

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 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: 61108,61313-61316,62140-62141,62148,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 1

Diagnosis: TYPE I DIABETES MELLITUS (See Guideline Note 2)
Treatment: MEDICAL THERAPY
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.61,250.63,250.91,250.93,251.3,V53.91,V65.46
CPT: 90918-90997,93990,95250-95251,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0245,G0246,G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9145
Line: 2

Diagnosis: PERITONITIS AND RETROPERITONEAL INFECTIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 567,569.83,777.6
CPT: 10180,44120,44227,44602,44626,49021,49040-49061,49080-49081,49420,49423-49424,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 3

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (See Guideline Note 2)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.4
CPT: 36818,36821,36831-36833,36835,36838,36870,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327
Line: 4

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
ICD-9: 511.8,512,860
CPT: 32000,32002,32019,32020,32200-32215,32310,32420,32500,32650-32653,32655,32664-32665,33015,33020,33025,33030-33031,33050,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 5

Diagnosis: COMPLICATED HERNIA WITH OBSTRUCTION AND/OR GANGRENE; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18
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
CPT: 44050,44120,49491-49496,49500-49572,49582,49587-49590,49650,49651,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2075,S2076,S2077
Line: 6

Diagnosis: TORSION OF OVARY
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-9: 620.5
CPT: 58660,58661,58662,58720,58770,58925,58940-58943,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 7

Diagnosis: TORSION OF TESTIS
Treatment: ORCHIECTOMY, REPAIR
ICD-9: 608.2
CPT: 54512-54535,54600,54620,54640,54660,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 8

Diagnosis: ADDISON'S DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 255.4,255.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 9

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: INJURY TO INTERNAL ORGANS
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: 31775,32110,32120,32124,32653-32654,32658,32820,33300-33335,33960-33961,39501,39545,44139-44140,44227,44625,44701,45562-45563,47361-47362,47802,47900,50220,50740-50760,50947-50948,52310,52315,52332,53502,53505,53510,53515,58520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 10

Diagnosis: FLAIL CHEST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.4
CPT: 21750,21800-21825,32110,32120,32124,32820,32905-32906,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 11

Diagnosis: APPENDICITIS
Treatment: APPENDECTOMY
ICD-9: 289.2,540-543
CPT: 44900-44960,44970,49020
Line: 12

Diagnosis: RUPTURED SPLEEN
Treatment: REPAIR/SPLENECTOMY/INCISION
ICD-9: 865
CPT: 38100,38115,38120
Line: 13

Diagnosis: TUBERCULOSIS
Treatment: MEDICAL THERAPY
ICD-9: 010-012,031.0,V71.2
CPT: 32662,32906,32960,33015,33020,33025,33030-33031,33050,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 14

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN
Treatment: REPAIR
ICD-9: 807.5-807.6,874
CPT: 11010-11012,12001-12007,13101,13131-13150,20100,21495,31528-31529,31584,31766,31780-31781,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 15

Diagnosis: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-9: 464.01,464.1-464.4,464.51
CPT: 31500,31600-31605,31820-31830,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 16

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA
Treatment: MEDICAL THERAPY
ICD-9: 073.0,481-483,485-486,507
CPT: 31500,31603,31645-31646,32000,94640,94656-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 17

Diagnosis: PERTUSSIS AND DIPHTHERIA
Treatment: MEDICAL THERAPY
ICD-9: 032-033
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 18

Diagnosis: RUPTURE OF PAPILLARY MUSCLE (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 429.5-429.6
CPT: 33425,33430,33542,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 19

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: COAGULATION DEFECTS

Treatment: MEDICAL THERAPY

ICD-9: 286.0-286.5,286.7-286.9,719.1,V83.01,V83.02

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 20

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

Treatment: SURGICAL TREATMENT

ICD-9: 441.0-441.1,441.3,441.5-441.6

CPT: 32110,32120,32124,32820,33320-33335,33690,33860-33891,33916,34520,34803,34805,35081-35103,35301-35311,35331-35351,35500-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35651,35663,35697,35820,35840,35870-35876,35905,35907,36825-36830,36834,75956-75959,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 21

Diagnosis: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES

Treatment: LIGATION

ICD-9: 903-904

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

Line: 22

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

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 560.0,560.2,560.30,560.39,560.8-560.9,935.2,936-938

CPT: 43247,43500,43870,44005-44010,44020-44025,44050,44110-44130,44139-44147,44180-44188,44206-44208,44213,44310,44370,44379,44383,44390,44397,44615,44701,45327,45337,45345,45387,45915,49085,91123,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 23

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

Treatment: SURGICAL TREATMENT

ICD-9: 441.2,441.4,441.7,441.9,442

CPT: 33320-33335,33860-33891,33916,34800-34834,34900,35001-35081,35091,35102,35111-35152,35188,35301-35311,35331-35351,35500-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35651,35663,35682-35683,35697,35820,35840,35905,35907,35875-35876,36825-36830,36834,37565-37606,37618,61680-61700,75956-75959,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 24

Diagnosis: RUPTURED VISCUS

Treatment: REPAIR

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

CPT: 43405,44602-44605,45334,45379,45382,45500,45560,45915,57268-57270,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 25

Diagnosis: ACUTE BACTERIAL MENINGITIS (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 036,320

CPT: 61000-61070,61107,61210-61215,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 26

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 2,3,4)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 201

CPT: 38100,38120,49200,49220,77261-77295,77300-77321,77331-77370,77401-77427,78811-78816,79403,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 27

Diagnosis: ACUTE PYELONEPHRITIS, RENAL AND PERINEPHRIC ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 590.1-590.3

CPT: 49423-49424,50020-50021,50220,50391,50520,50525-50526,50544-50546,50548,50575,50947-50948,52332,52334,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 28

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 443.1,444.0-444.1,444.8

CPT: 33320-33335,33916,34001,34051,34101,34201-34203,35081,35331,35363-35390,35473,35536-35551,35560,35623-35641,35646-35647,35651,35681-35683,35691-35695,35741,35761,35800,35875-35876,35901,36825-36830,36834,37184-37186,37201-37202,37204-37205,37209,92960-92998,93797-93798

Line: 29

Diagnosis: LIVER ABSCESS

Treatment: MEDICAL THERAPY

ICD-9: 572.0-572.1

CPT: 47011-47015,49423-49424,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 30

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN (See Guideline Note 1)

Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY

ICD-9: 348.4-348.5,349.81,430-432,437.3,852-853

CPT: 61120,61150-61151,61154,61210,61304,61312-61316,61322-61323,61343,61522-61710,62100,62220-62223,62272,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 31

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS

Treatment: REMOVAL OF FOREIGN BODY

ICD-9: 933.0-933.1,934,935.0-935.1

CPT: 31500,31511-31512,31530-31531,31635,32150-32151,32020,40804,42809,43020,43045,43215,43247,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 32

Diagnosis: NEOPLASMS OF ISLETS OF LANGERHANS

Treatment: EXCISION OF TUMOR

ICD-9: 157.4,211.7

CPT: 48140

Line: 33

Diagnosis: NON-DIABETIC HYPOGLYCEMIC COMA

Treatment: MEDICAL THERAPY

ICD-9: 251.0

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 34

Diagnosis: ACUTE OSTEOMYELITIS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 526.4,730.0,730.3

CPT: 11752,20150,20955-20957,20962,20969-20973,21025,21026,21510,22010-22015,23035,23105,23130,23170-23184,23405-23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210,25215,25230,25240,25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070-27071,27290-27295,27303,27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 35

Diagnosis: ACUTE MASTOIDITIS

Treatment: MASTOIDECTOMY, MEDICAL THERAPY

ICD-9: 383.0,383.2

CPT: 69420-69421,69433-69436,69501-69540,69601-69646,69670,69700,69801-69802,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 36

Diagnosis: PYOGENIC ARTHRITIS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 711.0,711.9

CPT: 23040-23044,24000,25040,25101,26070-26080,27030,27310,27610,28022-28024,29843,29848,29861-29863,29871,29894,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 37

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 391,392.0
CPT: 92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 38

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment: THROMBECTOMY/LIGATION
ICD-9: 453.0-453.3,453.8-453.9
CPT: 34101,34401,34471,34490,34501-34502,34510-34530,35201-35286,35572,35681,35761,35800,35820,35840,35875-35876,35905,35907,37140,37160,37182,37187-37188,37202,37205-37209,37620,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 39

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE (See Guideline Note 1)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.2,941.30-941.35,941.38-941.39,942.20-942.25,942.29,942.35,943.2,944.20-944.24-944.28,944.35,945.2,945.32,946.2-946.3,949.2-949.3
CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,15342-15401,15570-15574,15756-15758,15770,16010-16036,92506-92508,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 40

Diagnosis: CHOANAL ATRESIA
Treatment: REPAIR OF CHOANAL ATRESIA
ICD-9: 748.0
CPT: 30520,30540,30545,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 41

Diagnosis: THROMBOCYTOPENIA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 287.1,287.3-287.5
CPT: 38100,38102,38120,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 42

Diagnosis: INTRA-ABDOMINAL ABSCESS
Treatment: DRAIN ABSCESS, MEDICAL THERAPY
ICD-9: 569.5
CPT: 45308-45315,49020,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 43

Diagnosis: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.0,250.7,440.2-440.3,728.0,728.86,785.4
CPT: 11000-11057,23900-23921,23930,24350-24356,24495,24900-24940,25020-25028,25900-25931,26025-26030,26037-26045,26910-26952,26990-26991,27025,27290-27295,27301,27305,27496-27498,27590-27598,27600-27603,27880-27894,28001-28003,28008,28800-28825,29893,35500,35682-35683,35860,35875-35876,35903,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 44

Diagnosis: RUPTURE OF BLADDER, NONTRAUMATIC
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.6
CPT: 51860-51865,53080,53085,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 45

Diagnosis: ERYSIPELAS
Treatment: MEDICAL THERAPY
ICD-9: 035
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 46

Diagnosis: SEPTICEMIA
Treatment: MEDICAL THERAPY
ICD-9: 002,003.1,038,054.5,079.81,098.89,771.8,785.52
CPT: 49002,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 47

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 080-083,085.0,085.5,085.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 48

Diagnosis: ACUTE ORBITAL CELLULITIS

Treatment: MEDICAL THERAPY

ICD-9: 376.0

CPT: 67414,67445,68400,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 49

Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX

Treatment: MEDICAL THERAPY

ICD-9: 478.6,995.0,995.4,995.6

CPT: 95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 50

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL (See Guideline Note 1)

Treatment: CRANIOTOMY/CRANIECTOMY

ICD-9: 733.3,738.0-738.1,756.0,800.02-800.99,801.02-801.99,803.02-803.99,804

CPT: 11010-11012,11971,14041,21076-21077,21100-21110,21137-21180,21182-21188,21256-21275,21300,43653,49906,61312-61330,61340,61345,61550-61559,61575-61576,62000-62010,62115-62121,62141,62146-62148,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D5915,D5919,D5924,D5925,D5928,D5929,D5931,D5933

Line: 51

Diagnosis: CONGENITAL, PRIMARY, AND SECONDARY SYPHILIS

Treatment: MEDICAL THERAPY

ICD-9: 090-092

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 52

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

ICD-9: V24.2,V25.0-V25.1,V25.4-V25.9,V26.3-V26.4

CPT: 11975-11977,57170,58300-58301,58565,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S4981,S4989

Line: 53

Diagnosis: PREGNANCY (See Guideline Note 5)

Treatment: MATERNITY CARE

ICD-9: 640-677,V22.0-V22.1,V23.0-V23.1,V23.3-V23.9,V24,V28,V72.4

CPT: 12021,57022,57700,58520,59001,59012,59015,59020,59025,59030,59050-59051,59070-59076,59100-59622,59830,59866,59871,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S0265,S2401,S2402,S2403,S2405,S2411,S8055,

Line: 54

Diagnosis: BIRTH OF INFANT

Treatment: NEWBORN CARE

ICD-9: 763,765.29,779.81-779.82,779.84,779.89,V30-V37

CPT: 92586,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 55

Diagnosis: ECTOPIC PREGNANCY

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 633

CPT: 57020,58520,58661,58673,58700,58720,58770,58940,59120-59151,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 56

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 777.5

CPT: 44143,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 57

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: NEONATAL THYROTOXICOSIS

Treatment: MEDICAL THERAPY

ICD-9: 775.3

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 58

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 748.2,769,770.0-770.6,770.8-770.9

CPT: 32000,32020,39501,39503,39520,39530-39531,39545,94640,94656-94668,94772,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 59

Diagnosis: DRUG REACTIONS AND INTOXICATIONS SPECIFIC TO NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.4

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 60

Diagnosis: TETANUS NEONATORUM

Treatment: MEDICAL THERAPY

ICD-9: 771.3

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 61

Diagnosis: HYDROPS FETALIS

Treatment: MEDICAL THERAPY

ICD-9: 773.3,778.0

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 62

Diagnosis: GALACTOSEMIA

Treatment: MEDICAL THERAPY

ICD-9: 271.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 63

Diagnosis: CONGENITAL HYPOTHYROIDISM

Treatment: MEDICAL THERAPY

ICD-9: 243

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 64

Diagnosis: PHENYLKETONURIA (PKU)

Treatment: MEDICAL THERAPY

ICD-9: 270.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 65

Diagnosis: NEONATAL MYASTHENIA GRAVIS

Treatment: MEDICAL THERAPY

ICD-9: 775.2

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 66

Diagnosis: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.0-779.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 67

Diagnosis: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 775.1,776.0-776.3

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 68

Diagnosis: CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.2

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 69

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: LOW BIRTH WEIGHT (UNDER 2500 GRAMS)

Treatment: MEDICAL THERAPY

ICD-9: 765,772.1-772.2,778.1

CPT: 94772,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 70

Diagnosis: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS

Treatment: MEDICAL THERAPY

ICD-9: 778.2-778.4

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 71

Diagnosis: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE

Treatment: MEDICAL THERAPY

ICD-9: 772.5-772.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 72

Diagnosis: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS

Treatment: MEDICAL THERAPY

ICD-9: 771.4-771.5

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 73

Diagnosis: BIRTH TRAUMA FOR BABY

Treatment: MEDICAL THERAPY

ICD-9: 767-768

CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 74

Diagnosis: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC

Treatment: MEDICAL THERAPY

ICD-9: 776.4

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 75

Diagnosis: ANEMIA OF PREMATURITY OR TRANSIENT NEONATAL NEUTROPENIA

Treatment: MEDICAL THERAPY

ICD-9: 776.6-776.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 76

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

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

CPT: 31750,31760,32905-32906,33960-33961,39503,43500-43510,43520,43620-43640,43653,43760,43800-43832,43840,43850,43860,43870-43880,44005,44010,44015,44020-44021,44050-44055,44110-44130,44139-44188,44206-44213,44227,44300-44900,44950,44955,45000-45123,45130-45150,45300,45307-45386,45395-45397,45800,46040-46045,46060,46070-46080,46270,46275,46600,46608-46614,46705-46754,46762,47010-47011,47300,47500-47556,47600-47620,47700-47701,47715-48000,48120-48146,48150,48180-48556,49200-49201,49215,49220,49250,49422-49424,49600-49611,49904-49905,51500,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 77

Diagnosis: CONGENITAL INFECTIOUS DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 771.0-771.2

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 78

Diagnosis: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT

Treatment: MEDICAL THERAPY

ICD-9: 766

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 79

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: FEEDING PROBLEMS IN NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.3

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 80

Diagnosis: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE,
AND FETAL AND NEONATAL JAUNDICE

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: 96900,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 81

Diagnosis: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION

Treatment: MEDICAL THERAPY

ICD-9: 771.6-771.7

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 82

Diagnosis: DRUG WITHDRAWAL SYNDROME IN NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.5

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 83

Diagnosis: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC
TO THE FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 775.4-775.5,775.7-775.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 84

Diagnosis: ADRENOGENITAL DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 255.2,752.7

CPT: 50700,54690,56800,56805,56810,57335,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 85

Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS

Treatment: SHUNT

ICD-9: 331.3-331.4,348.2,742.0,742.3-742.4

CPT: 20664,61020,61070,61107,61210-61215,61322-61323,62100,62120-62121,62160-62163,62180-
62258,62272,63740-63746

Line: 86

Diagnosis: SPINA BIFIDA

Treatment: SURGICAL TREATMENT

ICD-9: 741

CPT: 27036,61343,62180-62258,63700-63710,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 87

Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Note 1)

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-
97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 88

Diagnosis: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA

Treatment: MEDICAL THERAPY

ICD-9: 775.0,775.6

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 89

Diagnosis: CONGENITAL CYSTIC LUNG - MILD AND MODERATE

Treatment: LUNG RESECTION, MEDICAL THERAPY

ICD-9: 518.89,748.4,748.61

CPT: 32140-32141,32480,32482,32484-32486,32488,32500-32501,32662,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440

Line: 90

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

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: 91

Diagnosis: STERILIZATION

Treatment: VASECTOMY

ICD-9: V25.2

CPT: 55250,55450

Line: 92

Diagnosis: STERILIZATION

Treatment: TUBAL LIGATION

ICD-9: V25.2

CPT: 58600-58615,58670,58671

Line: 93

Diagnosis: COARCTATION OF THE AORTA (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 747.10,747.2-747.3

CPT: 33720,33722,33802-33803,33840-33852,92960-92998,93797-93798

Line: 94

Diagnosis: ATRIAL SEPTAL DEFECT, PRIMUM (See Guideline Note 1)

Treatment: REPAIR SEPTAL DEFECT

ICD-9: 745.61,745.9

CPT: 33641,33660-33665,33735-33737,92960-92998,93797-93798,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440

Line: 95

Diagnosis: VENTRICULAR SEPTAL DEFECT (See Guideline Note 1)

Treatment: CLOSURE

ICD-9: 745.4,745.7

CPT: 33545,33610,33647,33665,33681-33688,33690,33735-33737,92960-92998,93581,93797-93798,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 96

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

Treatment: RESECTION, REPAIR

ICD-9: 746.8

CPT: 32661,33404,33415-33417,33476,33478,33732,33768,92960-92998,93797-93798,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 97

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 530.84,750.2-750.9

CPT: 31750,31760,42145,42200,42215,42815-42826,43112-43118,43121-43124,43300-43352,43360-
43361,43450,43453,43496,43520,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440

Line: 98

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION

ICD-9: 752.8,753.0-753.1,753.3-753.9

CPT: 14020,15000-15738,36145,45820,50040-50045,50100,50125,50135,50220-50290,50390,50540,
50544-50546,50548,50553,50572,50722,50725,50727-50728,50825-50840,50845,50947-50948,
50970,51000-51597,51715,51800-51980,52214,52290,52300,53020-53025,53080,53085,53210-
53215,53400-53460,53621,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

Line: 99

Diagnosis: CORONARY ARTERY ANOMALY (See Guideline Note 1)

