
- OR
4. Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis
- OR
5. Invasive or allergic fungal sinusitis
- OR
6. Tumor of nasal cavity or sinuses
- OR
7. CSF rhinorrhea

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 36, TONSILLECTOMY

Line 392

Tonsillectomy is an appropriate treatment in a case with:

- 1) Three documented attacks of strep tonsillitis in a year where an attack is considered a positive culture/screen and where 10 days of continuous antibiotic therapy has been completed;
- 2) Second occurrence of peritonsillar abscess, or if first abscess, has to be drained under general anesthesia;
- 3) Airway obstruction with presence of right ventricular hypertrophy or cor-pulmonale; and/or,
- 4) 4+ tonsils, which result in obstruction of breathing, swallowing and/or speech.

GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Line 397

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

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

GUIDELINE NOTE 38, SUBTALAR ARTHROEREISIS

Line 404

Procedure code S2117 is only covered when not incorporating an implant device.

GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS

Line 417

A. Hysterectomy, with or without adnexectomy, for endometriosis may be appropriate when all of the following are documented (1-4):

1. Patient history of (a and b):
 - a. Prior detailed operative description or histologic diagnosis of endometriosis
 - b. Presence of pain for more than 6 months with negative effect on patient's quality of life
2. Failure of a 3-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
3. Nonmalignant cervical cytology, if cervix is present
4. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

B. Hysterectomy, with or without adnexectomy, for adenomyosis may be appropriate when all of the following are documented (1-6):

1. Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
3. Age > 30 years
4. One of the following (a or b):
 - a. Endovaginal ultrasound suspicious for adenomyosis (presence of abnormal hypochoic myometrial echogenicity or presence of small myometrial cysts)
 - b. MRI showing thickening of the junctional zone > 12mm
5. Nonmalignant cervical cytology, if cervix is present
6. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 40, UTERINE LEIOMYOMA

Line 423

Hysterectomy for leiomyomata may be indicated when all of the following are documented (1-4):

1. One of the following (a or b):
 - a. Patient history of 2 out of 3 of the following (1, 2 and 3):
 - 1) Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
 - 2) Pelvic discomfort cause by myomata (i or ii or iii):
 - i. Chronic lower abdominal, pelvic or low backpressure
 - ii. Bladder dysfunction not due to urinary tract disorder or disease
 - iii. Rectal pressure and bowel dysfunction not related to bowel disorder or disease
 - 3) Rapid enlargement causing concern for sarcomatous changes of malignancy
 - b. Leiomyomata as probable cause of excessive uterine bleeding evidenced by (1, 2, and 3):
 - 1) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - 3) Documentation of mass by sonography
2. Nonmalignant cervical cytology, if cervix is present
3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
4. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 41, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Line 429

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication, or objective evidence of neurologic impairment consistent with MRI findings (see Guideline Note 37).

GUIDELINE NOTE 42, DISRUPTIVE BEHAVIOR DISORDERS IN EARLY CHILDHOOD

Line 439

The use of 312.9, Unspecified Disturbance of Conduct, is appropriate only for children five years old and under who display sustained patterns of disruptive behavior beyond what is developmentally appropriate.

- Interventions should prioritize parent skills training in effective behavior management strategies or focus on other relational issues.

Use of 312.9 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90810, 90812, H0004
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 43, LYMPHEDEMA

Lines 441,589

Lymphedema treatments are included on these lines when medically appropriate. These services are to be 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.

GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS

Line 442

Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (1-3):

1. Patient history of (a, b, c, d, and e):
 - a. Excessive uterine bleeding evidence by (1 and 2):
 - 1) Profuse bleedings lasting more than 7 days and repetitive periods at less than 21-day intervals

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS (CONT'D)

- 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
- b. Failure of hormonal treatment for a six-month trial period or contraindication to hormone use
- c. No current medication use that may cause bleeding, or contraindication to stopping those medications
- d. Endometrial sampling performed
- e. No evidence of remedial pathology by (1 or 2 or 3):
 - 1) Sonohysterography
 - 2) Hysteroscopy
 - 3) Hysterosalpingography
2. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
3. Nonmalignant cervical cytology, if cervix is present

GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN EARLY CHILDHOOD

Line 462

The use of V61.20, Counseling for Parent-Child Problem, Unspecified, must involve all of the following:

- Child must be five years of age or younger.
- Clinically significant impact on the child.
- Rating of 40 or below on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).

