



Oregon

Theodore R. Kulongoski, Governor

Health Services Commission
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December 18, 2006

The Honorable Peter Courtney
Senate President
Oregon State Senate
State Capitol S-203
900 Court St NE
Salem, OR 97301

Dear Senator Courtney:

The Health Services Commission of the Department of Administrative Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), several interim modifications have been made to the Prioritized List of Health Services appearing in the Commission's March 2005 Report to the Governor and 73rd Oregon Legislative Assembly as amended as of October 1, 2006.

These changes do not include any alteration in the ranking of line items on the list, nor do they affect the total number of lines on the list, which remains at 710. Therefore, in accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachments A through C will supersede the previous definition of these lines.

Attachment A documents the placement of new CPT-4 codes on the Prioritized List (414 changes) and also indicates those CPT-4 codes that are no longer valid and are therefore being removed from the list. These changes also include the placement of ICD-9-CM codes (18 changes) and CPT-4 codes (223 changes) to account for appropriate condition-treatment pairings not previously appearing on the list. In addition, four changes are to correct previous errors, fourteen are to remove CPT to correct for inappropriate pairings, thirty-five are to remove codes that are being re-categorized as diagnostic and new HCPCS codes resulted in nineteen changes.

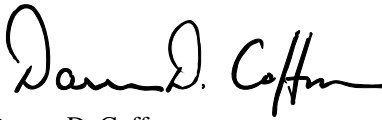
In addition to the changes outlined in Attachment A, there are some changes being made to the practice guidelines associated with the Prioritized List. New guidelines and additions to existing guidelines are noted for lines 54, 354, and 681 in Attachment A. Also, continuing with a practice started with PET scans, guidelines have been developed for two types of diagnostic services as shown in Attachment B. The first guideline is in the area of genetic testing and genetic counseling in a non-prenatal setting. Included is an algorithm that should be followed if specific guidelines aren't otherwise identified. The second is for a blood test for tuberculosis which is more accurate than testing for a skin reaction. While it alleviates the need for a second office visit and eliminates many unnecessary follow-up tests due to a lower rate of false positive results, the test itself is more expensive and therefore is probably no better than cost neutral if applied in the limited fashion called for in the attached guidelines. These guidelines for diagnostic services will be added to the official version of the Prioritized List, just after the last line item (Line 710) and before the statements of intent and practice guidelines associated with services appearing on the list.

Finally, Attachment C identifies those CPT codes which are no longer valid and are being removed from the Prioritized List. While each instance of a deletion is not included in Attachment A, a note is included for each line item when a change involves a modification of a code range instead of a straightforward deletion of the single code.

The changes appearing in Attachments A through C are being forwarded to the Department of Human Service's Division of Medical Assistance Programs (DMAP) who, in consultation with an independent actuarial firm, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, DMAP will determine the effective date for these changes pending approval from CMS, which will be no earlier than January 1, 2007. In the event the technical changes are determined to impact the funding level of this list as defined by DMAP's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

The Health Services Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,

A handwritten signature in black ink that reads "Darren D. Coffman". The signature is written in a cursive, flowing style.

Darren D. Coffman
Director

Enclosure

cc: Health Services Commission
Alan Douma, MD, Administrator, Division of Medical Assistance Programs

ATTACHMENT A

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006.

Diagnosis: TYPE I DIABETES MELLITUS

Treatment: MEDICAL THERAPY

Line: 2

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
 - ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
 - ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure
 - ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
 - ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
 - ADD 92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
 - ADD 92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
 - ADD 92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
 - ADD 92014 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits
-

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
- ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure
- ADD 49422 Removal of permanent intraperitoneal cannula or catheter

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE
GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4 (Cont'd)

- ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
 - ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
-

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX

Treatment: TUBE THORACOSCOPY/THORACOTOMY, MEDICAL THERAPY

Line: 5

- DELETE 32000 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
 - DELETE 32002 Thoracentesis, with insertion of tube with or without water seal
-