Treatment: REIMPLANTATION OF CORONARY ARTERY

ICD-9: 746.85

CPT: 33500-33510,35572,92960-92998,93797-93798

Line: 100

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: COMPLETE, CORRECTED AND OTHER TRANSPOSITION OF GREAT VESSELS (See Guideline Note 1)
Treatment: REPAIR
ICD-9: 745.10,745.12,745.19
CPT: 33735,33737,33750,33764,33770-33781,92960-92998,93797-93798,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 101

Diagnosis: TETRALOGY OF FALLOT (TOF) (See Guideline Note 1)
Treatment: TOTAL REPAIR TETRALOGY
ICD-9: 745.2,746.09,746.87,746.9,747.3,747.42,747.49
CPT: 33606,33608,33692-33697,33735-33737,33750,33764,33924-33926,92960-92998,93797-93798,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 102

Diagnosis: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA (See Guideline Note 1)
Treatment: LIGATION
ICD-9: 417.0,746.85,747.0,747.83
CPT: 33500-33504,33702-33710,33813-33814,33820-33824,37204,92960-92998,93797-93798,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 103

Diagnosis: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Note 1)
Treatment: COMPLETE REPAIR
ICD-9: 747.41
CPT: 33730,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 104

Diagnosis: OTHER AND UNSPECIFIED TYPE ENDOCARDIAL CUSHION DEFECTS (See Guideline Note 1)
Treatment: REPAIR ATRIOVENTRICULAR
ICD-9: 745.60,745.69,745.8
CPT: 33660,33670,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 105

Diagnosis: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
ICD-9: 751.61,996.82,V59.6
CPT: 47133-47147
Line: 106

Diagnosis: CYSTIC FIBROSIS
Treatment: MEDICAL THERAPY
ICD-9: 277.0
CPT: 31500,31600,31603,31624,31646,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 107

Diagnosis: END STAGE RENAL DISEASE
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
Line: 108

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS;
INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification
Below) (See Guideline Note 6)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
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
Line: 109

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

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-9: 519.1,519.4,519.8,748.3,749.0
CPT: 30140,30520,30620,31527,31630-31631,31635-31638,31641,33800,41510,42820-42836,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D8010,D8020,D8030,D8040,D8070,D8080,D8090,D8210,D8220,D8660,D8670,D8680,D8690,D8691,D8692,D8999
Line: 110

Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS (See Guideline Note 1)
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: 31750,31760,32659-32661,33011,33015,33020,33025,33030-33031,33050,33400-33403,33405-33413,33425-33465,33475,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 111

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 Note 1)
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: 11010-11012,20690-20694,20900,20930-20938,22100-22116,22305-22328,22505,22548-22632,22802,22810,22840-22855,27202,27215-27216,29015,29025,29040,29710-29720,63001-63091,63101-63103,63170-63173,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 112

Diagnosis: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.81,808,V54.01,V54.09,V54.19,V54.29
CPT: 11010-11012,20690-20694,20900,27033,27193-27194,27215-27228,27280,27282,29035-29046,29305,29325,29710,29720,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 113

Diagnosis: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Note 1)
Treatment: REPAIR
ICD-9: 901
CPT: 37616,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 114

Diagnosis: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ECZEMA HERPETICUM
Treatment: MEDICAL THERAPY
ICD-9: 054.0,695.1
CPT: 65780-65782,68371,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 115

Diagnosis: ACQUIRED HEMOLYTIC ANEMIAS
Treatment: MEDICAL THERAPY
ICD-9: 283
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 116

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 204.0,205.0,206.0,207.0,208.0,238.7,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 117

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 2,3)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 204.0
CPT: 62350-62368,77261-77295,77300-77321,77331-77370,77401-77427,95990-95991,96401-96571,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 118

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 2,3,4,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 201,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 119

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA
Treatment: MEDICAL THERAPY
ICD-9: 284.0
CPT: 38204-38215,38242,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0267,S9355
Line: 120

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.8-284.9,996.85,V59.3
CPT: 36680,38204-38215,38240,38242,96401-96571
HCPCS: G0267,S2142,S2150
Line: 121

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 2,3,4,8)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 200,202.0-202.3,202.6,202.8-202.9,238.5-238.7
CPT: 38100,38120,38510-38525,38720,49080-49081,77261-77295,77300-77321,77331-77370,77401-
77427,77470,78811-78816,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440
HCPCS: G0242,G0243,S9355
Line: 122

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 2,3,4,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 200,202.0-202.2,202.8-202.9,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 123

Diagnosis: OSTEOPETROSIS (See Guideline Notes 2,3,7)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 756.52,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 124

Diagnosis: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
ICD-9: 630
CPT: 58120,58150,58180,58550,58552-58553,59100,59135,59870,96401-96571,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 125

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT
ICD-9: 557.0
CPT: 34151,34421,34451,44120-44125,44213,44139-44160,44206-44212,44701,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 126

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER (See Guideline Note 6)
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-9: 557,579.3,777.5,996.87
CPT: 44132-44136,44715-44721,47133-47147
HCPCS: S2053
Line: 127

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS
Treatment: MEDICAL THERAPY
ICD-9: 079.82,506,508.0,518.4-518.5
CPT: 31500,31600-31603,31645,31646,31820,31825,94640,94656-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 128

Diagnosis: RUPTURE OF LIVER
Treatment: SUTURE/REPAIR
ICD-9: 573.4,573.8,864.04
CPT: 47350-47362,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 129

Diagnosis: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS)
Treatment: MEDICAL THERAPY
ICD-9: 013,117.5,117.9,130.8,322
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 130

Diagnosis: OPEN FRACTURE OF EXTREMITIES (See Guideline Note 1)
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,V54.0,V54.10-V54.16
CPT: 11010-11012,11760,12001-12057,20150,20650,20663,20670-20694,20900,22848-22855,23395,23400,23515,23585,23615,23630,24130,24515,24516,24545-24546,24575,24579,24586-24587,24640,24665-24666,24685,25119,25210-25240,25310,25320,25337,25390-25392,25441-25447,25450,25455,25490-25492,25515,25525,25526,25545,25574-25575,25620,25628,25810-25825,26615,26665,26727-26735,26746,26765,26785,27235-27236,27244,27248,27350,27430,27435,27465-27468,27496-27498,27502,27506-27507,27511-27514,27519,27524,27535-27536,27540,27610,27656,27712,27756-27759,27766,27784,27792,27814,27822-27829,27892-27894,28415-28420,28445,28465,28485,28505,28525,28531,28730,29035-29131,29305-29445,29505,29515,29700-29710,29720-29740,29855-29856,29874-29879,29888-29898,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 131

Diagnosis: DISEASES OF PHARYNX INCLUDING RETROPHARYNGEAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 478.21-478.22,478.24-478.26,478.29
CPT: 31610,31612-31613,42700-42725,42808-42972,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 132

Diagnosis: ARTERIAL ANEURYSM OF NECK (See Guideline Note 1)
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: 133

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 2,3)
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: 36822,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,96401-96571,99024,99051,99060,99070,99078,99195,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 134

Diagnosis: HYPOTHERMIA
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-9: 991.6
CPT: 33960-33961,36822,49080,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 135

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: BENIGN NEOPLASM OF THE BRAIN

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

ICD-9: 225.0-225.4,228.02,228.04,377.04

CPT: 12034,14300,61312-61330,61333-61480,61500-61512,61516-61521,61524-61530,61534,61536-61564,61571-61598,61600-61626,61793,61795,62100,62140,62141,62160,62163-62165,62223,62272,62350-62368,63265,63276,63281,63615,77261-77295,77300-77321,77331-77370,77402-77470,77520-77790,79005-79900,95990-95991,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 136

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

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

ICD-9: 172

CPT: 11600-11646,12001-13102,13120-14001,14020-14061,14300,14350,15000-15770,21015,21555-21557,21632,21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,28043-28046,38562-38564,38700-38780,77261-77295,77300-77321,77331-77370,77401-77470,78811-78816,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 137

Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA

Treatment: THYROIDECTOMY

ICD-9: 193,194.8,237.4,246.0,258,758.5

CPT: 60210,60212,60220,60225,60240,60270-60271,60512

Line: 138

Diagnosis: DIABETES INSIPIDUS

Treatment: MEDICAL THERAPY

ICD-9: 253.5

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 139

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 1,9)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 344.6,722.0-722.2,722.7,723.4,724.4,742.59

CPT: 20931,20938,22548,22554,22556,22558,22585,22612,22630,22632,22808,22840,22845,22851,22855,55870,62284,62287,62290-62291,62350-62351,62355,62362,62365,62367-62368,63001-63091,63170-63200,63300-63308,63600,63610,63650-63655,63685,64421,95990-95991,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2350,S2351

Line: 140

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (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,V05.0-V05.1,V05.3,V05.8,V06.1,V06.3-V06.6,V06.9,V07.0,V07.2,V17-V20,V65.41-V65.45,V71.09,V73-V75,V77-V82

CPT: 90471-90472,92002-92014,92586,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: H0001,H0002,H0031

Line: 141

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.1

CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255,99304-99318

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

Line: 142

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.89

CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255

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

Line: 143

Diagnosis: COARCTATION OF THE AORTA (See Guideline Note 1)

Treatment: BALLOON DILATION

ICD-9: 747.10

CPT: 35452,35472,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 144

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

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 323.5,414.12,443.21-443.24,443.29,519.01,519.09,536.41,569.61,996.0-996.2,996.39,
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

CPT: 10121,10140,10180,11008,11043-11044,13160,20670-20680,20693-20694,20975,21120,21627,
21750,22849-22850,22852-22855,23331-23332,23800-23802,24160-24164,24430-24435,24800-
24802,24925-24935,25250-25251,25415-25420,25431-25446,25449,25907-26045,26060-26565,
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-
35587,35656,35666-35671,35700,35800-35881,35901-35907,36145,36261,36550,36818-36821,
36831-36870,37203,43860,43870,44137,47802,49002,49020-49021,49422,50065,50135,50225,
50370,50398,50405,50525,50727-50728,50830,50920,50930-50940,51705-51710,51860-51880,
51900-51925,52001,54340-54352,54390,54406-54417,61880,61888,62194,62225-62230,62256-
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,
97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440

Line: 145

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB INCLUDING BLOOD VESSELS (See
Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 728.0,728.88,862.8,900,902-904,925-928,929.0,958.5-958.6,958.8,959.13

CPT: 11730,11760,15100-15241,20101-20103,20972-20973,21627,21630,23395,24495,25020,25023,
25274,25295,25300-25301,25320,25335-25337,25390-25393,25441-25447,25450,25455,25490-
25492,25810,25820,25825,25830,26357-26390,26437,27465-27466,27468,27496-27498,27600-
27602,27656,27658-27659,27665,27695-27698,27892-27894,29130,35141,35206-35207,35236,
35266,35521,37615-37618,92960-92998,93797-93798,97001-97004,97012-97014,97022,97032,
97110-97124,97140-97535,97542,97602,97760-97762

Line: 146

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

Treatment: MITRAL VALVE REPLACEMENT

ICD-9: 746.5

CPT: 33420-33430,33496,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440

Line: 147

Diagnosis: COMMON TRUNCUS (See Guideline Note 1)

Treatment: TOTAL REPAIR/REPLANT ARTERY

ICD-9: 745.0

CPT: 33608,33690,33786,33788,33813-33814,92960-92998,93797-93798,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440

Line: 148

Diagnosis: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Note 1)

Treatment: REPAIR

ICD-9: 746.1

CPT: 33460,33463-33464,33496,33615,33617,33735,33750,33766,33768,92960-92998,93797-93798,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 149

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE: DOUBLE OUTLET RIGHT VENTRICLE (See Guideline Note 1)
Treatment: SHUNT/REPAIR
ICD-9: 745.11
CPT: 33611-33612,33684,33750-33766,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 150

Diagnosis: COMMON VENTRICLE (See Guideline Note 1)
Treatment: TOTAL REPAIR
ICD-9: 745.3
CPT: 33600,33602,33610,33615,33617,33690,33692-33694,33735,33750,33764,33766-33768,33924,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 151

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Note 1)
Treatment: SHUNT/REPAIR
ICD-9: 746.00-746.01
CPT: 33470-33474,33530,33608,33750-33766,33920,33925-33926,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 152

Diagnosis: INTERRUPTED AORTIC ARCH (See Guideline Note 1)
Treatment: TRANSVERSE ARCH GRAFT
ICD-9: 747.11
CPT: 33608,33852-33853,33870,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 153

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes 1,6)
Treatment: CARDIAC TRANSPLANT
ICD-9: 135,412,414,422,425,428,429.1,674.8,745.1,745.3,746.7,996.83
CPT: 33940-33945,33975-33978,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 154

Diagnosis: DISORDERS OF BILE DUCT
Treatment: EXCISION, REPAIR
ICD-9: 576.4-576.9
CPT: 43262,43267-43269,43272,47015,47420-47460,47510-47530,47554-47556,47600-47900,49422,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 155

Diagnosis: ASTHMA
Treatment: MEDICAL THERAPY
ICD-9: 493
CPT: 31500,31600-31603,31820,31825,94640,94656-94668,95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 156

Diagnosis: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
ICD-9: 480.1
CPT: 31500,31600-31603,31820,31825,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 157

Diagnosis: RESPIRATORY FAILURE
Treatment: MEDICAL THERAPY
ICD-9: 518.81-518.84
CPT: 31500,31502,31600-31610,31645,31820,31825,36822,94640,94656-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 158

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 295.1-295.9,298.4,299.1,299.9

CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255,99304-99318

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

Line: 159

Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.30-296.36,298.0

CPT: 90801-90829,90846-90862,90870,90882,90887,96101,99051,99060,99201-99255,99304-99318

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

Line: 160

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.0-296.1,296.4-296.8,296.99,301.13

CPT: 90801-90829,90846-90862,90870,90882,90887,96101,99051,99060,99201-99255,99304-99318

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

Line: 161

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

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: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,
15342-15401,15570-15574,15770,16000-16036,65780-65782,68371,92506-92508,92607-92609,
92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,
97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 162

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

Treatment: MEDICAL THERAPY, DIALYSIS

ICD-9: 276,785.50,785.59

CPT: 36818,36821,36832,36835,36838,90918-90997,93990,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440

HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,
G0322,G0323,G0324,G0325,G0326,G0327

Line: 163

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

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY

ICD-9: 242,245.1-245.9,246.8,376.2

CPT: 60210,60212,60220,60225,60240,60270-60271,60512,67414,67440-67445,77261-77295,77300-
77315,77331-77336,77401-77427,77470,79005-79900,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 164

Diagnosis: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 404,405.01,405.11,405.91

CPT: 92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

Line: 165

Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

ICD-9: 348.0,349.2

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

Line: 166

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

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

Treatment: MEDICAL THERAPY

ICD-9: 042,V08

CPT: 94642,97810-97814,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 167

Diagnosis: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY

Treatment: MEDICAL THERAPY

ICD-9: 003.9,007.2,007.4,007.5,007.9,031.2,031.9,039,053-054,078.5,110,111.1,112.0,112.2,112.84,115,117.5,118,130,136.3

CPT: 11720-11721,17110-17111,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 168

Diagnosis: EMPYEMA AND ABSCESS OF LUNG

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 510,511.1,513.0

CPT: 32000-32036,32200,32215-32225,32310,32320,32420,32500,32650-32652,32655-32656,32664-32665,32810,32815,32906,32940,33015,33020,33025,33030-33031,33050,33253,39220,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 169

Diagnosis: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS

Treatment: MEDICAL THERAPY

ICD-9: 284.8-284.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 170

Diagnosis: MALARIA AND RELAPSING FEVER

Treatment: MEDICAL THERAPY

ICD-9: 084,086.1-086.5,086.9,087,285.21-285.29

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 171

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

Treatment: MEDICAL THERAPY

ICD-9: 416,428,514

CPT: 33967,33979-33980,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 172

Diagnosis: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN

Treatment: MEDICAL THERAPY

ICD-9: 282,285.8,289.0,289.4-289.6,289.8

CPT: 38100-38102,38120,47562,47563,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S9355

Line: 173

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

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

CPT: 31500,31603,31605,32160,33200-33261,33820,33973-33974,92960-92998,93600-93652,93724-93736,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 174

Diagnosis: END STAGE RENAL DISEASE (See Guideline Note 2)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-9: 250.4,583.8-583.9

CPT: 36818,36821,36831-36833,36835,36838,36870,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327

Line: 175

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)(See Guideline Note 6)
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
Line: 176

Diagnosis: FRACTURE OF HIP, CLOSED (See Guideline Notes 1,11)
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: 20680,20900,27125,27132,27230-27232,27235-27240,27244-27248,27496-27498,27506,27656, 27892-27894,29035-29046,29305,29325,29700,29710,29720,29730,77261-77295,77300,77305-77315,77331-77336,77401-77417,77427,77470,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 177

Diagnosis: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA
Treatment: MEDICAL THERAPY
ICD-9: 277.6,995.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 178

Diagnosis: TESTICULAR CANCER (See Guideline Notes 2,3,7,12)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 186,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 179

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 205.1,206.1,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0242,G0243,G0267,S2142,S2150
Line: 180

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10 (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,V05.0-V05.1,V05.3,V05.8,V06.1,V06.3-V06.6,V06.9,V07.0,V07.2,V07.4,V16-V19,V65.41-V65.45, V70.0,V71.09,V72.0-V72.1,V72.3,V73-V82
CPT: 90471-90472,92002-92014,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0117,G0118,H0001,H0002,H0031,S0613
Line: 181

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note 13)
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
ICD-9: 305.1
CPT: 97810-97814,99071,99078,99201-99215,99372
HCPCS: D1320,G9016,S9075,S9453
Line: 182

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: 183

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.1,303.9,304,305.0,305.2-305.9
CPT: 90801-90829,90846-90862,90882,90887,96101,97810-97814,99051,99060,99201-99255
HCPCS: H0001,H0002,H0004,H0005,H0006,H0012,H0016,H0020,H0031,H0033,H0034,H0035,H0048,H2013, H2035,T1006,T1013,T1016,T1502
Line: 184

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Note 14)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.2,296.90,298.0,311
CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9480,S9484,T1005,T1013,T1016,T1023
Line: 185

Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.3,298.1-298.3,298.9,299.8
CPT: 90801-90815,90821,90822,90828,90829,90846-90862,90882,90887,96101,99051,99060,99201-
99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9480,S9484,T1005,T1013,T1016,T1023
Line: 186

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED (See Guideline
Note 15)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 314
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99251-
99255
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2011,
H2012,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 187

Diagnosis: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 401-402,405.09,405.19,405.99,437.2
CPT: 92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 188

Diagnosis: ULCERS, GASTRITIS AND DUODENITIS
Treatment: MEDICAL THERAPY
ICD-9: 531-535,537.81-537.82,569.84
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 189