V62.82, Bereavement, Uncomplicated, is only included in this line when identified as a secondary diagnosis with a primary diagnosis of ICD-9-CM 309.89, Other Specified Adjustment Reactions. The use of V62.82 is only appropriate when a child birth through five years old exhibits a change in functioning subsequent to the loss of a primary caregiver, exhibits at least three of the following eight symptoms AND symptoms are present for most of the day, for more days than not, for at least 2 weeks:

- Crying, calling and/or searching for the absent primary caregiver;
- Refusing attempts of others to provide comfort;
- Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria;
- Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood;
- Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions;
- Constricted range of affect not attributable to a mood disorder or PTSD;
- Detachment, seeming indifference toward, or selective "forgetting" of the lost caregiver and/or of reminders of the lost caregiver;
- Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver.

Intervention should include persons significantly involved in the child's care and include psychoeducation and developmentally specific guidance.

V61.20 and V62.82, used as secondary diagnosis codes to 309.89, in children age five and younger are limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Group therapy: 90853, 90857, H2032
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005,
- Case Management: 90882, T1016
- Interpreter Service: T1013
- For V62.82, Individual counseling and therapy: 90810, 90812
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

309.89, Other Specified Adjustment Reactions, may be used in children age five and younger when the child demonstrates some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability / lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.

- Cessation of the traumatic exposure must be the first priority.
- Infants and toddlers may benefit from parental guidance regarding management of the child's symptoms, guidance around enhancing safety and stability in the child's environment, and therapeutic support for the parents.

Use of 309.89 in children age 5 and under, without a secondary diagnosis of V61.20 or V62.82, is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual counseling and therapy: 90810, 90812
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 46, AGE-RELATED MACULAR DEGENERATION

Line 466

Pegaptanib is only covered for minimally classic and occult lesions of wet macular degeneration

GUIDELINE NOTE 47, URINARY INCONTINENCE

Line 470

Surgery for genuine stress urinary incontinence may be indicated when all of the following are documented (1-7):

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

GUIDELINE NOTE 48, DENTAL SERVICES FOR SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE

Line 474

By Report (D4240, D4260)

GUIDELINE NOTE 49, COCHLEAR IMPLANTS, OVER AGE 5

Line 483

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

- a) Profound sensorineural hearing loss in both ears
- b) Receive little or no useful benefit from hearing aids
- c) No medical contraindications
- d) High motivation and appropriate expectations (both child, when appropriate, and family)

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

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

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

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

GUIDELINE NOTE 50, UTERINE PROLAPSE

Line 485

Hysterectomy for pelvic organ prolapse may be indicated when all of the following are documented (1-5):

1. Patient history of symptoms of pelvic prolapse such as:
 - a. Complaints of the pelvic organs prolapsing at least to the introitus
 - b. Low back discomfort or pelvic pressure

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 50, UTERINE PROLAPSE (CONT'D)

- c. Difficulty in defecating
- d. Difficulty in voiding
- 2. Nonmalignant cervical cytology, if cervix is present
- 3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- 4. Physical examination is consistent with patient's symptoms of pelvic support defects indicating either symptomatic prolapse of the cervix, enterocele, cystocele, rectocele or prolapse of the vaginal vault
- 5. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA

Line 493

Observation OR antibiotic therapy are treatment options for children with effusion that has been present less than 4 to 6 months and at any time in children without a 20-decibel hearing threshold level or worse in the better-hearing ear.

For the child who has had bilateral effusion for a total of 3 months and who has a bilateral hearing deficiency (defined as a 20-decibel hearing threshold level or worse in the better-hearing ear), bilateral myringotomy with tube insertion recommended after a total of 4 to 6 months of bilateral effusion with a bilateral hearing deficit.