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 10

- ADD 48140 Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
 - ADD 48145 Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
 - ADD 48146 Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
 - ADD 48148 Excision of ampulla of Vater
 - ADD 48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy
 - ADD 48152 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
 - ADD 48153 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
 - ADD 48154 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy
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Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
Line: 16

DELETE 31500 Endotracheal intubation

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

DELETE 31500 Endotracheal intubation
DELETE 32000 Thoracentesis, puncture of pleural cavity for
aspiration, initial or subsequent
ADD 94002 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, initial day
ADD 94003 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; hospital
inpatient/observation, each subsequent day
ADD 94004 Ventilation assist and management, initiation of
pressure of volume preset ventilators for assisted
or controlled breathing; nursing facility per day
ADD 94005 Home ventilator management care plan oversight of
a patient (patient not present) in home,
domiciliary or rest home (eg, assisted living)

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment: SURGICAL TREATMENT
Line: 21

ADD 33530 Reoperation, coronary bypass or valve procedure,
more than one month after original operation (list
in addition to primary code)
ADD 35506 Bypass graft, with vein; carotid-subclavian or
subclavian-carotid
ADD 35537 Bypass graft, with vein; aortoiliac
ADD 35538 Bypass graft, with vein; aortobi-iliac
ADD 35539 Bypass graft, with vein; aortofemoral
ADD 35540 Bypass graft, with vein; aortobifemoral
ADD 35637 Bypass graft, with other than vein; aortoiliac
ADD 35638 Bypass graft, with other than vein; aortobi-iliac

NOTE: New CPT codes 35506, 35537-35540, 35637 and 35638 appear within ranges
already on this line so they require no change.

Diagnosis: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN
BODY IN STOMACH, INTESTINES, COLON AND RECTUM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 23

ADD 49402 Removal of peritoneal foreign body from peritoneal
cavity

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

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

ADD 35506 Bypass graft, with vein; carotid-subclavian or subclavian-caroid

ADD 35537 Bypass graft, with vein; aortoiliac

ADD 35538 Bypass graft, with vein; aortobi-iliac

ADD 35539 Bypass graft, with vein; aortofemoral

ADD 35540 Bypass graft, with vein; aortobifemoral

ADD 35637 Bypass graft, with other than vein; aortoiliac

ADD 35638 Bypass graft, with other than vein; aortobi-iliac

NOTE: New CPT codes 35506, 35537-35540, 35637 and 35638 appear within ranges already on this line so they require no change.

Diagnosis: HODGKIN'S DISEASE

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 27

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA

Treatment: SURGICAL TREATMENT

Line: 29

ADD 35537 Bypass graft, with vein; aortoiliac

ADD 35538 Bypass graft, with vein; aortobi-iliac

ADD 35539 Bypass graft, with vein; aortofemoral

ADD 35540 Bypass graft, with vein; aortobifemoral

ADD 35637 Bypass graft, with other than vein; aortoiliac

ADD 35638 Bypass graft, with other than vein; aortobi-iliac

ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent

ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed

ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure

ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)

ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

NOTE: New CPT codes 35537-35540 appear within ranges already on this line so they require no change. Change CPT range "35623-35641" to "35623-35638".

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS
Treatment: REMOVAL OF FOREIGN BODY
Line: 32

DELETE 31500 Endotracheal intubation

Diagnosis: BUDD-CHIARA SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment: THROMBECTOMY/LIGATION
Line: 39

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

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
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 40

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

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

ADD 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children

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

NOTE: Change CPT range "15000-15121" to "15002-15121".