Diagnosis: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 193
CPT: 38510,60200,60210,60212,60220-60225,60252-60260,60270-60271,60512,77261-77295,77300-
77315,77331-77370,77401-77427,79005-79900,96401-96571,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
HCPCS: D5984,G0242,G0243
Line: 190

Diagnosis: CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 186,236.4
CPT: 38564,38780,54512-54535,54690,77261-77295,77300,77305-77315,77331-77370,77401-77417,
77427,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 191

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 179,182,233.2,236.0,621.3
CPT: 38770,38780,49201,57500,58120,58150-58285,58290-58294,58346,58953-58956,77261-77295,
77300,77305-77370,77402-77417,77427,77470,77761-77790,96401-96571,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 192

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CANCER OF EYE AND ORBIT, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 190,234.0,238.8
CPT: 11420,11440,13132,15756-15758,20969,65091,65101-65105,65110-65114,65900,66600,66605,66770,67208-67218,67414,67445,68135,68320,68325-68326,68328,68335,68340,77261-77295,77300-77370,77401-77470,77520-77525,77750,92002-92060,92070-92353,92358-92371,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 193

Diagnosis: ULCERS, GI HEMORRHAGE
Treatment: SURGICAL TREATMENT
ICD-9: 530.7,531-534,537.0,537.3-537.4,537.83-537.84,569.84,569.85,578
CPT: 43201,43204-43205,43236,43241,43243-43244,43255,43324,43501-43502,43520,43610-43641,43651,43652,43800,43820-43840,43850-43855,43865,43870,44602-44603,45308-45320,45333-45339,64680,91100,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 194

Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Note 1)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-9: 746.3-746.4
CPT: 33400,33405-33417,33496,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 195

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE (See Guideline Note 1)
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: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,15342-15401,15570-15574,16000-16036,92506-92508,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 196

Diagnosis: AGRANULOCYTOSIS (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANTATION
ICD-9: 288.0,996.85,V59.3
CPT: 36680,38204-38215,38240,38242,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0267,S2142,S2150
Line: 197

Diagnosis: CHRONIC GRANULOMATOUS DISEASE (See Guideline Notes 2,3)
Treatment: MEDICAL THERAPY
ICD-9: 288.1-288.2
CPT: 79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 198

Diagnosis: BOTULISM
Treatment: MEDICAL THERAPY
ICD-9: 005.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 199

Diagnosis: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU)
Treatment: MEDICAL THERAPY
ICD-9: 270.0,270.2-270.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 200

Diagnosis: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD
Treatment: MEDICAL THERAPY
ICD-9: 770.7
CPT: 31601-31603,31820,31825,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 201

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES
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: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 202

Diagnosis: HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS
Treatment: MEDICAL THERAPY
ICD-9: 050,053,054.3-054.4,054.72,136.2,331.81
CPT: 69676,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 203

Diagnosis: PNEUMOCYSTIS CARINII PNEUMONIA
Treatment: MEDICAL THERAPY
ICD-9: 136.3
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 204

Diagnosis: HYPOPLASIA AND DYSPLASIA OF LUNG
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 31601-31603,31820,31825,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 205

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 086.0,425
CPT: 21630,33010,33215-33216,33218-33220,33223-33226,33240-33246,33249,33414-33416,33508,33510-33514,33516-33519,33521-33523,33530,33973-33974,92960-92998,93724-93736,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 206

Diagnosis: GLYCOGENOSIS
Treatment: MEDICAL THERAPY
ICD-9: 271.0
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 207

Diagnosis: CHRONIC OSTEOMYELITIS (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 730.1-730.2,730.30,730.34,730.9
CPT: 11000-11044,15734,20000,20005,20150,20692,20900,20930-20938,20955-20957,20962,20969-20973,21620,21627,22548,22554,22556,22558,22585,22600-22614,22842-22847,22851,23035,23105,23130,23170-23182,23184,23220-23222,23395,23935,24134-24147,24150-24153,24420,24498,25035,25085,25119,25145-25151,25210,25215,25230,25240,25320,25337,26034,26230-26236,26951,26992,27070-27071,27075-27079,27187,27303,27360,27465-27466,27468,27607,27620,27640-27641,27745,28005,28120-28124,28810,28820,63081-63091,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 208

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 2,3)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 203.0,203.8,204.0
CPT: 62350-62368,77261-77295,77300-77321,77331-77370,77401-77427,79005-79900,95990-95991,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 209

Diagnosis: MULTIPLE MYELOMA (See Guideline Notes 2,3,7)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 203,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0267,S2142,S2150
Line: 210

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP
Treatment: MEDICAL THERAPY
ICD-9: 451.1,451.81,451.83,453.4
CPT: 11042,32661,35700,35860,35875-35876,35903,37187-37188,37500,37650,37660,37735,37760,37785,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 211

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DISEASES OF ENDOCARDIUM (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 424

CPT: 32660,33496,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 212

Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 420.91,422.91

CPT: 31750,31760,32659-32661,33010-33011,33015,33020,33025,33030-33031,33050,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 213

Diagnosis: INTRASPINAL AND INTRACRANIAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 324-325,386.33

CPT: 20930-20938,22010-22015,22554-22558,22585,22840-22855,61105-61323,61501,61514,61522,61570-61571,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 214

Diagnosis: FRACTURE OF RIBS AND STERNUM, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 807.1,807.3,V54.19,V54.29

CPT: 11010-11012,21805,21810,21825,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 215

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

ICD-9: 046,049,062-063,090.40,094.0-094.2,094.8-094.9,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,564.81,728.1,728.3,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,787.2,797,850.4,851-854,905.0,907.0-907.3,907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0

CPT: 15845,31502,31600-31615,31622-31656,31730,31750,31755,31760,31820,31825,31830,43246,43653,43750,43810-43830,43832,44130,44139-44160,44186-44188,44206-44213,44300-44320,44372,44701,46750-46760,51040,51797,51880,51960,52277,53431-53442,53445,61215,62350-62355,77401-77470,92526,94640,94656-94668,95990-95991,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D5937

Line: 216

Diagnosis: ESOPHAGEAL STRICTURE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 530.3

CPT: 32110,32120,32124,32820,43219-43220,43226,43245-43246,43248-43249,43330,43410,43415,43420,43425,43450-43456,43653,43830,43832,44300,44372-44373,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 217

Diagnosis: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 632,634.0-634.1

CPT: 58520,59812,59820-59830,64435,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 218

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS (See Guideline Note 2)
Treatment: MEDICAL THERAPY
ICD-9: 581.3
CPT: 90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327
Line: 219

Diagnosis: DISORDERS OF PANCREATIC ENDOCRINE SECRETION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 251.4-251.9
CPT: 48155,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 220

Diagnosis: ERYTHROPLAKIA, LEUKOEDEMA OF MOUTH OR TONGUE
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-9: 230.0,528.7
CPT: 41000-41018,41110-41520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 221

Diagnosis: LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TONGUE
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-9: 528.6
CPT: 41000-41018,41110-41520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 222

Diagnosis: DYSTROPHY OF VULVA
Treatment: MEDICAL THERAPY
ICD-9: 624.0-624.1
CPT: 56501,56515,56620,57452,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 223

Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.1,171,238.1
CPT: 14040,15100-15101,15732-15756,15758,21121,21555-21557,21930-21935,22900,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,28043-28046,33120,33130,64774-64783,77261-77295,77300-77370,77402-77470,77761-77790,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 224

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Coding Specification Below) (See Guideline Notes 2,3,16)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
ICD-9: 174-175,233.0,238.3,V45.71,V50.42
CPT: 11401-11402,11623,13102,13122,13132-13133,13153,19110,19120,19125-19126,19160-19200,19240,19290-19298,19324-19369,32000,38500-38520,38740-38745,58940,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77600-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243,S2068
Line: 225

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).

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.0,198.6,236.2
CPT: 44110,44120,44140,49419,58180,58550,58720,58740,58925-58960,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,77470,77750,77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 226

Diagnosis: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
ICD-9: 752.5
CPT: 54512,54520-54535,54550,54560,54620,54640,54650,54660,54690,54692,55200
Line: 227

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 187,233.5-233.6,236.6
CPT: 11623,11960-11971,15574,52240,54120-54135,54220,54065,55150-55180,58960,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77600-77784,77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 228

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.2-183.9,184,233.3,236.1,236.3
CPT: 56501,56515,56620,56625,56630-56640,57065,57106-57112,57520,57530,57550,58150,58180,58200,58210,58240,58260,58275,58285,58290,58943-58960,77261-77295,77300,77305-77370,77401-77417,77427,77470,77750-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 229

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 181
CPT: 58120,58150,58180-58200,58953,58956,77261-77295,77300,77305-77321,77331-77370,77401-77417,77427,77470,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 230

Diagnosis: CANCER OF BONES, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 1,2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 170,198.5,238.0
CPT: 14001,20931,20938,20955-20973,21025-21026,21034,21044-21045,21081,21610,21620,22548-22585,22851,23140,23200-23222,23900,24150-24153,24363,24498,24900-24931,25110-25119,25210-25240,25320,25335-25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26200,26910-26952,27025,27054,27065-27067,27187,27290,27334-27335,27365,27465-27468,27496-27498,27590-27598,27656,27745,27880-27894,28800-28825,31200-31201,31225,32900,36680,63081-63091,63101-63103,63276,69970,77261-77295,77300-77321,77331-77370,77401-77427,77470,79005-79900,96401-96571,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5934,D5935,D5984,D7440,D7441,G0242,G0243
Line: 231

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 188,189.2,198.1,233.7,236.7
CPT: 50125,50220-50290,50340,50544-50548,50553,50572,50650-50660,50825-50840,50976,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52327,52332,52355,52500,53210-53220,58960,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 232

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 158,197.6,197.8,235.4-235.5
CPT: 39010,44820-44850,49081,49201,49255,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 233

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 140-149,160-161,231.0,231.8,235.0-235.1,235.6,235.9
CPT: 13132,13151,14040-14061,15570,15732-15734,15756-15758,15760,20955-20957,30117-30118,30520,31075-31090,31200-31205,31225-31230,31300,31360-31368,31370,31380-31395,31540-31541,31600-31603,31611,31820,31825,38724,40500-40530,40810-40816,40819,40845,41110-41116,41120-41155,41820,41825-41827,41850,42104-42120,42280-42281,42842,42845,42410-42450,42500,42826,43450,43496,69110,69150,69155,69502,77261-77295,77300-77315,77326-77370,77401-77470,77750-77790,79005-79900,92506-92508,92607-92609,92626-92633,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5983,D5984,D5985,D7440,D7441,D7920,D7981,G0242,G0243
Line: 234

Diagnosis: PORTAL VEIN THROMBOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 452
CPT: 37140,37180,37182,49425-49429,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 235

Diagnosis: PARALYTIC ILEUS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.1,560.31
CPT: 47562,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 236

Diagnosis: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 897.0-897.7,905.9
CPT: 11010-11012,20920,20922,20924,27290-27295,27590-27598,27880-27886,27889,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 237

Diagnosis: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 885-887
CPT: 11000-11001,11010-11012,11042-11044,15050,20802,20805,20808,20816-20924,20972-20973,23900,23920,23921,24900,24920,24925,24930,24931,24935,24940,25900-25909,26350-26356,26410-26418,26551-26556,26910-26952,64831-64832,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 238

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES

Treatment: MEDICAL THERAPY

ICD-9: 260-268,269.0-269.3,280,285.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 239

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE

Treatment: MEDICAL THERAPY

ICD-9: 959.9,994.2-994.3,995.5,995.80-995.85,V61.11,V61.21,V71.5

CPT: 46700,46706,56800,56810,57023,57200,57210,57410,57415,99024,99051,99060,99070,99078,99170,99201-99362,99374-99375,99379-99440

Line: 240

Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 308

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99255

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

Line: 241

Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.21

CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245

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

Line: 242

Diagnosis: PERITONSILLAR ABSCESS

Treatment: INCISION AND DRAINAGE OF ABSCESS, MEDICAL THERAPY

ICD-9: 475

CPT: 10160,42700,42820-42826,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 243

Diagnosis: CANCRUM ORIS

Treatment: MEDICAL THERAPY

ICD-9: 528.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 244

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES

Treatment: THROMBOENDARTERECTOMY

ICD-9: 433

CPT: 34001,35301,35390,37215-37216,61680,61795,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 245

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See Guideline Note 2)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-9: 580.0,580.8-580.9,583.0-583.7,584

CPT: 36145,36800-36819,36821,36831-36833,36835,36838,36870,49422,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327

Line: 246

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS (See Guideline Note 2)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-9: 403,581.0-581.2,581.8-581.9,582,585,587-589,593.9

CPT: 36145,36800-36819,36821,36825-36833,36835,36838,36870,49420-49421,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9355

Line: 247

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS

Treatment: MEDICAL THERAPY

ICD-9: 123.1-123.9,124

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 248

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS

Treatment: MEDICAL THERAPY

ICD-9: 278.2,278.4,960-989,995.2,995.86

CPT: 43226,43241-43247,90918-90997,91105,93990,99024,99051,99060,99070,99078,99175,99201-99362,99374-99375,99379-99440

HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9355

Line: 249

Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA

Treatment: MEDICAL THERAPY

ICD-9: 202.5,272,277.1,277.5-277.6,277.8-277.9,330.1,374.51

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 250

Diagnosis: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES

Treatment: MEDICAL THERAPY

ICD-9: 271.2-271.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 251

Diagnosis: INTESTINAL MALABSORPTION

Treatment: MEDICAL THERAPY

ICD-9: 040.2,579

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 252

Diagnosis: DELIRIUM DUE TO MEDICAL CAUSES

Treatment: MEDICAL THERAPY

ICD-9: 293.0-293.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 253

Diagnosis: PERNICIOUS AND SIDEROBLASTIC ANEMIA

Treatment: MEDICAL THERAPY

ICD-9: 281,285.0

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S9355

Line: 254

Diagnosis: DISSEMINATED INTRAVASCULAR COAGULATION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 286.6

CPT: 11040-11041,15200,15220,15240,15260,25900-25905,25915-25920,25927,26910-26952,27598,27880-27882,27888-27889,28800-28825,30150,54130-54135,69110-69120,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 255

Diagnosis: DIVERTICULITIS OF COLON

Treatment: COLON RESECTION, MEDICAL THERAPY

ICD-9: 562.0-562.1

CPT: 33238,44005,44139-44141,44143-44147,44160,44188,44204-44208,44213,44227,44320,44620-44626,44701,45335,45381,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 256

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS

Treatment: DRAINAGE OF PANCREATIC CYST

ICD-9: 577.2

CPT: 43240,48001,48005,48020,48120-48148,48152-48154,48180,48500-48540,49423-49424,64680,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 257

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ACUTE POLIOMYELITIS (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 045

CPT: 92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 258

Diagnosis: SYSTEMIC SCLEROSIS

Treatment: MEDICAL THERAPY

ICD-9: 710.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 259

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: 260

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 1,17)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 277.7,410-414,429.2,429.4,429.71,429.79,747.89,785.51

CPT: 33200-33201,33206-33208,33210,33212-33226,33233-33238,33261,33400-33417,33420,33422,33425-33427,33430,33465,33475,33500,33508-33542,33572,33681,33922,33967,33970-33974,35001,35182,35189,35226,35286,35572,35600,92960-92998,93724-93736,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0290,G0291,S2205,S2206,S2207,S2208,S2209

Line: 261

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE (See Guideline Notes 2,3,18)

ICD-9: V66.7

CPT: 27035,44370,44379,44383,44397,45327,45387,50947-50948,52341-52346,52355,62350-62368,64517,64620,64680,64681,67570,77261-77295,77300-77370,77401-77470,77520-77790,79005-79900,95990-95991,96401-96571,97810-97814,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 262

Diagnosis: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Note 19)

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: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245

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

Line: 263

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: OPPOSITIONAL DEFIANT DISORDER (See Guideline Note 20)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 312.9,313.81

CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255

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

Line: 264

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.0,307.2
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S9484,T1013,T1016,T1023
Line: 265

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS
Treatment: EXCISION OF POLYP
ICD-9: 211.3-211.4,569.0
CPT: 44145,44150,44620-44626,45113-45116,45170,45308-45309,45333-45334,45383-45385
Line: 266

Diagnosis: TRANSIENT CEREBRAL ISCHEMIA
Treatment: MEDICAL THERAPY
ICD-9: 362.34,388.02,435
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 267

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 233.1,622.0-622.2,623.0-623.1,623.7,795.0
CPT: 57061-57065,57150,57180,57400,57452,57460-57461,57505,57510-57522,57530,57540,57550,57555-57556,58120,58150,58260,58262-58263,58290-58291,58550-58553,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 268

Diagnosis: ANOGENITAL VIRAL WARTS
Treatment: MEDICAL THERAPY
ICD-9: 078.1
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 269

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,21)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 152-154,197.5,230.3-230.6,235.5
CPT: 43750,44120-44121,44139-44160,44187-44188,44204,44206-44213,44227,44300-44346,44620-44625,44701,45110-45113,45123,45126,45136,45170,45190,45333,45384-45385,45395,45402,45505,45550,58150,46917,77261-77295,77300,77305-77315,77326-77370,77401-77417,77427-77470,77761-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 270

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 180
CPT: 38770,44188,44320,44700,53444,57155,57460,57500,57505,57520,57522,57531,57540,57545,57550,57820,58150,58200,58210,58550-58554,58953-58956,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 271

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,4)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 162-163,164.2-164.9,165,195.1,197.0,197.2-197.3,231.1-231.2,231.9,235.7-235.8
CPT: 19260-19272,21610,22900,31600-31603,31636-31645,31770,31775,31785-31786,31820,31825,32000,32020,32320,32440-32445,32480-32488,32500-32540,32657,32662,32900-32906,38542,38746,38794,39000-39010,39200,39220,39400,46917,49421,77261-77295,77300-77315,77326-77370,77401-77470,77761-77790,78811-78816,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 272

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 185,233.4,236.5
CPT: 38564,38780,51700,52010,52234,52240,52281,52400,52510,52601,52612-52648,53600-53601,54520,54530,55810-55845,55859-55866,58960,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77776-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 273

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.0,194,198.7,234.8,237.0-237.4,259.2
CPT: 38510,60512,60540-60545,60600-60605,60650,62165,64788,77261-77295,77300-77321,77331-77370,77402-77432,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 274

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 189.0-189.1,189.3-189.9,198.0,233.9,236.9
CPT: 38746,50125,50220-50290,50340,50391,50545-50546,50548,50553,50572,50650-50660,50825-50840,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52500,53210-53220,58200,58960,77261-77295,77300,77305-77321,77331-77370,77402-77417,77427-77432,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 275

Diagnosis: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 151,230.2,235.2
CPT: 43122,43248-43250,43620-43635,44110-44130,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77432,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 276