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

GUIDELINE NOTE 52, CHRONIC ANAL FISSURE

Line 497

Surgery for chronic anal fissure (ICD-9 code 565.0) is included in this line with one or more of the following:

- 1) Condition unresponsive to six to eight weeks of continuous treatment;
- 2) Condition progresses in spite of six to eight weeks of treatment;
- 3) Presence of pectenosis; and/or,
- 4) Fissures that have previously healed but have recurred three or more times.

GUIDELINE NOTE 53, STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS

Line 499

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211). To be used in conjunction with making a prosthesis (D7470, D7970). Limited to two reimbursements (D5850, D5851). Must have four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate (D5110, D5120, D5130, D5140, D5213, D5214). By Report (D4210). Payable once every two years (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761). Payable only when there are pockets of 5 mm or greater (D4341).

GUIDELINE NOTE 54, CONDUCT DISORDER

Line 500

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 55, PELVIC PAIN SYNDROME

Line 544

- A. Diagnostic MRI may be indicated for evaluation of pelvic pain to assess for Adenomyosis and to assist in the management of these challenging patients when all of the following are documented:
 - 1. Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 - 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives of Depro-Provera

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 55, PELVIC PAIN SYNDROME (CONT'D)

- 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Age > 30 years
 4. An endovaginal ultrasound within the past 12 months that shows no other suspected gynecological pathology if diagnostic MRI shows > 12mm thickening of the junctional zone, the presumptive diagnosis of adenomyosis is fulfilled. See Guideline Note 39.
- B. Hysterectomy for chronic pelvic pain in the absence of significant pathology may be indicated when all of the following are documented (1-7):
1. Patient history of:
 - a. No remediable pathology found on laparoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Evaluation of the following systems as possible sources of pelvic pain:
 - a. Urinary
 - b. Gastrointestinal
 - c. Musculoskeletal
 4. Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
 5. Nonmalignant cervical cytology, if cervix is present
 6. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
 7. Negative preoperative pregnancy test unless patient is postmenopausal or as been previously sterilized

GUIDELINE NOTE 56, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Line 552

Disorders of spine without neurologic impairment include any conditions represented on this line for which objective evidence of one or more of the criteria stated in the Guideline Note 37 is not available.

GUIDELINE NOTE 57, MILD PSORIASIS

Line 555

Mild psoriasis is defined as uncomplicated, having:

- a) No functional impairment; and/or,
- b) Involving less than 10% of body surface area and no involvement of the hand, foot, or mucous membranes.

GUIDELINE NOTE 58, IMPULSE DISORDERS

Line 560

Impulse disorders rarely occur in isolation from other psychiatric diagnosis, thus the Patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 59, DYSMENORRHEA

Line 572

Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (1-7):

1. Patient history of:
 - a. No remediable pathology found on laparoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 59, DYSMENORRHEA (CONT'D)

- 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
3. Evaluation of the following systems as possible sources of pelvic pain:
 - a. Urinary
 - b. Gastrointestinal
 - c. Musculoskeletal
4. Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
5. Nonmalignant cervical cytology, if cervix is present
6. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
7. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 60, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Line 597

Scoliosis not defined as clinically significant included curvature less than 25 degrees that does not have a documented progression of at least 10 degrees.

GUIDELINE NOTE 61, MEDICAL AND SURGICAL MANAGEMENT OF OBESITY NOT MEETING CRITERIA SPECIFIED IN OTHER OBESITY-RELATED GUIDELINES

Line 608

Non-surgical management of obesity is included on this line for those services that do not meet the criteria found in Guideline Note 5. Bariatric surgery for the treatment of morbid obesity is included on this line for those individuals who do not meet the criteria found in Guideline Note 8.

GUIDELINE NOTE 62, ELECTIVE DENTAL SERVICES

Line 660

Treatment not related to symptomatic pain, infection, bleeding or swelling (D7220, D7230, D7240, D7241, D7250)

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 & 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.