Diagnosis: DEFORMITIES OF HEAD AND COMPUND/DEPRESSED FRACTURES OF SKULL
Treatment: CRANIOTOMY/CRANIECTOMY
Line: 51

ADD 62140 Cranioplasty for skull defect; up to 5 cm diameter
DELETE 738.0 Acquired deformity of nose

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

Line: 53

ADD	11981	Insertion, non-biodegradable drug delivery implant
ADD	11982	Removal, non-biodegradable drug delivery implant
ADD	11983	Removal with reinsertion, non-biodegradable drug delivery implant
DELETE	58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
ADD	T1015	Clinic visit/ encounter; all-inclusive
DELETE	V26.30	Invalid code
DELETE	V26.31	Testing female for genetic disease carrier status
DELETE	V26.32	Other genetic testing of female
DELETE	V26.33	Genetic counseling
DELETE	V26.34	Testing male for genetic disease carrier status
DELETE	V26.39	Other genetic testing of male

NOTE: ICD-9-CM codes V26.31-V26.39 are considered diagnostic and therefore removed from the list and covered in an appropriate workup of a diagnosis.

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 54

ADD	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
ADD	76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)

NOTE: Add a guideline stating "Certification of laboratory required (76813-76814)."

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN

Treatment: MEDICAL THERAPY

Line: 57

ADD	44120	Enterectomy, resection of small intestine; single resection and anastomosis
ADD	44121	Enterectomy, resection of small intestine; each add'l resection and anastomosis
ADD	44125	Enterectomy, resection of small intestine; with enterostomy
ADD	44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy
ADD	44139	Mobilization of splenic flexure performed in conjunction with partial colectomy
ADD	44140	Colectomy, partial; with anastomosis

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN

Treatment: MEDICAL THERAPY

Line: 57 (Cont'd)

ADD	44141	Colectomy, partial; with skin level cecostomy or colostomy
ADD	44144	Colectomy, partial; with resection, with colostomy or ileostomy or creation of mucous fistula
ADD	44145	Colectomy, partial; with coloproctostomy
ADD	44146	Colectomy, partial; with coloproctostomy, with colostomy
ADD	44147	Colectomy, partial; abdominal and transanal
ADD	44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
ADD	44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
ADD	44152	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy
ADD	44153	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal resevoir, with or without loop ileostomy
ADD	44155	Colectomy, total, abdominal, with proctectomy; with ileostomy
ADD	44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
ADD	44157	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
ADD	44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes ileostomy, and rectal mucosectomy, when performed
ADD	44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy
ADD	44300	Enterostomy or cecostomy, tube
ADD	44310	Ileostomy or jejunostomy, non-tube
ADD	44312	Revision of ileostomy; simple
ADD	44314	Revision of ileostomy; complicated
ADD	44316	Continent ileostomy
ADD	44320	Colostomy or skin level cecostomy
ADD	44340	Revision of colostomy; simple
ADD	44345	Revision of colostomy; complicated
ADD	44346	Revision of colostomy; with repair of paracolostomy hernia
ADD	44602	Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
ADD	44603	Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforation
ADD	44604	Suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture; single or multiple perforations; without colostomy

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN

Treatment: MEDICAL THERAPY

Line: 57 (Cont'd)

ADD	44605	Suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture; single or multiple perforations; with colostomy
ADD	44620	Closure of enterostomy, large or small intestine
ADD	44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than
ADD	44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis
ADD	44640	Closure of intestinal cutaneous fistula
ADD	44650	Closure of enteroenteric or enterocolic fistula

Note: Change CPT code "44143" to the range "44139-44160". Create new CPT ranges "44300-44320", "44340-44346", "44602-44605" and "44620-44650".

Diagnosis: OTHER RESPIRATORY CONDITIONS FOR THE FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

Line: 59

DELETE	32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
ADD	33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO); initial 24 hours
ADD	33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO); each add'l 24 hours
ADD	36822	Insertion of cannula for prolonged extracorporeal circulation for cardiopulmonary insufficiency
ADD	94002	Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
ADD	94003	Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
ADD	94004	Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
ADD	94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)
ADD	94610	Intrapulmonary surfactant administration by a physician through endotracheal tube
ADD	94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of report

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: OTHER RESPIRATORY CONDITIONS FOR THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 59 (Cont'd)

- ADD 94775 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)
 - ADD 94776 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only
 - ADD 94777 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; physician review, interpretation and preparation of report only
-

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 77

- ADD 36822 Insertion of cannula for prolonged extracorporeal circulation for cardiopulmonary insufficiency
- ADD 47719 Anastomosis, choledochal cyst, without excision
- ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

NOTE: Change CPT range "48180-48556" with "48400-48556". As new CPT code 48548 appears within this range, its addition requires no change.