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 191-192,198.3-198.4,237.5-237.9
CPT: 37202,61312-61321,61500-61501,61510-61512,61516-61521,61530,61586,61592,61600-61608,61615-61616,61750-61751,61770,61793-61795,62140-62148,62164-62165,62223,62350-62368,63265,63275-63290,63300-63308,63615,64784-64792,64802-64818,77261-77295,77300-77315,77326-77370,77401-77470,77520-77790,79005-79900,95990-95991,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 277

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: 278

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 227.3,349.81
CPT: 61070,61305,61545-61548,62100,77261-77295,77300-77315,77331-77370,77402-77470,79005-79900,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 279

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY,
MEDULLOADRENAL HYPERFUNCTION
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: 60540-60545,60650,61546,62100,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 280

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 491.1-491.2,492,496,508.1-508.9,518.2,518.3
CPT: 94640,94656-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 281

Diagnosis: DISORDERS OF MINERAL METABOLISM
Treatment: MEDICAL THERAPY
ICD-9: 275
CPT: 99024,99051,99060,99070,99078,99195,99201-99362,99374-99375,99379-99440
HCPCS: S9355
Line: 282

Diagnosis: INTRACEREBRAL HEMORRHAGE (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 431
CPT: 92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97032,97110-97124,
97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 283

Diagnosis: STROKE (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 434,436,437.0,437.1,437.6,747.81
CPT: 37195,61680,61793-61795,77261-77295,77300-77301,77336,77370,77417-77432,92506-92508,
92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-
97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 284

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 415,958.1
CPT: 33916,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 285

Diagnosis: DISLOCATION KNEE AND HIP, OPEN (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 835.1,836.2,836.4,836.6
CPT: 27253-27258,27275,27350,27430,27435,27496-27498,27556-27558,27560,27562,27566,27830-
27832,27892-27894,29861-29863,29882,97001-97004,97012-97014,97022,97032,97110-97124,
97140-97535,97542,97602,97760-97762
Line: 286

Diagnosis: DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND SHOULDER, OPEN (See Guideline
Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 830.1,831.1,832.1,833.1,834.1,837.1,838.1
CPT: 21485-21490,23395,23530-23532,23550-23552,23660,23670,23680,24300,24332,24343,24345-
24346,24586,24615,24635,25275,25394,25430-25431,25670,25676,25685,25695,26340,26645,
26665,26685-26686,26715,26775-26776,27695-27696,27698,27830-27832,27846-27848,28540,
28545-28546,28555,28570,28575-28576,28585,28600,28605-28606,28615,28630,28635-28636,
28645,28660,28665-28666,28675,29891-29892,97001-97004,97012-97014,97022,97032,97110-
97124,97140-97535,97542,97602,97760-97762
Line: 287

Diagnosis: ACUTE BRONCHITIS AND BRONCHIOLITIS
Treatment: MEDICAL THERAPY
ICD-9: 466
CPT: 31600-31603,31820,31825,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 288

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 614.0,614.2-614.5,614.7-614.9,615
CPT: 44960,46020,57010,58150,58660,58700,58720,58740,58820-58823,58925,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 289

Diagnosis: URINARY FISTULA
Treatment: SURGICAL TREATMENT
ICD-9: 593.81-593.82
CPT: 45820,50040-50045,50382-50389,50395-50398,50520,50525-50526,50686-50688,50900,50920,
50930,50961,50970,50980,52234,53080,53085,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 290

Diagnosis: ANEURYSM OF PULMONARY ARTERY (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 417.0,417.1,417.8-417.9,901.41
CPT: 32480-32486,32488,32500-32501,32540,33910-33915,33917-33920,33922,33973-33974,92960-
92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 291

Diagnosis: EPILEPSY AND FEBRILE CONVULSIONS
Treatment: MEDICAL THERAPY
ICD-9: 345,780.3
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 292

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 555,556,557.1,557.9,569.41,569.81-569.82,569.86
CPT: 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-
45321,45332-45340,45379,45381-45386,45397,45805,45825,46710,46712,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 293

Diagnosis: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING
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: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 294

Diagnosis: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS
Treatment: MEDICAL THERAPY
ICD-9: 443.1,446.1-446.2,446.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 295

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 349.0,519.00,519.02,530.86-530.87,536.40,536.42,536.49,569.60,569.62,569.69,990,
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
CPT: 10140,10160,11976-11977,11982-11983,15000,15350-15351,15400-15401,19328-19330,19371-
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,
31630,31750-31781,31800-31830,33922,35875-35876,35901-35905,36860-36861,43246,43760-
43761,43830-43832,44227,44312-44314,44340-44346,44625,47525-47530,49422,53442,53446-
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,
97022,97032,97036,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 296

Diagnosis: TERMINATION OF PREGNANCY (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: 01966,58520,59100,59160,59200,59812,59840-59841,59850-59852,59855-59857,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0199,S2260
Line: 297

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note 22)
Treatment: CLEANING AND FLUORIDE
ICD-9: 520.4,521.8,V07.31,V72.2
CPT: 99051,99060,99201-99215,99245-99255
HCPCS: D0120,D0140,D0150,D0160,D0170,D0180,D1110,D1120,D1201,D1203,D1204,D1205,D1330,D1351,
D4355,D5982,D5986,D9610,D9920
Line: 298

ICD-9-CM codes will only be required on dental claims for FQHCs, RHCs, and tribal health clinics.

Diagnosis: HEARING LOSS - AGE 5 OR UNDER
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00,388.02,388.1-388.2,388.4-388.5,388.8,389
CPT: 69424,69433,69436,92562-92597,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 299

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Note 23)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.1
CPT: 69710-69718,69930,92601-92602
Line: 300

Diagnosis: POSTTRAUMATIC STRESS DISORDER (See Guideline Note 24)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81,995.52-995.54
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,
99060,99201-99255,99304-99318
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,
H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,
S9484,T1005,T1013,T1016,T1023
Line: 301

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-
99255
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H2011,H2012,
H2013,H2014,H2021,H2022,H2023,H2027,H2032,S9480,S9484,T1013,T1016,T1023
Line: 302

Diagnosis: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING
Treatment: RECONSTRUCT OF EAR CANAL
ICD-9: 380.5,744.00-744.05,744.09
CPT: 15120,69310-69320,69631-69637,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 303

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF
CONSCIOUSNESS (See Guideline Note 4)
Treatment: SINGLE FOCAL SURGERY
ICD-9: 345.1,345.4-345.5
CPT: 61531,61533-61537,61540-61541,61543,61566,61567,61720,61735,61760,61850-61888,64573,
78608-78609,78811,78814,95970-95975
Line: 304

Diagnosis: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS
Treatment: MEDICAL THERAPY
ICD-9: 112.4-112.5,112.81,112.83-112.85,112.89
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 305

Diagnosis: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER
MYCOSES
Treatment: MEDICAL THERAPY
ICD-9: 114-116,117.0-117.4,117.6-117.8,118,518.6
CPT: 32662,33405-33417,33420-33430,33973-33974,35180,35182,35184,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 306

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: TETANUS
Treatment: MEDICAL THERAPY
ICD-9: 037
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 307

Diagnosis: EBSTEIN'S ANOMALY
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-9: 746.2
CPT: 33460,33465,33468,33641-33647,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 308

Diagnosis: DISSEMINATED INFECTIONS WITH LOCALIZED SITES
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: 47015,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 309

Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Note 1)
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
ICD-9: 395,424.1,710.0,720.0,745.0,747.21,759.82
CPT: 33400-33405,33410-33413,33496,33973-33974,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 310

Diagnosis: TYPE II DIABETES MELLITUS (See Guideline Note 2)
Treatment: MEDICAL THERAPY
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: 90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0245,G0246,G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9145
Line: 311

Diagnosis: POLYARTERITIS NODOSA AND ALLIED CONDITIONS
Treatment: MEDICAL THERAPY
ICD-9: 136.1,437.4-437.5,446.0,446.6-446.7
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 312

Diagnosis: SARCOIDOSIS
Treatment: MEDICAL THERAPY
ICD-9: 135
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 313

Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS
Treatment: MEDICAL THERAPY
ICD-9: 710.3-710.5
CPT: 97001-97004,97110,97116,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 314

Diagnosis: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Note 1)
Treatment: REPAIR SEPTAL DEFECT
ICD-9: 745.5
CPT: 33641,33647,92960-92998,93580,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 315

Diagnosis: DISEASES OF MITRAL AND TRICUSPID VALVES (See Guideline Note 1)
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
ICD-9: 391.1,394,396,424.0,424.2,746.5-746.6,746.89
CPT: 33420,33422,33425-33427,33430,33460-33465,33496,33973-33974,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 316

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG)
Treatment: MEDICAL THERAPY
ICD-9: 518.0-518.1
CPT: 31645,31646,94640,94656-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 317

Diagnosis: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
ICD-9: 986-987,993.3
CPT: 99183
Line: 318

Diagnosis: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER
Treatment: MEDICAL THERAPY
ICD-9: 244,246.1
CPT: 60210,60212,60220,60225,60240,60270-60271,60512,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 319

Diagnosis: CARDIAC ARRHYTHMIAS (See Guideline Note 1)
Treatment: MEDICAL THERAPY, PACEMAKER
ICD-9: 426,427.0,427.2-427.3,427.6,427.8-427.9,429.4
CPT: 33200-33201,33206-33208,33210,33211-33226,33233-33238,33250-33253,33261,33973-33974,92960-92998,93600-93652,93724-93736,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 320

Diagnosis: MULTIPLE VALVULAR DISEASE (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 396-397
CPT: 33400-33478,33496,33768,33973-33974,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 321

Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 896,897.6-897.7
CPT: 11010-11012,20838,20920,20922,20924,27888,28800-28805,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 322

Diagnosis: BRACHIAL PLEXUS LESIONS
Treatment: MEDICAL THERAPY
ICD-9: 353.0
CPT: 21615-21616,21700,21705,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 323

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 1,25)
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: 20930-20938,21720,21725,22210-22226,22548,22554-22585,22590-22632,22800-22855,29000,29010,29015,29020,29025,29035,29040,29044,29046,29710,29715,29720,62284,62287,62290-62291,63001-63091,63170-63200,63295,63300-63308,63600,63610,63650-63655,63685,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 324

Diagnosis: DISORDERS OF PLASMA PROTEIN METABOLISM
Treatment: MEDICAL THERAPY
ICD-9: 273
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 325

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 2,3)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 205.0,206.0,207.0,208.0
CPT: 38100,38120,38760,62350-62368,77261-77295,77300,77305-77321,77331-77370,77401-77427,95990-95991,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 326

Diagnosis: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 393,398
CPT: 92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 327

Diagnosis: ACUTE NECROSIS OF LIVER
Treatment: MEDICAL THERAPY
ICD-9: 570,573.3
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 328

Diagnosis: CHRONIC HEPATITIS, INCLUDING VIRAL HEPATITIS B AND C
Treatment: MEDICAL THERAPY
ICD-9: 070.0,070.2,070.32-070.33,070.4,070.51-070.52,070.54,070.6,070.71,571.4,571.8-571.9,573.0
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 329

Diagnosis: ACUTE PANCREATITIS
Treatment: MEDICAL THERAPY
ICD-9: 577.0
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 330

Diagnosis: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
ICD-9: 232,607.0,692.75,702.0
CPT: 11300-11313,11400-11446,11600-11646,13100-13160,14000-14350,17000-17108,17304,69110,69120,69300,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 331

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: 332

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Guideline Note 1)
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,V54.81
CPT: 14040,20550,20664,21610,23020,23800-23802,24301-24331,24800-24802,25280-25290,25310-25316,25320,25332,25337,25800-25805,25830,26442,26474,26490,27000-27006,27036,27097-27122,27140,27306-27307,27315-27320,27390-27400,27435,27605-27606,27612,27676-27692,27705,27870-27871,28010-28011,28030,28130,28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29895,32501,61215,61343,62161-62162,62360-62362,63600,63610,63650-63655,63685,64614,64763,92531-92542,92544-92548,95873-95874,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 333

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ACUTE THYROIDITIS

Treatment: MEDICAL THERAPY

ICD-9: 245.0

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 334

Diagnosis: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE

Treatment: MEDICAL THERAPY

ICD-9: 710.0,710.8,710.9,729.30

CPT: 20610,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 335

Diagnosis: WEGENER'S GRANULOMATOSIS

Treatment: MEDICAL THERAPY AND RADIATION THERAPY

ICD-9: 446.3-446.4

CPT: 77261-77295,77300-77315,77331-77336,77401-77427,77470,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440

Line: 336

Diagnosis: PANIC DISORDER; AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.01,300.21-300.22

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,
99060,99201-99255

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

Line: 337

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 445.81,445.89,447.0,447.2-447.9,593.81,747.82

CPT: 34151,35471,35480,35501-35515,35526-35531,35536-35551,35560-35563,35601-35616,35626-
35646,35663,37607,62294,63250-63252,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 338

Diagnosis: LEPTOSPIROSIS

Treatment: MEDICAL THERAPY

ICD-9: 100

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 339

Diagnosis: AMEBIASIS

Treatment: MEDICAL THERAPY

ICD-9: 006.0-006.2,006.9,007.0,007.3,007.8,136.4-136.5,136.8

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 340

Diagnosis: ZONOTIC BACTERIAL DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 020-027,073.7-073.9,078.3,V71.82-V71.83

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 341

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES

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-
21462,21465,21470,30420,30450,31292-31294,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440

HCPCS: D5988

Line: 342

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS

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,
32540,32657,32661-32662,33120,33130,39000-39010,39220,77261-77295,77315,77326-77370,
77402-77470,77520-77790,79005-79900,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

HCPCS: G0242,G0243

Line: 343

Diagnosis: DYSTONIA (UNCONTROLLABLE)

Treatment: MEDICAL THERAPY

ICD-9: 333.0-333.7,333.81,333.83,333.89,333.90,333.92

CPT: 64612-64613,95873-95874,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

Line: 344

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

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-
37208,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 345

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)

Treatment: MEDICAL AND SURGICAL TREATMENT, 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-
14061,14300,14350,15000,15100,15221,15240-15261,15350,15400,15570-15770,17000-17108,
17260-17310,17340,21555-21557,21930-21935,23075-23077,24075-24077,25075-25077,26115-
26117,27047-27048,27327-27329,27615-27619,28043-28046,38562-38564,38700-38745,38760-
38765,67950,67961,67966,67971,67973-67975,69120,69145,69910,77261-77295,77300-77321,
77331-77370,77401-77470,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440

HCPCS: G0242,G0243

Line: 346

Diagnosis: SLEEP APNEA (See Guideline Note 26)

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,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 347

Diagnosis: LIFE-THREATENING EPISTAXIS

Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE

ICD-9: 784.7

CPT: 30520,30540,30545,30560,30620-30802,30901-30906,30915-30930,31238,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440

Line: 348

Diagnosis: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS

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,
42650-42665,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7980,D7981,D7982,D7983

Line: 349

Diagnosis: CHRONIC ULCER OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 454.0,454.2,459.11,459.13,459.31,459.33,707

CPT: 10060-10061,11000-11044,14000-15770,15920-15958,27598,28122,28810,29580,37700-37785,
97036,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7920

Line: 350

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 040.3,040.89,373.13,380.14,454.1,459.12,459.32,527.3,528.3,528.5,529.0,566,597.0,
603.1,607.2,608.4,616.3-616.4,680-682,684,686.8,703.0,744.41,744.46,744.49
CPT: 10060-10061,10160,11000-11044,11730-11752,11765,20000,20005,20102,21501,21502,22010-
22015,23030,23930,26010-26011,26990,27301,27603,28003,40801,41800,42000,46020,46040,
46050,46060,46270,53040,54700,55100,56405,56420,56740,60280,67700,97602,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 351

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 610,611.0,611.2,611.5,611.8
CPT: 19000-19126,19295,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 352

Diagnosis: PILONIDAL CYST WITH ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 685.0
CPT: 10080-10081,11770-11772,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

Line: 353

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS) (See Guideline Note 27)

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: 41000,41800,41806,99051,99060,99201-99215,99241-99255
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,D9410,D9420,D9440

Line: 354

Diagnosis: ABSCESS OF BURSA OR TENDON

Treatment: INCISION AND DRAINAGE

ICD-9: 727.89
CPT: 20600-20610,23030,23031,23405,23406,23930,25000,25031,25085,25118,26020,26025,26030,
26034,26990,27301,27603,28001,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440

Line: 355

Diagnosis: ABSCESS OF PROSTATE

Treatment: TURP, DRAIN ABSCESS

ICD-9: 601.2,601.8
CPT: 52450,52601,52606,52647-52648,52700,53080,53085,55720-55725,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440

Line: 356

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: 357

Diagnosis: PYODERMA; PSORIASIS, STAGE III AND IV (See Guideline Note 28)

Treatment: MEDICAL THERAPY

ICD-9: 686.0-686.1,696.1
CPT: 96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 358

Diagnosis: URINARY TRACT CALCULUS

Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY

ICD-9: 592.1,592.9,594.9,692.77
CPT: 50382-50389,50392,50553,50561,50572,50590,50600-50630,50900,50945,50961,50970,50976,
50980,52310-52318,52320,52325,52330,52332,52334,52352-52353,53020,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440

Line: 359

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

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

ICD-9: 991.0-991.5,991.8-991.9,992,993.2,994.0-994.1,994.4-994.9,995.89
CPT: 11000,11040-11041,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,
15350,15400,15570-15574,15770,16000-16036,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 360

Diagnosis: VESICoureTERAL REFLUX
Treatment: MEDICAL THERAPY, REIMPLANTATION

ICD-9: 593.7
CPT: 50220,50225,50234-50240,50760-50820,50845,50860,50947-50948,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 361

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

ICD-9: 592.0,594.0-594.1,594.8
CPT: 50060-50081,50130,50382-50389,50392-50393,50395,50580-50590,50700-50715,50961,52310-
52318,52330,52332,52334,52352-52353,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 362

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 574.0-574.1,574.3-574.9,575.0-575.6,575.8-575.9,576.0-576.3
CPT: 43262,43264-43268,47420-47460,47480-47490,47510-47530,47554-47556,47562-47570,47600-
47630,47900,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 363

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

ICD-9: 591,593.3-593.5,593.89,594.2
CPT: 50060-50081,50100,50382-50389,50400,50553,50557,50572,50575,50576,50590,50700-50715,
50722,50725,50727-50728,50740,50845,50900,50940,50970,50972,51535,52276,52290,52301,
52310,52320-52334,52341-52346,52352-52354,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 364

Diagnosis: CONGENITAL HYDRONEPHROSIS
Treatment: NEPHRECTOMY/REPAIR

ICD-9: 753.2
CPT: 50100,50230,50400-50500,50540,50553,50572,50575,50722,50725,50727-50728,50845,50900,
50970,51535,52290-52301,52310,52334,52341-52346,52352-52354,52400,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 365