GUIDELINE NOTES FOR THE APRIL 1, 2008 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS

Included on all lines with evaluation & 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.

PRACTICE GUIDELINES

**GUIDELINE NOTES FOR DIAGNOSTIC SERVICES
NOT APPEARING ON THE APRIL 1, 2008 PRIORITIZED LIST
OF HEALTH SERVICES**

**GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE APRIL 1, 2008 PRIORITIZED LIST
OF HEALTH SERVICES**

PREVENTION TABLES

Birth to 10 Years

Interventions Considered and Recommended for the Periodic Health Examination

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

Interventions for the General Population

SCREENING

Height and weight
Blood pressure
Vision screen (3-4 yr)
Hemoglobinopathy screen (birth)¹
Phenylalanine level (birth)²
T₄ and/or TSH (birth)³
Effects of STDs
FAS, FAE, drug affected infants⁴
Hearing, developmental, behavioral and/or psychosocial screens⁵
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence

COUNSELING

Injury Prevention

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

Diet and Exercise

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

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

Substance User

Effects of passive smoking*
Anti-tobacco message*

Dental Health

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

Mental Health/Chemical Dependency

Parent education regarding:

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

¹Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. ⁵Screening 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). ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

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

Birth to 10 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS

Diphtheria-tetanus-pertussis (DTP)¹

Oral poliovirus (OPV)²

Measles-mumps-rubella (MMR)³

H. influenzae type b (Hib) conjugate⁴

Hepatitis B⁵

Varicella⁶

CHEMOPROPHYLAXIS

Ocular prophylaxis (birth)

¹2, 4, 6, and 12-18 mo; once between ages 4-6 yr (DTaP may be used at 15 mo and older). ²2, 4, 6-18 mo; once between ages 4-6 yr. ³12-15 mo and 4-6 yr. ⁴2, 4, 6 and 12-15 mo; no dose needed at 6 mo if PRP-OMP vaccine is used for first 2 doses. ⁵Birth, 1 mo, 6 mo; or, 0-2 mo, 1-2 mo later, and 6-18 mo. If not done in infancy: current visit, and 1 and 6 mo later ⁶12-18 mo; or any child without history of chickenpox or previous immunization. Include information on risk in adulthood, duration of immunity, and potential need for booster doses.

Interventions for the High-Risk Population

POPULATION

Preterm or low birth

Infants of mothers at risk for HIV

Low income; immigrants

TB contacts

Native American/Alaska Native

Residents of long-term care facilities

Certain chronic medical conditions

Increased individual or community lead exposure

Inadequate water fluoridation

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

History of multiple injuries

High risk for mental health disorders

POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)

Hemoglobin/hematocrit (HR1)

HIV testing

Hemoglobin/hematocrit (HR1); PPD (HR3)

PPD (HR3)

Hemoglobin/hematocrit (HR1); PPD (HR3); hepatitis A vaccine (HR4); pneumococcal vaccine (HR5)

PPD (HR3); hepatitis A vaccine (HR4); influenza vaccine (HR6)

Blood lead level (HR7)

Daily fluoride supplement (HR8)

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

Screen for child abuse, neurological, mental health conditions

Increased well-child visits (HR10)

High Risk Groups

HR1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low birth weight infants, infants whose principal dietary intake is unfortified cow's milk.

HR2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partners currently or in past; persons seeking treatment for STDs; blood transfusion during 1978-1985.

HR3 = Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), residents of long-term care facilities.

Birth to 10 Years (Cont'd)

HR4 = Persons >2 yr living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities). Consider for institutionalized children aged >2 yr. Clinicians should also consider local epidemiology.

HR5 = Immunocompetent persons >2 yr with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons >2 yr living in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations).

HR6 = Annual vaccination of children >6 mo who are residents of chronic care facilities or who have chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

HR7 = Children about age 12 mo who: 1) live in communities in which the prevalence of lead levels requiring individual intervention, including residential lead hazard control or chelation, is high or undefined; 2) live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling; 3) have close contact with a person who has an elevated lead level; 4) live near lead industry or heavy traffic; 5) live with someone whose job or hobby involves lead exposure; 6) use lead-based pottery; or 7) take traditional ethnic remedies that contain lead.