Diagnosis: STERILIZATION
Treatment: TUBAL LIGATION
Line: 93

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

Diagnosis: VENTRICULAR SEPTAL DEFECT
Treatment: CLOSURE
Line: 96

- ADD 33675 Closure of multiple ventricular septal defects;
- ADD 33676 Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)
- ADD 33677 Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: VENTRICULAR SEPTAL DEFECT
Treatment: CLOSURE
Line: 96 (Cont'd)

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

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART
Treatment: RESECTION, REPAIR
Line: 97

- ADD 33530 Reoperation, coronary bypass or valve procedure, more than one month after original operation (list in addition to primary code)
- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: CONGENITAL ANOMALIES OF THE UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 98

- ADD 42225 Palatoplasty for cleft palate; attachment pharyngeal flap
 - ADD 42226 Lengthening of palate, and pharyngeal flap
 - ADD 758.32 Velocardiofacial syndrome
-

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION

Line: 99

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

NOTE: Change CPT range "15000-15738" to "15002-15738".

Diagnosis: CORONARY ARTERY ANOMALY

Treatment: REIMPLANTATION OF CORONARY ARTERY

Line: 100

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

Diagnosis: COMPLETE, CORRECTED AND OTHER TRANSPOSITION OF GREAT VESSELS

Treatment: REPAIR

Line: 101

- ADD 33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours
- ADD 33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each add'l 24 hours

Diagnosis: TETRALOGY OF FALLOT (TOF)

Treatment: TOTAL REPAIR TETRALOGY

Line: 102

- ADD 33726 Repair of pulmonary venous stenosis
 - ADD 33917 Repair of pulmonary artery stenosis by reconstruction with patch or graft
-

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION

Treatment: COMPLETE REPAIR

Line: 104

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

Diagnosis: CYSTIC FIBROSIS

Treatment: MEDICAL THERAPY

Line: 107

DELETE 31500 Endotracheal intubation

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 108

ADD 76776 Ultrasound, transplanted kidney, real time and
duplex Doppler with image documentation
Add V42.0 Kidney replaced by transplant

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

Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT

Line: 109

ADD 76776 Ultrasound, transplanted kidney, real time and
duplex Doppler with image documentation
Add V42.0 Kidney replaced by transplant

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY

Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS

Line: 110

ADD 31502 Tracheotomy tube change prior to establishment of
fistula tract
Add D8693 REBONDING OR RECEMENTING; AND/OR REPAIR, AS
REQUIRED, OF FIXED RETAINERS

Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 111

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

Diagnosis: INJURY TO BLOOD VESSELS OF THE THORASIC CAVITY

Treatment: REPAIR

Line: 114

ADD 35211 Repair blood vessel, direct; intrathorasic, with
bypass
ADD 35216 Repair blood vessel, direct; intrathorasic,
without bypass

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Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 118

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: NON-HODGKIN'S LYMPHOMAS

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 122

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

Treatment: MEDICAL THERAPY

Line: 128

DELETE 31500 Endotracheal intubation
ADD 94002 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
ADD 94003 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

Diagnosis: OPEN FRACTURE OF EXTREMITIES

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 131

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

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Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND
RADIONUCLEIDE THERAPY
Line: 134

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: BENIGN NEOPLASM OF THE BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY,
WHICH INCLUDES RADIATION THERAPY
Line: 136

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

NOTE: Change CPT range "77331-77370" to "77331-77372".