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL (See Guideline Note 1)
Treatment: SURGICAL TREATMENT

ICD-9: 440.2-440.9,444.2,445.01-445.02,447.1
CPT: 20605,27590,34101,34111,34201,35081,35361,35371,35381,35450-35495,35500,35510,35512,
35516-35525,35533,35556-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,
35682-35686,35701,35721,35741,35761,35860,35875-35881,35903,36002,37184-37186,37205-
37209,37609,64802-64818,64821-64823,93668,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 366

Diagnosis: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR

ICD-9: 746.7
CPT: 33615,33617,33619,33750,33766-33768
Line: 367

Diagnosis: CONGENITAL PULMONARY VALVE STENOSIS
Treatment: PULMONARY VALVE REPAIR

ICD-9: 746.02
CPT: 33470,33478,33496,33768,92986-92990,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 368

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES (See Guideline Note 1)

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: 20550,20600,20605,20610,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 369

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Guideline Notes 1,11)

Treatment: ARTHROPLASTY/RECONSTRUCTION

ICD-9: 714.0,714.3,715.1-715.3,715.9,716.1,732.7,733.4,V54.81

CPT: 20610,20692,23120,23470-23472,23800-23802,24102,24130,24160,24164,24360-24366,24800-24802,25000,25115-25119,25240,25270,25320,25337,25390-25393,25441-25450,25455,25490-25492,25800,25810,25820,25825,25830,26320,26516-26536,26850,26990-26992,27036,27090-27091,27122-27132,27187,27284-27286,27358,27437-27454,27457,27580,27620-27626,27641,27700-27704,27870-27871,28090,28104,28114-28116,28122,28725,28740,28750,29819-29826,29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29894-29899,77261-77295,77300,77305-77315,77331-77336,77401-77427,77470,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 370

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Note 29)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 312.0-312.2,312.4,312.8

CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255

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

Line: 371

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.00,300.02-300.09,307.46,313.0

CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245

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

Line: 372

Diagnosis: BULIMIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.51,307.54

CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255,99304-99318

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

Line: 373

Diagnosis: ESOPHAGITIS

Treatment: MEDICAL THERAPY

ICD-9: 530.1-530.2,530.6,530.81-530.83,530.85,530.89,530.9

CPT: 43248-43249,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 374

Diagnosis: DEEP OPEN WOUND

Treatment: REPAIR, SURGICAL TREATMENT

ICD-9: 870.0-870.1,872.0-872.1,872.62-872.69,872.7-872.9,873.0-873.5,873.7-873.9,875-884,890-895,906.0-906.1,958.2-958.3

CPT: 10120-10121,11000-11044,11730-11732,11750,11760,12001-13160,14040-14041,15000-15401,15570-15576,15600-15620,15630,15650,15732-15770,15845,20102-20103,20150,20525,23040-23044,24341,25101,25260-25272,25922,26080,26350-26510,26591,26951,26990,27310,27372,27603,27830-27831,28022-28024,28810-28825,32020,32653,42180,42182,49002,54670,56800,57200,57210,64856-64857,64890,64893,67930-67935,97036,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7912,D7920

Line: 375

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY
ICD-9: 757.39
CPT: 11000-11001,96900-96922,97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 376

Diagnosis: CLEFT PALATE AND/OR CLEFT LIP
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-9: 749.0-749.2,750.25
CPT: 14060,20900,21079-21080,21082-21083,30462,30600,40500-40520,40650-40720,40761,40810-40845,42145,42200-42227,42235-42281,92506-92508,92526,92607-92609,92626-92633,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5932,D5933,D5954,D5955,D5958,D5959,D5960,D5987,D7210,D7250,D7260,D7340,D7350,D7912,D8010,D8020,D8030,D8040,D8050,D8060,D8070,D8080,D8090,D8210,D8220,D8660,D8670,D8680,D8690,D8691,D8692,D8999
Line: 377

Diagnosis: TRACHOMA
Treatment: MEDICAL THERAPY
ICD-9: 076,085.1-085.4,139.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 378

Diagnosis: LEPROSY, YAWS, PINTA
Treatment: MEDICAL THERAPY
ICD-9: 030,031.1,040.1,040.3,102-104
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 379

Diagnosis: RHEUMATIC FEVER (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 390,392.9
CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 380

Diagnosis: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS
Treatment: MEDICAL THERAPY
ICD-9: 031.8-031.9,039,130
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 381

Diagnosis: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS
Treatment: MEDICAL THERAPY
ICD-9: 360.12,364.0-364.3
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 382

Diagnosis: BODY INFESTATIONS (EG. LICE, SCABIES)
Treatment: MEDICAL THERAPY
ICD-9: 132-134
CPT: 96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 383

Diagnosis: DELUSIONAL DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.0-297.2,297.8-297.9
CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255,99304-99318
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 384

Diagnosis: RECURRENT EROSION OF THE CORNEA
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-9: 371.42
CPT: 65435-65436,65600,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 385

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: GIARDIASIS, INTESTINAL HELMINTHIASIS
Treatment: MEDICAL THERAPY
ICD-9: 007.1,120-122,123.0,125-129
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 386

Diagnosis: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
ICD-9: 364.41
CPT: 65805-65815,65930,92002-92060,92070-92353,92358-92371
Line: 387

Diagnosis: WOUND OF EYE GLOBE
Treatment: SURGICAL REPAIR
ICD-9: 871
CPT: 65270,65272-65273,65280-65285,65290,66680,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 388

Diagnosis: DIABETIC AND OTHER RETINOPATHY
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: 67036,67039-67040,67208-67210,67220,67227-67228,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 389

Diagnosis: GLAUCOMA
Treatment: MEDICAL THERAPY
ICD-9: 365.0-365.1,365.3-365.9
CPT: 67500,76514,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0820
Line: 390

Diagnosis: PRIMARY AND OTHER ANGLE-CLOSURE GLAUCOMA
Treatment: IRIDECTOMY, LASER SURGERY
ICD-9: 365.20-365.24,365.83
CPT: 65860,65865,65870,65875,65880,66150,66160,66165,66180,66250,66500-66505,66625-66635,66761-66762,66990,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 391

Diagnosis: RETINAL TEAR
Treatment: LASER PROPHYLAXIS
ICD-9: 361.30,361.32-361.33
CPT: 67141-67145,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 392

Diagnosis: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
ICD-9: 362.21
CPT: 67101-67121,92002-92060,92070-92353,92358-92371
Line: 393

Diagnosis: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION
Treatment: LASER SURGERY
ICD-9: 362.35-362.36
CPT: 67228,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 394

Diagnosis: SICCA SYNDROME; POLYMYALGIA RHEUMATICA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 710.2,725
CPT: 68760-68761,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 395

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: PURULENT ENDOPTHALMITIS
Treatment: VITRECTOMY
ICD-9: 360.0,360.13
CPT: 65800,66020,66030,67005-67036,67515,68200,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 396

Diagnosis: KERATOCONJUNCTIVITS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.2-370.9,371.43-371.44,371.48
CPT: 65780-65782,67515,68200,68371,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 397

Diagnosis: SCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.00,379.03-379.09,379.11-379.16
CPT: 66130,66220,66225,66250,67250,67255,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 398

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: INTRAOCULAR LENS
ICD-9: 379.3
CPT: 65750,65765,65767,66825,66985-66990,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 399

Diagnosis: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-9: 370.0,370.35,918
CPT: 65275,65430,65600,65780-65782,67505,67515,68200,68360,68371,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 400

Diagnosis: GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS
Treatment: EXTRACTION OF CATARACT
ICD-9: 360.19,365.5
CPT: 66920-66984,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 401

Diagnosis: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT
Treatment: SURGICAL TREATMENT
ICD-9: 364.61-364.64,364.8,376.30-376.36,376.40,376.42-376.47,376.81
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 402

Diagnosis: PRIMARY AND OPEN ANGLE GLAUCOMA
Treatment: TRABECULECTOMY, CYCLOCRYOTHERAPY, LASER TRABECULOPLASTY
ICD-9: 365.10-365.11,365.13-365.14
CPT: 65820,65850,65855,66150,66155,66165,66170,66172,66185,66220,66225,66250,66700-66711,66740,66762,92002-92060,92070-92353,92358-92371
Line: 403

Diagnosis: RUBEOSIS IRIDIS
Treatment: LASER SURGERY
ICD-9: 364.42,364.7
CPT: 65875,66170,66720,67228,67500,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 404

Diagnosis: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
Treatment: ENUCLEATION
ICD-9: 360.11,360.14,360.20,360.23-360.29,360.32,360.4,360.8
CPT: 65091,65093,65105,65125,65130,65135,65140,65150,65155,65175,67218,67560,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 405

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CATARACT, EXCLUDING CONGENITAL (See Guideline Note 30)
Treatment: EXTRACTION OF CATARACT
ICD-9: 366.0-366.3,366.45-366.46,366.8-366.9,V43.1
CPT: 65770,66250,66682,66825,66830,66840,66850-66852,66920-66984,66986-66990,67010,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 406

Diagnosis: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
ICD-9: 366.5
CPT: 66820-66825,66830,66985-66990,92002-92060,92070-92353,92358-92371
Line: 407

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
ICD-9: 370.0,371.0-371.1,371.21,371.23,371.4-371.7
CPT: 65286,65400,65450,65710-65730,65750-65755,65772,65775-65782,65920,66250,66825,66985-66990,68371,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0820
Line: 408

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Note 31)
Treatment: VITRECTOMY, LASER SURGERY
ICD-9: 362.5
CPT: 66990,67028,67038,67210,67221-67225,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 409

Diagnosis: GONOCOCCAL INFECTION OF EYE
Treatment: MEDICAL THERAPY
ICD-9: 098.4
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 410

Diagnosis: CHRONIC INFLAMMATORY DISORDER OF ORBIT
Treatment: MEDICAL THERAPY
ICD-9: 376.1
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 411

Diagnosis: PENETRATING WOUND OF ORBIT
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 376.6,870.3-870.4,870.8,870.9,950
CPT: 12011-12013,12051-12052,13132,13150-13152,67405,67412-67414,67420-67445,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 412

Diagnosis: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC
Treatment: FOREIGN BODY REMOVAL
ICD-9: 360.5-360.6
CPT: 65235,65260-65265,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 413

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-9: 361.0-361.2,361.31,361.8-361.9,379.25-379.26
CPT: 66990,67005-67112,67208,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 414

Diagnosis: VITREOUS DISORDERS
Treatment: VITRECTOMY
ICD-9: 379.21-379.23
CPT: 67036-67038,67040,67210,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 415

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

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: 416

Diagnosis: CHRONIC DEPRESSION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.4-300.5
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,
99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H2011,H2012,
H2014,H2021,H2022,H2023,H2027,H2032,S9480,S9484,T1013,T1016,T1023
Line: 417

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5,291.9,292.1-292.2,292.89,292.9,303.0
CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,97810-97814,99201-99255
HCPCS: H0001,H0002,H0004,H0005,H0016,H0020,H0031,H0033,H0034,H0035,H0048,H2013,T1006,T1013,
T1016
Line: 418

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.83
CPT: 90801-90807,90810-90813,90816-90827,90846,90847,90853-90862,90882,90887,96101,99051,
99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,
H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,
S9484,T1005,T1013,T1016,T1023
Line: 419

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.0,301.22
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,
99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,
H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,
S9484,T1005,T1013,T1016,T1023
Line: 420

Diagnosis: ACUTE OTITIS MEDIA
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: 69210,69420-69421,69424,69433,69436,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 421

Diagnosis: SUPERFICIAL INJURIES WITH INFECTION
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: 10120,10121,10140,10160,11000-11001,12001-12014,97602,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 422

Diagnosis: ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION,
BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS
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: 60200-60240,60270-60271,60512,60600-60605,60650,61548,62100,79005-79900,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 423

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S9484,T1013,T1016,T1023
Line: 424

Diagnosis: FUNCTIONAL ENCOPIRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 425

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.2
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2011,H2012,H2014,H2021,H2022,H2027,H2032,S9484,T1013,T1016,T1023
Line: 426

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S9484,T1013,T1016,T1023
Line: 427

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 220,221.0,256.0,620.0-620.2,620.4,620.7-620.9
CPT: 49322,58120,58140-58152,58260-58263,58290-58292,58545-58550,58559-58563,58660-58662,58700-58720,58800,58805,58900,58920,58925,58940,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 428

Diagnosis: STREAK OVARIES
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-9: 752.0
CPT: 51702-51703,58660-58662,58720,58925,58940-58943,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 429

Diagnosis: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY
ICD-9: 590.0,590.80,590.9,595.0,595.2-595.3,595.8-595.9,598.00,599.0,601.0,604.0,604.90,604.99,608.0
CPT: 50391,51700,51702-51703,52260,53450,54700,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 430

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

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

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 595.1,596.0,596.3-596.5,596.7-596.9,598.1-598.9,599.82-599.89,600.01,600.11,600.21,
600.91,607.3,608.1,608.83,608.87,939.0,939.1,939.3,939.9

CPT: 50845,51040,51700,51702-51703,51715,51800-51845,51880-51980,52001,52010,52214-52240,
52260-52285,52305-52315,52355-52400,52500,52510,52601,52606,52612-52648,53020,53040,
53400-53500,53600-53621,53660-53665,54115,54152,54161,54220,54230-54231,54235,54240,
54250,54430,54520,54640,54670,54680,54700,54820,54830-54861,54900-54901,55400,55450,
55520,55600,55605,55650,55680,55801,55821,55862-55865,57220,57287,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440

Line: 431

ICD-9-CM code 600, benign prostatic hypertrophy, is only included on this line when
identified with a secondary diagnosis code of 596.0, bladder neck obstruction, or
788.20, urinary retention, and when post-void residuals are at least 150 cc's.

Diagnosis: GUILLAIN-BARRE SYNDROME (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 357.0

CPT: 31600,31610,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,
97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440

Line: 432

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS;
EMPHYSEMA (See Guideline Note 6)

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

HCPCS: S2060,S2061

Line: 433

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS,
LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE (See Guideline Note 6)

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: 32850-32856,33930-33935,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

HCPCS: S2060,S2061

Line: 434

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)
(See Guideline Note 6)

Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK)
TRANSPLANT

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

HCPCS: S2065

Line: 435

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: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 2,3,7)

Treatment: BONE MARROW TRANSPLANT

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

CPT: 36680,38204-38215,38240,38242,96401-96571

HCPCS: G0267,S2142,S2150

Line: 436

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS (See Guideline Notes 2,3,7)

Treatment: BONE MARROW TRANSPLANT

ICD-9: 284.0,996.85,V59.3

CPT: 36680,38240,96401-96571

HCPCS: G0267,S2142,S2150

Line: 437

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER

Treatment: MEDICAL THERAPY

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

CPT: 49080-49081,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 438

Diagnosis: VESICULAR FISTULA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 596.1-596.2

CPT: 51800-51845,51880-51980,53080,53085,53660-53661,57330,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 439

Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 227.1,252

CPT: 60500-60505,60512,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 440

Diagnosis: PANHYPOPHYTUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS

Treatment: MEDICAL THERAPY

ICD-9: 253.2,253.4,253.7,253.8

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 441

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

Treatment: MEDICAL THERAPY

ICD-9: 334,340-341

CPT: 31600,31610,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 442

Diagnosis: HEREDITARY HEMORRHAGIC TELANGIECTASIA

Treatment: EXCISION

ICD-9: 448.0

CPT: 11400-11426,45382

Line: 443

Diagnosis: ARTHROPOD-BORNE VIRAL DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 060-066

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 444

Diagnosis: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES (See Guideline Note 1)

Treatment: MEDICAL THERAPY

ICD-9: 088

CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 445

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 Note 1, 32)

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: 61215,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2117

Line: 446

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 046,049,062-063,090.40,094,137.1,138,139.0,139.8,161.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,315.3,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,728.1,728.3,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0
CPT: 21084,31611,61215,70370-70371,92506-92508,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 447

Diagnosis: PARALYSIS OF VOCAL CORDS OR LARYNX; ABSCESS, CELLULITIS, AND LEUKOPLAKIA OF VOCAL CORDS (See Coding Specification Below)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-9: 478.3,478.5,478.7
CPT: 31300,31360-31502,31511-31513,31530-31531,31540-31571,31577-31579,31580-31582,31587-31595,31600-31605,31820,31825,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 448

Spastic dysphonia (478.79) is not included on this line, but on Line 709.