HR8 = Children living in areas with inadequate water fluoridation (<0.6 ppm).

HR9 = Persons with a family history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR10 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

Ages 11-24 Years

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death

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

Interventions for the General Population

SCREENING

Height and weight
Blood pressure¹
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)²
Papanicolaou (Pap) test³
Chlamydia screen³ (females <25 yr)
Rubella serology or vaccination hx⁵ (females >12 yr)
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁷
Eating disorders⁸
Anxiety and mood disorders⁹
Suicide risk factors¹⁰

COUNSELING

Injury Prevention

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

Substance Use

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

Sexual Behavior

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

Diet and Exercise

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

Dental Health

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

Mental Health/Chemical Dependency

Parent education regarding:

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

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

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

Ages 11-24 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters (11-16 yr)
 Hepatitis B¹
 MMR (11-12 yr)²
 Varicella (11-12 yr)³

Rubella⁴ (females >12 yr)

CHEMOPROPHYLAXIS

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

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

Interventions for the High-Risk Population

POPULATION

High-risk sexual behavior

Injection or street drug use

TB contacts; immigrants; low income
 Native American/Alaska Native

Certain chronic medical conditions

Settings where adolescents and young adults
 congregate
 Susceptible to varicella, measles, mumps
 Blood transfusion between 1975-85
 Institutionalized persons

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

Prior pregnancy with neural tube defect
 Inadequate water fluoridation
 History of multiple injuries

High risk for mental health disorders

POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)

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

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

PPD (HR3)

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

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

Second MMR (HR10)

Varicella vaccine (HR11); MMR (HR12)

HIV screen (HR3)

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

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

Folic acid 4.0 mg (HR14)

Daily fluoride supplement (HR8)

Screen for child abuse, neurological, mental
 health conditions

Increased well-child/adolescent visits (HR16)

High Risk Groups

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

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

Ages 11-24 Years (Cont'd)

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

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

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

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

HR7 = Persons who continue to inject drugs.

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

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

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

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

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

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

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

Ages 11-24 Years (Cont'd)

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

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

Ages 25-64 Years

Interventions Considered and Recommended for the Periodic Health Examination

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

Interventions for the General Population

SCREENING

Blood pressure
Height and weight
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk¹)
Papanicolaou (Pap) test²
Fecal occult blood test³ and/or sigmoidoscopy, or colonoscopy (>50 yr)
Mammogram + clinical breast exam⁴ (women 40+ yrs)
Rubella serology or vaccination hx⁵ (women of childbearing age)
Bone density measurement (women age 60-64 if high-risk)⁶
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Learning and attention disorders⁷
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁸
Eating disorders⁹
Anxiety and mood disorders¹⁰
Suicide risk factors¹¹
Somatoform disorders¹²
Environmental stressors¹³

COUNSELING

Substance Use

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

Diet and Exercise

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

Injury Prevention

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

Sexual Behavior

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

Dental Health

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

IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters
Rubella⁵ (women of childbearing age)

CHEMOPROPHYLAXIS

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

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

²Women who are or have been sexually active and who have a cervix: q < 3 yr. ³Annually. ⁴Screening mammography should be performed every 1-2 years. ⁵Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. ⁶High-risk defined as weight <70kg, not on estrogen replacement. ⁷Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁸Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history.

⁹Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency.

¹⁰In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹¹Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. ¹²Multiple unexplained somatic complaints. ¹³Community violence or disaster, immigration, homelessness, family medical problems.