Diagnosis: OTOSCLEROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 387
CPT: 69650-69662,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 449

Diagnosis: MIGRAINE HEADACHES
Treatment: MEDICAL THERAPY
ICD-9: 346
CPT: 98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 450

Diagnosis: FISTULA INVOLVING FEMALE GENITAL TRACT
Treatment: CLOSURE OF FISTULA
ICD-9: 619
CPT: 44660,46715,50650-50660,50930,51900-51920,57300-57311,57320,57330,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 451

Diagnosis: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; HYPERTROPHY OF TONSILS AND ADENOIDS; ULCER OF TONSIL (See Guideline Note 33)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-9: 034,101,474.1,474.8
CPT: 42820-42821,42825-42826,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 452

Diagnosis: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50,307.54,307.59
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,99060,99201-99255,99304-99318
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 453

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DISSOCIATIVE DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.10,300.12-300.15,300.6

CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255

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

Line: 454

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS

Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION

ICD-9: 290,291.2,292.82-292.84,293.8,294,299.00,299.10,299.8,310.1

CPT: 90801,90804-90807,90816-90819,90823-90827,90846-90853,90862,90882,90887,96101,96118,
99051,99060,99201-99255,99304-99318

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

Line: 455

Diagnosis: LYMPHADENITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 289.1,289.3,683

CPT: 10060-10061,38300-38308,38505-38542,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 456

Diagnosis: SPONTANEOUS ABORTION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 631,634.2-634.9

CPT: 59812,59820,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 457

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Note 34)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 621.7,626.2-626.6,627.0

CPT: 58120,58150,58180,58260,58262,58290-58291,58353,58356,58550-58553,58561-58563,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2078

Line: 458

Diagnosis: DISORDERS INVOLVING THE IMMUNE SYSTEM

Treatment: MEDICAL THERAPY

ICD-9: 279,287.0,759.0

CPT: 95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 459

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline Note 1)

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: 20680,20690-20694,20900,22610-22614,23500-23515,23570-23630,24130,24500-24516,24530-
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-
26615,26645-26650,26676,26720-26770,27175-27178,27181,27230-27236,27244,27330,27350,
27409,27424,27430-27435,27465-27468,27496-27540,27610,27656,27664,27712,27750-27762,
27766,27780-27792,27808-27829,27846-27848,27892-27894,28400-28531,28730,29049-29131,
29305-29445,29505,29515,29700-29710,29720-29740,29850-29856,29874-29879,29897-29898,
97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 460

Diagnosis: CHRONIC PANCREATITIS

Treatment: MEDICAL THERAPY

ICD-9: 577.1,577.8-577.9

CPT: 43260-43272,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 461

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 368.0,378,743
CPT: 65780-65782,66820-66986,67311-67340,67343,67345,67901-67909,68135,68320,68325-68326,68328,68335,68340,68371,92002-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 462

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: 56700-56720,57130,57400,57500,58120
Line: 463

Diagnosis: CONGENITAL ABSENCE OF VAGINA
Treatment: ARTIFICIAL VAGINA
ICD-9: 752.49
CPT: 56800,57291-57295,57800
Line: 464

Diagnosis: PARKINSON'S DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 332
CPT: 61795,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 465

Diagnosis: MENIERE'S DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 386.0
CPT: 69666-69667,69805-69806,69915,69950,92531-92542,92544-92548,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 466

Diagnosis: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 307.3
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H0035,H0036,H0037,H0038,H0039,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S9125,S9480,S9484,T1013,T1016,T1023
Line: 467

Diagnosis: BULLOUS DERMATOSES OF THE SKIN
Treatment: MEDICAL THERAPY
ICD-9: 694
CPT: 65780-65782,68371,96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 468

Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA
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: 21235,69220,69420-69450,69501-69505,69511,69530-69535,69601-69605,69610,69620-69646,69662,69670,69700,69905,69910,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 469

Diagnosis: ACUTE SINUSITIS (See Guideline Note 35)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 461
CPT: 31000-31090,31256,31276,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2342
Line: 470

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note 36)
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY
ICD-9: 218-219,621.0-621.2
CPT: 58120-58180,58260-58263,58290-58292,58545-58553,58559,58561,58670-58671,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2078,S2250
Line: 471

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DISLOCATION/DEFORMITY KNEE AND HIP (See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 718.25-718.26,718.35-718.36,732.4,736.5,754.40-754.41,835.0,836.2-836.3,836.5,V54.81
CPT: 27095,27097,27100-27122,27140-27170,27179,27185,27250-27258,27265-27275,27306-27307,
27350,27420-27498,27550-27570,27656,27676,27715,27727-27742,27892-27894,29305-29445,
29505,29515,29590-29740,29861-29863,29873,29881-29882,97001-97004,97012-97014,97022,
97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440

HCPCS: S2115

Line: 472

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE AND SHOULDER
(See Guideline Note 1)

Treatment: SURGICAL TREATMENT

ICD-9: 718.12,718.17,718.22-718.24,718.27,718.30-718.34,718.36-718.39,718.71-718.79,728.6,
736.21-736.22,736.73-736.75,736.81,754.51-754.53,754.62,754.71,755.01,755.11-755.12,
755.2-755.4,755.54-755.55,755.58,830.0,831.0,832.0,833.0,834.0,837.0,838.0,839.6,
839.8

CPT: 20690-20694,20900,20920-20924,21480,23470,23520-23552,23650-23680,23700,24101,24300,
24332,24343,24345-24346,24600-24640,25001,25024-25025,25259,25275,25320,25335-25337,
25390-25394,25430-25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035-
26045,26060,26121-26180,26320,26340,26440-26596,26641-26715,26770-26776,26820,26841-
26863,27580-27598,27600-27654,27658-27675,27680-27692,27698,27705,27830-27832,27840-
27848,27860,28008-28010,28035-28072,28086-28092,28110-28118,28126-28160,28220-28280,
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-
28760,29049-29131,29345-29515,29700-29710,29720-29750,29891-29892,29894,64702-64704,
97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7810,D7820,D7830

Line: 473

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD
INJURY (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 733.13,805.2,805.4,805.8,809.0,839.40,839.42,839.49,905.1

CPT: 20930-20938,22325-22328,22520-22534,22841-22844,29035-29046,29700,29710,29720,97001-
97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2360,S2361

Line: 474

Diagnosis: ACHALASIA, NON-NEONATAL

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 513.1,519.2,530.0,530.5

CPT: 39000-39010,43219-43220,43324-43325,43330-43331,43450,43456-43458,43460,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2079

Line: 475

Diagnosis: BRONCHIECTASIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 494

CPT: 32320,32480-32488,32501,94640,94656-94668,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440

Line: 476

Diagnosis: OCCUPATIONAL LUNG DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 495,500-505

CPT: 31600,94640,94656-94668,95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440

Line: 477

Diagnosis: PULMONARY FIBROSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 515-517

CPT: 31600-31603,31624,31820,31825,32997,94640,94656-94668,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440

Line: 478

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 751.6
CPT: 43262,43268,47400-47490,47510-47530,47554-47556,47564,47570,47600-47900,49422,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 479

Diagnosis: CHRONIC SINUSITIS (See Guideline Note 35)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 473
CPT: 30000-30020,30110-30140,30200-30930,31000-31230,31237-31240,31254-31256,31267,31276,31287-31294,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 480

Diagnosis: PITUITARY DWARFISM
Treatment: MEDICAL THERAPY
ICD-9: 253.3
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 481

Diagnosis: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
ICD-9: 930.0-930.2,930.8-930.9
CPT: 65205-65222,67938,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 482

Diagnosis: GOUT AND CRYSTAL ARTHROPATHIES
Treatment: MEDICAL THERAPY
ICD-9: 274,712
CPT: 20605,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 483

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Note 37)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 617
CPT: 49200-49201,49322,58145-58150,58260-58263,58290-58292,58550,58552-58553,58660-58662,58740,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 484

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT
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: 54520,54690,58660-58661,58940,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 485

Diagnosis: PERIPHERAL NERVE INJURY WITH OPEN WOUND (See Guideline Note 1)
Treatment: NEUROPLASTY
ICD-9: 736.05-736.06,953.4-953.9,954-956,957.0-957.1,957.8-957.9
CPT: 23397,25295,25300-25301,25320,25335-25337,25390-25393,25441-25447,25450,25455,25490-25492,25810,25820,25825,25830,64702-64714,64718,64727,64732-64792,64820,64831-64862,64872-64876,64885-64907,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 486

Diagnosis: MYASTHENIA GRAVIS
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-9: 358
CPT: 60520-60522,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 487

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,38)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 150,195.2,230.1
CPT: 15734,31540,38542,38720-38724,38794,43100-43124,43216,43219-43227,43248-43250,43340-43341,43360-43361,43496,44139-44147,44206-44208,44213,44300,77261-77295,77300-77315,77331-77370,77402-77427,77470,77761-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 488

Diagnosis: CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,38)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.0,155.2,197.7,235.3
CPT: 36260-36262,37204,37617,47120-47130,47370-47371,47380-47382,47562,47600-47620,47711-47712,48150,49080,77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 489

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,38)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 157.0-157.3,157.8-157.9,230.9
CPT: 43219,43262,43267-43268,43271-43272,47721,47741,47760,47785,48140-48155,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77470,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 490

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3,38)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.1,156,197.8,230.8
CPT: 43271,47564,47570,47600-47620,47711-47712,47741,47785,48145-48155,60540,77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 491

Diagnosis: NON-MALIGNANT OTITIS EXTERNA
Treatment: MEDICAL THERAPY
ICD-9: 112.82,380.10,380.12-380.13,380.15-380.16,380.22-380.23
CPT: 69020,69210,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 492

Diagnosis: ESOPHAGEAL VARICES
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
ICD-9: 456.0-456.2,530.7
CPT: 37145,37160,37181,38100,43107-43108,43112-43113,43116-43124,43201,43204-43205,43227,43243-43244,43255,43400-43401,43410,43415,43460,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 493

Diagnosis: EPISCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.01-379.02
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 494

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) (See Guideline Note 39)
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,D2970,D2980,D3310,D3320,D3330,D3331,D3332,D3333,D3346,D3410,D7450,D7451,D7465,D7530,D7540,D7550,D9310,D9930,D9999
Line: 495

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline Note 40)
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: 496

Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION
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
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 497

Diagnosis: CENTRAL PTERYGIUM
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-9: 372.43
CPT: 65420,65426,77326,77336,77370,77427,77789,79005-79900,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 498

Diagnosis: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00-388.01,388.1-388.5,389
CPT: 92562-92597,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 499

Diagnosis: OPEN WOUND OF EAR DRUM
Treatment: TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 389.03,872.61
CPT: 69450,69610-69643,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 500

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Note 41)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.1
CPT: 69710-69718,69930,92601-92604
Line: 501

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.81-300.82,307.80,307.89,625.4
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0038,H0039,H2011,H2013,H2021,H2022,H2023,H2027,S9484,T1013,T1016,T1023
Line: 502

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 350,352
CPT: 61450,61458,61790-61791,64573,64600-64610,64716,77261-77295,77300-77301,77336,77370,77417-77432,95970-95975,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 503

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III (See Guideline Note 1)
Treatment: REPAIR
ICD-9: 726.5,727.59,727.62-727.65,727.67-727.69,728.83,728.89,840.0-840.3,840.5-840.9,841-843,845.0
CPT: 23430,24340-24342,25310,26357-26392,26418-26437,26474,26497,26775-26776,27380-27386,27650-27654,27658-27659,27665,27675,27695-27698,28200-28210,29065-29280,29345,29355-29365,29405,29425,29440,29445,29505,29515-29540,29700,29705,29730,29740,29861-29863,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 504

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DISORDERS OF SHOULDER
Treatment: REPAIR/RECONSTRUCTION
ICD-9: 718.01,718.11,718.21,718.31,718.51,718.81,726.0,726.10-726.11,726.19,726.2,727.61,
840.4,840.7
CPT: 20550,20600-20615,23000,23020,23105-23130,23190-23195,23395,23410-23420,23440-23466,
23490-23491,23700,29807,29819-29827,29873,97001-97004,97012-97014,97032,97110-97124,
97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 505

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II
AND III (See Guideline Note 1)
Treatment: REPAIR, MEDICAL THERAPY
ICD-9: 717.0-717.4,717.6-717.8,718.26,718.36,718.56,727.66,836.0-836.2,844
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,
97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 506

Diagnosis: MALUNION AND NONUNION OF FRACTURE (See Guideline Note 1)
Treatment: SURGICAL TREATMENT
ICD-9: 733.8,V54.81
CPT: 20690-20694,20900,20902,20955-20975,21244,21462,23472,23480-23485,24130,24140,24400,
24410,24430-24435,25259,25400-25440,25628,26185,26546,26565,27125,27165-27170,27217,
27465-27466,27468,27470-27472,27656,27720-27725,27824-27829,28315,28320-28322,28485,
28725,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 507

Diagnosis: FOREIGN BODY IN UTERUS, VULVA AND VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 939.2
CPT: 57410-57415,58120,58562,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 508

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note 42)
Treatment: SURGICAL REPAIR
ICD-9: 618
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220,57230,57240-57289,
57545,57555-57556,58150,58152,58260-58280,58290-58294,58550-58554,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 509

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Note 1)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 713.5,715,716.0-716.1,716.5-716.6
CPT: 11042,20600,20605,20610,25000,97001-97004,97012-97014,97022,97032,97110-97124,97140-
97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 510

Diagnosis: METABOLIC BONE DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 731.0,733.0
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 511

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 616.2,616.5-616.9
CPT: 10060-10061,11004,53060,53270,56440,56501,56515,56740,57135,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 512

Diagnosis: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE
VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 616.0,623.6,623.8-623.9,624.5
CPT: 56405,56501,56515,57135,57200,57210,57511,57513,57520,57530,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 513

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline Note 43)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
ICD-9: 520.0,V72.2
HCPCS: D1510,D1515,D1520,D1525,D4240,D4241,D4245,D4260,D4261,D4268,D4910,D4920
Line: 514

Diagnosis: URINARY INCONTINENCE (See Guideline Note 44)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 599.81,625.6,788.31-788.33,788.38
CPT: 20922,51840-51845,51990-51992,53446,53448,57160,57220,57260,57267,57280-57284,57287-57289,90911,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 515

Diagnosis: HYPOSPADIAS AND EPISPADIAS
Treatment: REPAIR
ICD-9: 752.6
CPT: 51715,53431,54230-54231,54235,54240,54250,54300-54390,54420-54440,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 516

Diagnosis: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
ICD-9: 374.86,729.6,883.1-883.2
CPT: 10120-10121,20520-20525,23330,24200-24201,25248,27086-27087,27372,28190-28193,40804,41805,55120
Line: 517

Diagnosis: BRANCHIAL CLEFT CYST
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 744.41-744.46,744.49,759.2
CPT: 38550,38555,42810,42815,60000,60280-60281,69145,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 518

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR
ICD-9: 374.2-374.3,374.41,374.43,374.46
CPT: 15822-15823,67710,67875,67880,67900-67912,67961,67971,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 519

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.23,300.29
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S9484,T1013,T1016,T1023
Line: 520

Diagnosis: PERIPHERAL NERVE ENTRAPMENT (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 354.0,354.2,355.5,723.3,728.6
CPT: 20526,25111,25118,25447,26035-26045,26060,26121-26180,26320,26440-26498,28035,29125,29848,64702-64704,64718-64727,64774-64783,64788-64792,64856-64857,64872-64907,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 521

Diagnosis: INCONTINENCE OF FECES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 787.6
CPT: 46750-46762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 522

Diagnosis: RECTAL PROLAPSE
Treatment: PARTIAL COLECTOMY
ICD-9: 569.1-569.2
CPT: 44139-44144,44206-44208,44213,44701,45130,45135,45400,45505-45541,45900,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 523

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 223
CPT: 50542-50543,50562,52224,52282,53260-53265,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 524

Diagnosis: URETHRAL FISTULA
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 599.1-599.2,599.4
CPT: 45820,53230,53235,53240,53250,53520,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 525

Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS
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,
46945-46947,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 526

Diagnosis: VAGINITIS, TRICHOMONIASIS
Treatment: MEDICAL THERAPY
ICD-9: 112.1,131,616.1,623.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 527

Diagnosis: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
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,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 528

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Note 45); ANAL FISTULA
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-9: 565.0-565.1
CPT: 45905,45910,46030,46080,46200-46211,46270-46285,46288,46700,46706,46940-46942,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 529

Diagnosis: CHRONIC OTITIS MEDIA (See Guideline Note 46)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 380.5,381.1-381.8,382.1-382.3,382.9,383.1-383.2,383.30-383.31,383.9,384.2,384.8-
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,
69905,69910,69979,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 530

Equivalent to Funding Level as of 8/1/04

Diagnosis: ACUTE CONJUNCTIVITIS
Treatment: MEDICAL THERAPY
ICD-9: 077,372.00
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 531

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR AND NOSE
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 380.4,931-932
CPT: 30300-30320,69200-69210,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
HCPCS: G0238
Line: 532

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 379.54,386.1-386.2,386.4-386.9
CPT: 69666-69667,69805-69806,69915,69950,92531-92542,92544-92548,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 533

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION
Treatment: MEDICAL THERAPY
ICD-9: 599.6,600
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 534

Diagnosis: PHIMOSIS
Treatment: SURGICAL TREATMENT
ICD-9: 605
CPT: 54150-54161
Line: 535

Diagnosis: CONTACT DERMATITIS, ATOPIC DERMATITIS AND OTHER ECZEMA
Treatment: MEDICAL THERAPY
ICD-9: 691.8,692.0-692.6,692.70-692.74,692.79,692.8-692.9
CPT: 95004-95180,96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 536

Diagnosis: PSORIASIS, STAGE I AND II (See Guideline Note 47); 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: 11900-11901,96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 537

Diagnosis: CYSTIC ACNE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 705.83,706.0-706.1
CPT: 10040-10061,11450-11471,11900-11901,17000,17340,17360,96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 538

Diagnosis: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0,V54.19,V54.29
CPT: 11740,28470,28490-28496,29550,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 539

Diagnosis: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
ICD-9: 708.0-708.1,708.5,708.8,995.7
CPT: 96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 540

Diagnosis: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.33,375,870.2
CPT: 67880-67882,68440,68530,68700,68760-68761,68801-68840,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 541

Diagnosis: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 471,478.1,993.1
CPT: 30000-30020,30110-30140,30200-30930,31000-31230,31237-31240,31254-31256,31267,31276,31287-31294,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 542

Diagnosis: SIALOLITHIASIS, MUOCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.5-527.9
CPT: 40810-40816,42300,42305,42330,42335,42340,42408-42409,42410,42415-42425,42440-42510,42600,42650-42665,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7980,D7981,D7982
Line: 543

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS
ICD-9: V72.2
CPT: 99051,99060,99201-99215,99241-99255
HCPCS: D3347,D3348,D3430,D4320,D4321,D5850,D5851,D5860,D5861,D6211,D6241,D6242,D6251,D6252,
D6545,D6751,D6752,D6791,D6792,D6970,D6971,D6973,D6975,D7281,D7960,D7970
Line: 544

Diagnosis: IMPULSE DISORDERS (See Guideline Note 48)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.31-312.39
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-
99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,
H0039,H0045,H2011,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9484,T1005,
T1013,T1016,T1023
Line: 545

Diagnosis: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN
NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Note 1)
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-
21935,22548-22585,22851,23075-23076,23101,23140-23156,23200-23222,24075-24077,24105-
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,
64774,64792,77261-77295,77300-77315,77331-77336,77401-77427,77470,79005-79900,96401-
96571,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 546

Diagnosis: SEXUAL DYSFUNCTION
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,
93980-93981,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0038,H2011,H2014,H2027,H2032,
S9484,T1013,T1016,T1023
Line: 547

Diagnosis: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 528.0,528.9
CPT: 40650,40805,40810,40812,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 548

Diagnosis: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment: TARSORRHAPHY
ICD-9: 351.0-351.1,351.8-351.9,370.34,374.44,374.45,374.89
CPT: 15840-15842,64864-64870,67875,67880-67882,67911,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440
Line: 549

Diagnosis: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 373.11-373.12,373.2,374.50,374.54,374.56,374.84
CPT: 67700,67800-67808,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 550

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,
68340,68362,68440,68705,92002-92060,92070-92353,92358-92371
Line: 551

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CHONDROMALACIA (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 733.92
CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 552

Diagnosis: DYSMENORRHEA (See Guideline Note 49)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 625.3
CPT: 58150,58260,58290,58550-58553,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 553

Diagnosis: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
ICD-9: 343.0
CPT: 21720,21725,62350-62368,63185-63190,95990-95991
Line: 554

Diagnosis: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-9: 525.2
CPT: 15350,15574,20902,21210,21215,21244-21249,40840,40842,40845
HCPCS: D7340,D7350
Line: 555

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-9: 718.02-718.05,718.13-718.15,718.52-718.56,718.65,718.82-718.86,728.79,732.3,732.6,732.8-732.9,733.90-733.91,736.00-736.04,736.07,736.09,736.1,736.20,736.29,736.30,736.39,736.4,736.6,736.76,736.79,736.89,736.9,738.6,738.8,754.42-754.44,754.61,754.8,755.50-755.53,755.56-755.57,755.59,755.60,755.63-755.64,755.69,755.8,756.82-756.83,756.89
CPT: 11041-11042,14040-14041,15120,15240,20150,20690-20694,20900,20920,20922,20924,21740-21743,24101,25320,25335-25337,25390-25393,25441-25450,25455,25490-25492,25810-25830,26035-26060,26121-26180,26320,26440-26596,26820-26863,27095-27097,27100-27122,27140,27185,27306-27307,27435,27448-27455,27465-27468,27475-27485,27496-27498,27590,27656,27676,27685-27690,27705,27715,27727,27730-27742,27892-27894,29861-29863,64702-64704,64718-64727,64774-64783,64788-64792,64856-64857,64872-64907,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 556

Diagnosis: DEFORMITIES OF FOOT
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: 20920,20922,20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160,28220-28238,28240-28341,28360,28705-28760,29450,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 557

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
Line: 558

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Note 50)
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: 49322,58150,58260-58262,58290-58291,58400,58410,58550,58552-58553,58562,58660-58662,58700,58720,58740,58805,58925,64517,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 559

Diagnosis: TENSION HEADACHES
Treatment: MEDICAL THERAPY
ICD-9: 307.81,784.0
CPT: 98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 560

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CHRONIC BRONCHITIS

Treatment: MEDICAL THERAPY

ICD-9: 490,491.0,491.8-491.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 561

Diagnosis: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS

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: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 562

Diagnosis: TMJ DISORDER

Treatment: TMJ SPLINTS

ICD-9: 524.6,848.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7880

Line: 563

Diagnosis: URETHRITIS, NON-SEXUALLY TRANSMITTED

Treatment: MEDICAL THERAPY

ICD-9: 597.8,599.3-599.5,599.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 564

Diagnosis: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS

Treatment: MEDICAL THERAPY, EXCISION

ICD-9: 355.6,728.71

CPT: 20550,20605,28008,28060,28080,29893,64726,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 565

Diagnosis: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE

Treatment: REMOVAL OF GRANULOMA

ICD-9: 709.4,728.82

CPT: 21555-21556,21930,23075-23076,24075-24076,25075-25076,26115-26116,27047-27048,27327-27328,27618-27619,28043,28045,28192,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 566

Diagnosis: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 110,111

CPT: 11720-11732,11750,96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 567

Diagnosis: INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE (See Guideline Note 1)

Treatment: REPAIR, MEDICAL THERAPY

ICD-9: 718.09,718.19,718.29,718.59,718.88-718.89,719.81-719.85,719.87-719.89

CPT: 24006,24102,24149,24155,24470,25085,25105,25107,25119,25210,25215,25230,25240,25320,25337,25390-25393,25441-25447,25450,25455,25490-25492,25810,25820,25825,25830,27625-27626,29834-29838,29844-29847,29897-29898,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 568

Diagnosis: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)

Treatment: DACRYOCYSTORRHINOSTOMY

ICD-9: 375.02,375.30,375.32,375.4,375.56-375.57,375.61,771.6

CPT: 31238-31239,68420,68520,68720-68750,68770,68801,92002-92060,92070-92353,92358-92371

Line: 569

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: 570

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES

Treatment: MEDICAL THERAPY, ORTHOTIC

ICD-9: 734.73,736.73,755.00,755.02,755.10,755.13-755.14

CPT: 28344-28345,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 571

Diagnosis: PERIPHERAL ENTHESOPATHIES

Treatment: SURGICAL TREATMENT

ICD-9: 726.12,726.3-726.9,728.81

CPT: 20550-20553,20600-20610,21032,24105,24350-24352,24354,24356,25447,26035-26045,26060,26121-26180,26320,26440-26596,26820-26863,27060-27062,27095-27097,27100-27122,27140-27185,27306-27307,27448-27455,27466-27468,27475-27485,27715,27730-27742,28119,64550,64702-64704,64718-64727,64774-64795,64856-64857,64872-64907

Line: 572

Diagnosis: PERIPHERAL ENTHESOPATHIES (See Guideline Note 1)

Treatment: MEDICAL THERAPY

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

CPT: 95970-95975,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 573

Diagnosis: DISORDERS OF SOFT TISSUE

Treatment: MEDICAL THERAPY

ICD-9: 729.0-729.2,729.31-729.39,729.4-729.9

CPT: 11041-11042,14040-14041,20550,20600-20610,62350-62351,62360-62362,64550,95970-95975,95990-95991,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 574

Diagnosis: ENOPHTHALMOS

Treatment: ORBITAL IMPLANT

ICD-9: 372.64,376.5

CPT: 20902,21076-21077,67550,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D5915,D5928

Line: 575

Diagnosis: MACROMASTIA

Treatment: SUBCUTANEOUS TOTAL MASTECTOMY, BREAST REDUCTION

ICD-9: 611.1

CPT: 19140,19318

Line: 576

Diagnosis: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 217,611.3,611.4,611.6,611.71,611.9,757.6

CPT: 19110,19125-19126,19290-19295,19324-19355,19357,19361,19364,19366-19396,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 577

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 1,51)

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: 20550,29220,62350-62351,62360-62362,64416,64445,64449-64450,64550,95990-95991,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 578

Diagnosis: CYSTS OF ORAL SOFT TISSUES

Treatment: INCISION AND DRAINAGE

ICD-9: 527.1,528.4,528.8

CPT: 40800,41005-41009,41015-41018,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7460,D7461

Line: 579

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: POSTCONCUSSION SYNDROME

Treatment: MEDICAL THERAPY

ICD-9: 310.2

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 580

Diagnosis: SIMPLE AND UNSPECIFIED GOITER, NONTOXIC NODULAR GOITER

Treatment: MEDICAL THERAPY, THYROIDECTOMY

ICD-9: 240-241

CPT: 60210,60212,60220,60225,60240,60252,60254,60260,60270-60271,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 581

Diagnosis: CONDUCTIVE HEARING LOSS

Treatment: AUDIANT BONE CONDUCTORS

ICD-9: 389.0,389.2

CPT: 69710-69711

Line: 582

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS (See Guideline Note 6)

Treatment: LIVER TRANSPLANT

ICD-9: 155.0-155.1,996.82,V59.6

CPT: 47133,47135-47147

HCPCS: G0242,G0243

Line: 583

Diagnosis: HYPOTENSION

Treatment: MEDICAL THERAPY

ICD-9: 458

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 584

Diagnosis: VIRAL HEPATITIS, EXCLUDING CHRONIC VIRAL HEPATITIS B AND C (See Statement of Intent)

Treatment: MEDICAL THERAPY

ICD-9: 070.1,070.30-070.31,070.53,070.59,070.70,070.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 585

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES

Treatment: MEDICAL THERAPY

ICD-9: 210,214,216,221,222.1,222.4,228.00-228.01,228.1,229,686.1,686.9

CPT: 11300-11313,11400-11471,12031-12032,13100-13151,17000-17108,19120,40814,41116,41826,42104-42107,42160,42808,69145,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7450,D7451,D7460,D7981

Line: 586

Diagnosis: REDUNDANT PREPUCE

Treatment: ELECTIVE CIRCUMCISION

ICD-9: 605,V50.2

CPT: 54000-54001,54150-54164,54450,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 587

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM

Treatment: SURGICAL TREATMENT

ICD-9: 211.0-211.2,211.5-211.6,211.8-211.9

CPT: 43202,43216-43217,43248-43251,43258,43450,44110-44120,44139-44145,44152,44204,44206-44208,44369,44392,44701,45160,45308-45309,45333,45383-45385,46610,46937,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 588

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Statement of Intent)

Treatment: MEDICAL THERAPY

ICD-9: 558

CPT: 95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 589

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: FACTITIOUS DISORDERS

Treatment: CONSULTATION

ICD-9: 300.10,300.16,300.19,301.51

CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96101,
99051,99060,99201-99215,99241-99245

HCPCS: H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H2011,H2013,H2021,H2022,S9484,
T1013,T1016,T1023

Line: 590

Diagnosis: HYPOCHONDRIASIS; SOMATIFORM DISORDER, NOS AND UNDIFFERENTIATED

Treatment: CONSULTATION

ICD-9: 300.7,300.9,306

CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96101,
99051,99060,99201-99215,99241-99245

HCPCS: H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H2011,H2013,
H2021,H2022,S9484,T1013,T1016,T1023

Line: 591

Diagnosis: CONVERSION DISORDER, ADULT

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.11

CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-
99255

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

Line: 592

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Note 52)

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: 20930-20938,21720,21725,22210-22226,22554-22585,22590-22632,22800-22855,63050-63051,
63295,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 593

Diagnosis: ASYMPTOMATIC URTICARIA

Treatment: MEDICAL THERAPY

ICD-9: 708.2-708.4,708.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 594

Diagnosis: CIRCUMSCRIBED SCLERODERMA; SENILE PURPURA

Treatment: MEDICAL THERAPY

ICD-9: 287.2,287.8-287.9,701.0

CPT: 11900-11901,17000-17004,17340,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440

Line: 595

Diagnosis: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY

Treatment: MEDICAL THERAPY

ICD-9: 693

CPT: 95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 596

Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS

Treatment: MEDICAL THERAPY

ICD-9: 372.01-372.05,372.14,372.54,372.56,472,477,995.3,V07.1

CPT: 30420,92002-92060,92070-92353,92358-92371,95004-95180,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440

Line: 597

Diagnosis: PLEURISY

Treatment: MEDICAL THERAPY

ICD-9: 511.0,511.9

CPT: 32000,32200,32215,32220-32225,32310,32420,32650-32652,32655,32664-32665,32940,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 598

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CONJUNCTIVAL CYST
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75
CPT: 68020,68040,68110,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 599

Diagnosis: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR
Treatment: DRAINAGE
ICD-9: 380.3,380.8,738.7
CPT: 10140,69000-69005,69020,69140,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 600

Diagnosis: ACUTE NON-SUPPURATIVE LABYRINTHITIS
Treatment: MEDICAL THERAPY
ICD-9: 386.30-386.32,386.34-386.35
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 601

Diagnosis: INFECTIOUS MONONUCLEOSIS
Treatment: MEDICAL THERAPY
ICD-9: 075
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 602

Diagnosis: ASEPTIC MENINGITIS (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 047-049
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 603

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment: SURGICAL TREATMENT
ICD-9: 752.0-752.3,752.41
CPT: 57135,57500,57720,58400,58540,58559-58562,58660,58700,58720,58740,58940,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 604

Diagnosis: CONGENITAL DEFORMITIES OF KNEE
Treatment: ARTHROSCOPIC REPAIR
ICD-9: 727.83,755.64
CPT: 27403-27429,29871-29889
Line: 605

Diagnosis: UNCOMPLICATED HERNIA
Treatment: REPAIR
ICD-9: 550.9,553.0-553.2,553.8-553.9
CPT: 44050,49250,49505-49572,49580,49585-49590,49650-49651,55540,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
HCPCS: S2075,S2076,S2077
Line: 606

Diagnosis: ACUTE ANAL FISSURE
Treatment: FISSURECTOMY, MEDICAL THERAPY
ICD-9: 565.0
CPT: 46200,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 607

Diagnosis: CYST OF KIDNEY, ACQUIRED
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 593.2
CPT: 50390,50541,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 608

Diagnosis: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90801-90807,90810-90813,90846-90857,90882,90887,96101,99051,99060,99201-99215,99241-
99255
HCPCS: G0177,H0002,H0004,H0031,H0032,H0034,H0035,T1013,T1016,T1023
Line: 609

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
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,V69.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 610

Diagnosis: CYST, HEMORRHAGE, AND INFARCTION OF THYROID
Treatment: SURGICAL TREATMENT
ICD-9: 246.2,246.3,246.9
CPT: 60001,60200,60210,60212,60220,60225,60270-60271,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440
Line: 611

Diagnosis: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER
RESPIRATORY TRACT
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,
30630,31020-31090,31200,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
HCPCS: D7260
Line: 612

Diagnosis: ERYTHEMA MULTIFORME
Treatment: MEDICAL THERAPY
ICD-9: 695.1
CPT: 65780-65782,68371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 613

Diagnosis: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES
Treatment: MEDICAL THERAPY
ICD-9: 054.2,054.6,054.73,054.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 614

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: 615

Diagnosis: BLEPHARITIS
Treatment: MEDICAL THERAPY
ICD-9: 373.0,373.8-373.9,374.87
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 616

Diagnosis: HYPERTELORISM OF ORBIT
Treatment: ORBITOTOMY
ICD-9: 376.41
CPT: 67405,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 617

Diagnosis: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR
ATROPHIC CONDITIONS OF SKIN
Treatment: MEDICAL THERAPY
ICD-9: 373.3,690,698,701.1-701.3,701.8,701.9
CPT: 11000-11057,11200-11201,11401-11406,11900,11950-11954,17000-17004,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 618

Diagnosis: LICHEN PLANUS
Treatment: MEDICAL THERAPY
ICD-9: 697
CPT: 11900-11901,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 619

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: OBESITY
Treatment: NUTRITIONAL AND LIFE STYLE COUNSELING
ICD-9: 278.0
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 620

Diagnosis: MORBID OBESITY
Treatment: GASTROPLASTY
ICD-9: 278.01
CPT: 43644-43645,43842-43845,43846-43848,44238
Line: 621

Diagnosis: CHRONIC DISEASE OF TONSILS AND ADENOIDS
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-9: 474.0,474.1-474.2,474.9
CPT: 42820-42836,42860,42870,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 622

Diagnosis: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 603.0,603.8-603.9,608.84,629.1,778.6
CPT: 54840,55000,55040-55041,55060,55500,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 623

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-9: 701.4-701.5
CPT: 11200-11201,11300-11446,11900-11901,12032,17000-17004,77261-77295,77300-77315,77331-77336,77401-77427,77470,79005-79900
HCPCS: G0242,G0243
Line: 624

Diagnosis: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA
Treatment: MEDICAL THERAPY
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9
CPT: 56805,57061,57065,57200,57800,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 625

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I (See Guideline Note 1)
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: 24341,27347,27590,29240,29260,29280,29520,29530,29540,29550,29580,29590,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 626

Diagnosis: SYNOVITIS AND TENOSYNOVITIS (See Guideline Note 1)
Treatment: MEDICAL THERAPY
ICD-9: 726.12,727.00,727.03-727.09
CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 627

Diagnosis: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY
Treatment: MEDICAL THERAPY
ICD-9: 719.5-719.6,719.80,719.86,727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4
CPT: 20550-20553,20600,20610,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 628

Diagnosis: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES
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: 11000-11001,11720-11765,11900-11901,17380,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 629

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CANDIDIASIS OF MOUTH, SKIN AND NAILS

Treatment: MEDICAL THERAPY

ICD-9: 112.0,112.3,112.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 630

Diagnosis: BENIGN LESIONS OF TONGUE

Treatment: EXCISION

ICD-9: 529.1-529.6,529.8-529.9

CPT: 41110,41112-41114,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 631

Diagnosis: MINOR BURNS

Treatment: MEDICAL THERAPY

ICD-9: 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: 11000-11001,11040-11044,11960-11971,16000-16030,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440

Line: 632

Diagnosis: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS

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: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 633

Diagnosis: CONGENITAL DEFORMITY OF KNEE

Treatment: MEDICAL THERAPY

ICD-9: 755.64

CPT: 27435,27465-27466,27468,27496-27498,27656,27892-27894,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440

Line: 634

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL

Treatment: MEDICAL THERAPY

ICD-9: 451.0,451.2,451.82,451.84,451.89,451.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 635

Diagnosis: PROLAPSED URETHRAL MUCOSA

Treatment: SURGICAL TREATMENT

ICD-9: 599.3,599.5

CPT: 51840-51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440

Line: 636

Diagnosis: RUPTURE OF SYNOVIUM

Treatment: REMOVAL OF BAKER'S CYST

ICD-9: 727.51

CPT: 27345

Line: 637

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59,301.6,301.81-301.82,
301.84,301.89,301.9

CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,
99060,99201-99215,99241-99245

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

Line: 638

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 302.0-302.4,302.50,302.6,302.85,302.9

CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90882,90887,96101,99051,99060,
99201-99215,99241-99245

HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H0035,H2011,H2014,H2027,H2032,S9484,T1013,
T1016,T1023

Line: 639

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-9: 883.0
CPT: 12001-12002,14040-14041,14350
Line: 640

Diagnosis: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE,
OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES
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,
21295-21296,30520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7940,D7941,D7943,D7944,D7945,D7946,D7947,D7948,D7949
Line: 641

Diagnosis: CERVICAL RIB
Treatment: SURGICAL TREATMENT
ICD-9: 756.2
CPT: 21615-21616,21705,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 642

Diagnosis: GYNECOMASTIA
Treatment: MASTECTOMY
ICD-9: 611.1
CPT: 19140
Line: 643

Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY
ICD-9: 056.0,056.71,323.8-323.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 644

Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
ICD-9: 574.2,575.8
CPT: 43262,43264,43267-43268,47490,47564,47570,47600-47620,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 645

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: 646

Diagnosis: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL
Treatment: MEDICAL THERAPY
ICD-9: 463
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 647

Diagnosis: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 778.5,778.7-778.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 648

Diagnosis: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY
ICD-9: 460,465
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 649

Diagnosis: DIAPER RASH
Treatment: MEDICAL THERAPY
ICD-9: 691.0
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 650

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DISORDERS OF SWEAT GLANDS
Treatment: MEDICAL THERAPY
ICD-9: 705.0-705.1,705.2,705.81-705.83,705.89,705.9,780.8
CPT: 11450-11471,64650-64653,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 651

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS
IN PERSONS UNDER AGE 3 (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 052,055,056.79,056.8-056.9,057,072,074,078.0,078.2,078.4-078.8,079.0-079.6,079.88-079.89,079.9,480,487
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 652

Diagnosis: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS
Treatment: MEDICAL THERAPY
ICD-9: 462,464.00,464.50,476,478.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 653

Diagnosis: CORNS AND CALLUSES
Treatment: MEDICAL THERAPY
ICD-9: 700
CPT: 11055-11057,17000-17004,17110,17340,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0390
Line: 654

Diagnosis: VIRAL WARTS EXCLUDING VENEREAL WARTS
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
ICD-9: 078.0,078.10,078.19
CPT: 11055-11057,11420-11424,11900-11901,17000-17004,17110-17111,17340,28043,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 655

Diagnosis: OLD LACERATION OF CERVIX AND VAGINA
Treatment: MEDICAL THERAPY
ICD-9: 621.5,622.3,624.4
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 656

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: 657

Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION
Treatment: REPAIR SOFT TISSUES
ICD-9: 525.4-525.5,873.6
CPT: 12001-12057,13131-13133,13151-13153,40831,41250-41251,42180,42182,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 658