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

Ages 25-64 Years (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7) advice to reduce Infection risk (HR8)
Low income; TB contacts; immigrants; alcoholics Native American/Alaska Native	PPD (HR7) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9)
Certain chronic medical conditions	PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Blood product recipients Susceptible to varicella, measles, mumps Institutionalized persons	HIV screen (HR3); hepatitis B vaccine (HR5) MMR (HR11); varicella vaccine (HR12) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Family h/o skin cancer; fair skin, eyes, hair Previous pregnancy with neural tube defect	Avoid excess/midday sun, use protective clothing* (HR13) Folic acid 4.0 mg (HR14)

High Risk Groups

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

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

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

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

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

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

Ages 25-64 Years (Cont'd)

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

HR8 = Persons who continue to inject drugs.

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

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

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

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

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

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

Age 65 and Older

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death

- Heart diseases
- Malignant neoplasms (lung, colorectal, breast)
- Cerebrovascular disease
- Chronic obstructive pulmonary disease
- Pneumonia and influenza

Interventions for the General Population

SCREENING

Blood pressure
Height and weight
Fecal occult blood test¹ and/or sigmoidoscopy or colonoscopy
Mammogram + clinical breast exam²
Bone density measurement (women)
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Vision screening
Assess for hearing impairment
Signs of elder abuse, neglect, family violence
Alcohol, inhalant, illicit drug use³
Anxiety and mood disorders⁴
Somatoform disorders⁵
Environmental stressors⁶

COUNSELING

Substance Use

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

Diet and Exercise

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

Assess eating environment

Injury Prevention

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

Dental Health

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

Sexual Behavior

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

IMMUNIZATIONS

Pneumococcal vaccine
Influenza¹
Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS

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

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

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

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
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	Fall prevention intervention (HR5)
Persons >75 yr; or >70 yr with risk factors for falls	Consider cholesterol screening (HR6)
Cardiovascular disease risk factors	Avoid excess/midday sun, use protective clothing* (HR7)
Family h/o skin cancer; fair skin, eyes, hair	PPD (HR1); hepatitis A vaccine (HR2)
Native American/Alaska Native	HIV screen (HR3); hepatitis B vaccine (HR8)
Blood product recipients	Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9)
High-risk sexual behavior	PPD (HR1); hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9); advice to reduce Infection risk (HR10)
Injection or street drug use	Varicella vaccine (HR11)
Persons susceptible to varicella	Refer to meal and social support resources
Persons living alone and with poor nutrition	

High Risk Groups

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

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

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

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

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

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

Age 65 and Older (Cont'd)

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

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

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

HR10 = Persons who continue to inject drugs.

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

Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

SCREENING

First visit

Blood pressure
Hemoglobin/hematocrit
Hepatitis B surface antigen (HBsAg)
RPR/VDRL
Chlamydia screen (<25 yr)
Rubella serology or vaccination history
D(Rh) typing, antibody screen
Offer CVS (<13 wk)¹ or amniocentesis (15-18 wk)¹
(age>35 yr)
Offer hemoglobinopathy screening
Assess for problem or risk drinking
Offer HIV screening²

Follow-up visits

Blood pressure
Urine culture (12-16 wk)

Screening for gestational diabetes³
Offer amniocentesis (15-18 wk)¹ (age>35 yr)
Offer multiple marker testing¹ (15-18 wk)
Offer serum α -fetoprotein¹ (16-18 wk)

COUNSELING

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

CHEMOPROPHYLAXIS

Multivitamin with folic acid⁴

¹Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ²Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations. ³Also, screen for diabetes in all women with gestational diabetes at the 6-week post-partum visit. ⁴Beginning at least 1 mo before conception and continuing through the first trimester.

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

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

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit) (HR3); HBsAg (3rd trimester) (HR4); RPR/VDRL (3rd trimester) (HR5)
Blood transfusion 1978-85	HIV screen (1st visit) (HR3)
Injection drug use	HIV screen (HR3); 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 ¹ (1st trimester), amniocentesis ¹ (15-18 wk) (HR8)
Previous pregnancy with neural tube defect	Offer amniocentesis ¹ (15-18 wk), folic acid 4.0 mg ³ (HR9)
High risk for child abuse	Targeted case management

High Risk Groups

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

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

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

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

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

HR6 = Women who continue to inject drugs.

HR7 = Unsensitized D-negative women.

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

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