Diagnosis: CENTRAL SEROUS RETINOPATHY
Treatment: LASER SURGERY
ICD-9: 362.40-362.41,362.6-362.7
CPT: 67210
Line: 659

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.1,702.1-702.8,709.1-709.3,709.8-709.9
CPT: 11000,11040-11042,11055-11057,11300-11313,11400-11406,11420-11446,13100-13160,14000-14300,15120,15240,15780-15793,15810-15811,15831-15839,15876-15879,17000-17004,17106-17108,17340,17360,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 660

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: UNCOMPLICATED HEMORRHOIDS
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,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 661

Diagnosis: GANGLION
Treatment: EXCISION
ICD-9: 727.02,727.4
CPT: 10140,10160,20551-20553,20600-20612,25111-25112,26160,28090,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 662

Diagnosis: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS
Treatment: MEDICAL THERAPY
ICD-9: 372.10-372.13,372.2-372.3,372.53,372.73,374.55
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 663

Diagnosis: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS
Treatment: MEDICAL THERAPY
ICD-9: 695.0,695.2-695.9
CPT: 17340,17360,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 664

Diagnosis: PERIPHERAL NERVE DISORDERS
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: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 665

Diagnosis: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Note 1)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 371.82,457.0,998.81,998.9
CPT: 38300-38308,38380-38382,38542-38555,38571-38572,38700-38760,49062,49323,49423-49424,
97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 666

Diagnosis: RAYNAUD'S SYNDROME
Treatment: MEDICAL THERAPY
ICD-9: 443.0,443.82,443.89,443.9
CPT: 64821-64823,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 667

Diagnosis: TMJ DISORDERS
Treatment: TMJ SURGERY
ICD-9: 524.5,524.6,718.08,718.18,718.28,718.38,718.58
CPT: 20910,20926,21010,21050-21070,21210,21215,21230-21235,21240-21243,21480,21485,21490,
29800-29804,30520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7852,D7854,D7856,D7858,D7860,D7865,D7870,D7871,D7872,D7873,D7874,D7875,D7876,D7877,
D7899,D7955,D7991
Line: 668

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY
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: 36468-36479,37700,37718-37735,37760,37766,37780-37790,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 669

Diagnosis: VULVAL VARICES
Treatment: VASCULAR SURGERY
ICD-9: 456.6
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 670

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
ICD-9: 577.1
CPT: 48000,48180
Line: 671

Diagnosis: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE
Treatment: MEDICAL THERAPY
ICD-9: 601.1,601.3,601.9,602
CPT: 55801,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 672

Diagnosis: MUSCULAR CALCIFICATION AND OSSIFICATION
Treatment: MEDICAL THERAPY
ICD-9: 728.1
CPT: 27036,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 673

Diagnosis: MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL (See Guideline Notes 2,3)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 140-208
CPT: 11600-11646,36260-36262,36522,38720-38724,41110-41114,41130,42120,42842-42845,43228,43248-43250,47420-47425,47610,47741,47785,57460,58951,60600-60605,60650,61500,61510,61517-61521,61546-61548,61586,61793,77261-77295,77300-77370,77401-77470,77761-77790,79005-79900,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0242,G0243
Line: 674

Diagnosis: AGENESIS OF LUNG
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 675

Diagnosis: DISEASE OF CAPILLARIES
Treatment: EXCISION
ICD-9: 448.1-448.9
CPT: 11400-11426
Line: 676

Diagnosis: BENIGN POLYPS OF VOCAL CORDS
Treatment: MEDICAL THERAPY, STRIPPING
ICD-9: 478.4
CPT: 31540-31541,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 677

Diagnosis: FRACTURES OF RIBS AND STERNUM, CLOSED
Treatment: MEDICAL THERAPY
ICD-9: 805.6,807.0,807.2,839.41
CPT: 27200,27202,29200,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 678

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: 679

Diagnosis: DISEASES OF THYMUS GLAND
Treatment: MEDICAL THERAPY
ICD-9: 254
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 680

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note 53)
Treatment: ELECTIVE DENTAL SERVICES
ICD-9: 520.7,V72.2
CPT: 99201-99215,99241-99255
HCPCS: D1204,D1205,D2542,D2543,D2544,D2720,D2740,D2750,D2780,D2781,D2782,D2783,D2790,D2791,D2792,D2799,D2952,D2953,D3421,D3425,D3426,D3450,D3470,D3920,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,D9910,D9911,D9940,D9951,D9952
Line: 681

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90801,90804-90807,90846-90853,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H2011,H2014,H2027,H2032,S9484,T1013,T1016,T1023
Line: 682

Diagnosis: SEBACEOUS CYST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 685.1,706.2,744.47
CPT: 10060-10061,11400-11446,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 683

Diagnosis: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-9: 362.31-362.33
CPT: 67015,67500-67505
Line: 684

Diagnosis: ORAL APHTHAE
Treatment: MEDICAL THERAPY
ICD-9: 528.2
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 685

Diagnosis: SUBLINGUAL, SCROTAL, AND PELVIC VARICES
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-9: 456.3-456.5
CPT: 36470,55530-55535,55550,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 686

Diagnosis: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
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: 10120,10140,11740,11760,11762,12001-12014,28190,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 687

Diagnosis: UNSPECIFIED RETINAL VASCULAR OCCLUSION
Treatment: LASER SURGERY
ICD-9: 362.30
CPT: 67228
Line: 688

Diagnosis: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-9: 221.1-221.9
CPT: 56440-56441,56501,57130-57135
Line: 689

Diagnosis: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 222.0,222.2,222.3,222.8,222.9
CPT: 52606,54231,54512,54522,54900-54901,55200,55600,55605,55650,55680,55801,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 690

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: XEROSIS
Treatment: MEDICAL THERAPY
ICD-9: 706.8
CPT: 11010-11044,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 691

Diagnosis: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION
ICD-9: 748.4
CPT: 32140-32141,32500,32663
Line: 692

Diagnosis: ICHTHYOSIS
Treatment: MEDICAL THERAPY
ICD-9: 757.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 693

Diagnosis: LYMPHEDEMA
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-9: 457.1-457.9,757.0
CPT: 38300-38308,38380-38382,38542-38555,38571-38572,38700-38760,49062,49323,49423-49424,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 694

Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
(See Guideline Note 8)
Treatment: EVALUATION
ICD-9: 696.3-696.5,709.0,757.2-757.3,757.8-757.9
CPT: 11055-11057,11301,11920-11922,17000,17003,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 695

Diagnosis: INFECTIOUS DISEASES WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 071,136.0,136.9
CPT: 99201-99255
Line: 696

Diagnosis: RESPIRATORY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 519.3,519.9,748.60,748.69,748.9,770.13,770.15,770.85
CPT: 99201-99255
Line: 697

Diagnosis: GENITOURINARY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
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: 99201-99255
Line: 698

Diagnosis: CARDIOVASCULAR CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 429.3,429.81-429.82,429.89,429.9,747.9
CPT: 99201-99255
Line: 699

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 716.9,718.00,718.10,718.20,718.50,718.60,718.80,718.9,719.7,719.9,728.5,728.84,728.87,728.9,731.2,738.2-738.3,738.9,744.5-744.9,748.1,755.9,756.9
CPT: 99201-99255
Line: 700

Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 348.2,377.01,377.02,377.2,377.3,377.5,377.7,437.7-437.8
CPT: 99201-99255
Line: 701

PRIORITIZED LIST OF HEALTH SERVICES
April 1, 2006

Diagnosis: SENSORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
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: 99201-99255
Line: 702

Diagnosis: ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION
ICD-9: 251.1-251.2,259.4,259.8-259.9,277.3,759.1
CPT: 99201-99255
Line: 703

Diagnosis: GASTROINTESTINAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 527.0,569.9,573.9
CPT: 99201-99255
Line: 704

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 313.1,313.3,313.82-313.83
CPT: 99201-99215
HCPCS: T1023
Line: 705

Diagnosis: NEUROLOGIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 333.82,333.84,333.91,333.93
CPT: 99201-99255
Line: 706

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)
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,V72.2
CPT: 99201-99215,99241-99255
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,
D6020,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,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,D7410,D7840,D7850,D7995,
D7996,D7999,D8010,D8020,D8030,D8040,D8050,D8060,D8070,D8080,D8090,D8210,D8220,D8660,
D8670,D8680,D8690,D8691,D8692,D8999,D9941,D9950,D9970,D9971,D9972,D9973,D9974,D9999
Line: 707

Diagnosis: HEPATORENAL SYNDROME
Treatment: MEDICAL THERAPY
ICD-9: 572.4
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 708

Diagnosis: SPASTIC DYSPHONIA
Treatment: MEDICAL THERAPY
ICD-9: 478.79
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2340,S2341
Line: 709

Diagnosis: DISORDERS OF REFRACTION AND ACCOMODATION
Treatment: RADIAL KERATOTOMY
ICD-9: 367,368.1-368.9
CPT: 65760,65771
Line: 710

STATEMENTS OF INTENT

STATEMENTS OF INTENT FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

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: VIRAL HEPATITIS, EXCLUDING CHRONIC VIRAL HEPATITIS B AND C
Treatment: MEDICAL THERAPY
Line: 585

Treatment of viral hepatitis 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 NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY
Line: 589

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: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY
Line: 603

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: 652

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 THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 1, REHABILITATIVE THERAPIES

On Lines 1, 19, 21, 24, 26, 29, 31, 35, 37, 38, 40, 51, 88, 94, 94, 95, 96, 97, 100, 101, 102, 103, 104, 105, 111, 112, 113, 114, 131, 133, 140, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 162, 165, 172, 174, 177, 188, 195, 196, 206, 208, 212, 213, 216, 237, 238, 258, 261, 283, 284, 285, 286, 287, 291, 296, 310, 315, 316, 320, 321, 322, 324, 327, 333, 366, 369, 370, 380, 432, 445, 446, 447, 460, 472, 473, 474, 486, 491, 504, 506, 507, 510, 521, 552, 568, 572, 578, 626, 627, 666

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months after the initiation of the therapies. 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

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 2, ERYTHROPOIETIN GUIDELINES

On Lines 2, 4, 27, 117, 118, 119, 121, 122, 123, 124, 134, 137, 163, 175, 179, 180, 190, 191, 192, 193, 197, 198, 209, 210, 219, 224, 225, 226, 228, 229, 230, 231, 232, 233, 234, 246, 247, 262, 270, 271, 272, 273, 274, 275, 276, 277, 311, 326, 346, 436, 437, 488, 489, 490, 491, 674

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 3, COLONY STIMULATING FACTOR (CSF) GUIDELINES

On Lines 27, 117, 118, 119, 121, 122, 123, 124, 134, 137, 179, 180, 190, 191, 192, 193, 197, 198, 209, 210, 224, 225, 226, 228, 229, 230, 231, 232, 233, 234, 262, 270, 271, 272, 273, 274, 275, 276, 277, 326, 346, 436, 437, 488, 489, 490, 491, 674

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

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 3, COLONY STIMULATING FACTOR (CSF) GUIDELINES (Cont'd)

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 4, PET SCAN GUIDELINES

On Lines 27, 119, 122, 123, 137, 272, 304

PET Scans are indicated for diagnosis and staging of the following cancers:

- Solitary pulmonary nodules and non-small cell lung cancer
- Lymphoma
- Melanoma

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

For staging, PET is covered in the following situations:

- The 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 5, FETOSCOPIC LASER SURGERY

On Line 54

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt.

GUIDELINE NOTE 6, SECOND SOLID ORGAN TRANSPLANTS

On Lines 109, 127, 154, 176, 433, 434, 435, 583

Second solid organ transplants are not covered except for acute graft failure that occurs during the original hospitalization for transplantation.

GUIDELINE NOTE 7, SECOND BONE MARROW TRANSPLANTS, NON-MYELOABLATIVE STEM CELL TRANSPLANTS

On Lines 117, 119, 121, 123, 124, 179, 180, 197, 210, 436, 437

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma. Non-myeloablative transplants (mini-transplants) are not covered.

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 8, MASTOCYTOSIS

On Lines 122, 695

Mastocytosis limited to the skin resides on Line 695

GUIDELINE NOTE 9, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

On Line 140

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 10, HEART FAILURE

On Lines 172

Ventricular assist devices are only covered as a bridge to transplant, not as destination therapy.

GUIDELINE NOTE 11, HETEROTOPIC BONE FORMATION

On Lines 177, 370

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 NOTE 12, TESTICULAR CANCER

On Line 179

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 13, TOBACCO DEPENDENCE

On Line 182

Persons are eligible for tobacco dependence counseling if a documented quit date has been established.

GUIDELINE NOTE 14, MOOD DISORDERS IN EARLY CHILDHOOD

On Line 185

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 NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 15, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN EARLY CHILDHOOD

On Line 187

When using 314.9, Unspecified Hyperkinetic Syndrome, in children age 5 and under, it is appropriate only when the following apply:

- Child does not meet the full criteria for the full diagnosis because of their age.
- For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.

For children age 3 and under, it is especially important that psychosocial interventions, including parent skills training and/or parent-child therapy, and environmental modifications, be tried prior to medication. For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.

Use of 314.9 for children age five and younger is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE 16, BREAST CANCER SURVEILLANCE

On Line 225

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 17, MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY

On Line 261

Minimally invasive coronary artery bypass surgery indicated only for single vessel disease.

GUIDELINE NOTE 18 COMFORT CARE

On Line 262

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 OMAP
- 3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)
- 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 NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 19, ADJUSTMENT REACTIONS IN EARLY CHILDHOOD

On Line 263

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 NOTE 20, DISRUPTIVE BEHAVIOR DISORDERS IN EARLY CHILDHOOD

On Line 264

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.

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 20, DISRUPTIVE BEHAVIOR DISORDERS IN EARLY CHILDHOOD (Cont'd)

Use of 312.9 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90810, 90812, 90814, H0004
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 21, COLON CANCER SURVEILLANCE

On Line 270

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 22 PREVENTIVE DENTAL CARE

On Line 298

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. (CDT codes D0120, D0150, D1110, D1120, D1201, D1204, D1205). 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 (CDT code D9920).

GUIDELINE NOTE 23, COCHLEAR IMPLANTATION, AGE LESS THAN 5

On Line 300

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 24, MENTAL HEALTH PROBLEMS IN EARLY CHILDHOOD RELATED TO NEGLECT OR ABUSE

On Line 301

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.

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 24, MENTAL HEALTH PROBLEMS IN EARLY CHILDHOOD RELATED TO NEGLECT OR ABUSE
(Cont'd)

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 25, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

On Line 324

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 9).

GUIDELINE NOTE 26, SLEEP APNEA

On Line 347

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

GUIDELINE NOTE 27, URGENT DENTAL CARE

On Line 354

Treatment only for symptomatic dental pain, infection, bleeding or swelling (CDT codes D7220, D7230, D7240, D7241, D7250).

GUIDELINE NOTE 28, SEVERE PSORIASIS

On Line 358

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

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

GUIDELINE NOTE 29, CONDUCT DISORDER

On Lines 371

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 30, CATARACT

On Line 406

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 NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 31, AGE-RELATED MACULAR DEGENERATION

On Line 409

Pegaptanib is only covered for minimally classic and occult lesions of wet macular degeneration

GUIDELINE NOTE 32, SUBTALAR ARTHROEREISIS

On Line 446

Procedure code S2117 is only covered when not incorporating an implant device.

GUIDELINE NOTE 33, TONSILLECTOMY

On Line 452

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 34, MENSTRUAL BLEEDING DISORDERS

On Line 458

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 bleeding lasting more than 7 days and repetitive periods at less than 21-day intervals
 - 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 35, SINUS SURGERY

On Lines 470, 480

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 indicatedAND
- 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

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 35, SINUS SURGERY (Cont'd)

OR

5. Invasive or allergic fungal sinusitis

OR

6. Tumor of nasal cavity or sinuses

OR

7. CSF rhinorrhea

GUIDELINE NOTE 36, UTERINE LEIOMYOMA

On Line 471

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 37, ENDOMETRIOSIS AND ADENOMYOSIS

On Line 484

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, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 38, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY

On Lines 488, 489, 490, 491

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 line 674, Medical Conditions Where Treatment Will Not Result in a 5% 5-Year Survival.

GUIDELINE NOTE 39, BASIC RESTORATIVE DENTAL CARE

On Line 495

Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (CDT codes D2391, D2392, D2393, D2394).

GUIDELINE NOTE 40, STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS

On Line 496

Only for the treatment of severe drug-induced hyperplasia (CDT code D4210, D4211). To be used in conjunction with making a prosthesis (CDT codes D7470, D7970). Limited to two reimbursements (CDT codes D5850, D5851). Must have four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate (CDT codes D5110, D5120, D5130, D5140, D5213, D5214). By Report (CDT codes D4210). Payable once every two years (CDT codes D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761). Payable only when there are pockets of 5 mm or greater (CDT code 04341).

GUIDELINE NOTE 41, COCHLEAR IMPLANTS, OVER AGE 5

On Line 501

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 42, UTERINE PROLAPSE

On Line 509

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
 - 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

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 42, UTERINE PROLAPSE (Cont'd)

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 43, DENTAL SERVICES FOR SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE

On Line 514

By Report (CDT codes D4240, D4260)

GUIDELINE NOTE 44, URINARY INCONTINENCE

On Line 515

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

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

GUIDELINE NOTE 45, CHRONIC ANAL FISSURE

On Line 529

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 46, CHRONIC OTITIS MEDIA

On Line 530

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 47, MILD TO MODERATE PSORIASIS

On Line 537

Stage I psoriasis defined as uncomplicated, with <5% body surface area involved and no functional limitation.

Stage II psoriasis defined as uncomplicated, with 6% to 19% body surface area involved and no functional limitation.

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 48, IMPULSE DISORDERS

On Line 545

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 49, DYSMENORRHEA

On Line 553

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 laporoscopic 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 has been previously sterilized

GUIDELINE NOTE 50, PELVIC PAIN SYNDROME

On Line 559

- 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
 - 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 28.
- 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 laporoscopic 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

GUIDELINE NOTES FOR THE APRIL 1, 2006 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 50, PELVIC PAIN SYNDROME (Cont'd)

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 51, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

On Line 578

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 8 is not available.

GUIDELINE NOTE 52, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

On Line 593

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 53, ELECTIVE DENTAL SERVICES

On Line 681

Treatment not related to symptomatic pain, infection, bleeding or swelling (CDT codes D7220, D7230, D7240, D7241, D7250)

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
Infant motor, hearing, developmental screens

Learning and attention disorders⁵
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. ⁵Consider 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 (See detailed high-risk definitions)
High-risk sexual behavior	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 (See detailed high-risk definitions)
Institutionalized persons	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.