Diagnosis: MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 137

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

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Diagnosis: MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 137 (Cont'd)

ADD	15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian
DELETE	38562	Limited lymphadenectomy for staging; pelvic and para-aortic
DELETE	38564	Limited lymphadenectomy for staging;
ADD	77014	Computer tomography guidance for placement of radiation therapy fields

NOTE: Change CPT range "15000-15770" to "15002-15770". As CPT 15731 is within this range, its addition requires no further change.

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE

Treatment: MEDICAL THERAPY

Line: 141

ADD	V04.89	Need for prophylactic vaccination and inoculation against other viral diseases
ADD	V72.0	Exam of eyes and vision
DELETE	V82.71	Screening for genetic disease carrier status
DELETE	V82.79	Other genetic screening

NOTE: ICD-9-CM codes V82.71 and V82.79 are considered diagnostic and will now be covered according to the guidelines detailed in Appendix B.

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

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

Line: 145

ADD	23472	Arthroplasty, glenohumeral joint; total shoulder replacement
ADD	25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each
ADD	33530	Reoperation, coronary bypass or valve procedure, more than one month after original operation (list in addition to primary code)
ADD	35302	Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision superficial femoral artery
ADD	35303	Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision popliteal artery
ADD	35304	Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibioperoneal truck artery
ADD	35305	Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibial or peroneal artery, initial

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Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

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

Line: 145 (Cont'd)

- ADD 35306 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
- ADD 35883 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron ePTFE, bovine pericardium)
- ADD 35884 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
- ADD 36575 Repair of tunneled or non-tunneled central venous access catheter, without SQ port or pump, central or peripheral insertion site
- ADD 36576 Repair of central venous access catheter, with SQ port or pump, central or peripheral insertion site
- ADD 36578 Replacement, catheter only, of central venous access device, with SQ port or pump, central or peripheral insertion site
- ADD 36580 Replacement, complete, of non-tunneled centrally inserted central venous catheter, without SQ port or pump, through same venous access
- ADD 36581 Replacement, complete, of tunneled centrally inserted central venous catheter, without SQ port or pump, through same venous access
- ADD 36582 Replacement, complete, of tunneled centrally inserted central venous catheter, with SQ port, through same venous access
- ADD 36583 Replacement, complete, of tunneled centrally inserted central venous catheter, with SQ pump, through same venous access
- ADD 36584 Replacement, complete, of peripherally inserted central venous catheter, without SQ port or pump, through same venous access
- ADD 36585 Replacement, complete, of peripherally inserted central venous catheter, with SQ port or pump, through same venous access
- ADD 36589 Removal of tunneled central venous catheter, without SQ port or pump
- ADD 36590 Removal of tunneled central venous access device, with SQ port or pump, central or peripheral insertion
- ADD 49402 Removal of peritoneal foreign body from peritoneal cavity
- ADD 57296 Revision (including removal) of prosthetic vaginal graft; open abdominal approach

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Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 145 (Cont'd)

NOTE: New CPT codes 33530 and 35302-35306 appear within existing CPT ranges and their addition does not require further changes. Create new CPT range "36575-36590".

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB INCLUDING BLOOD VESSELS
Treatment: SURGICAL TREATMENT
Line: 146

ADD 35221 Repair blood vessel, direct; intra-abdominal

Diagnosis: CONGENITAL MITRAL VALVE STENOSIS
Treatment: MITRAL VALVE REPLACEMENT
Line: 147

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

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

ADD V43.3 Heart valve replaced by other means

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

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME
Treatment: CARDIAC TRANSPLANT
Line: 154

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

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

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Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME

Treatment: CARDIAC TRANSPLANT

Line: 154 (Cont'd)

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

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: DISORDERS OF BILE DUCT

Treatment: EXCISION, REPAIR

Line: 155

ADD 47719 Anastomosis, choledochal cyst, without excision

ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

Diagnosis: ASTHMA

Treatment: MEDICAL THERAPY

Line: 156

DELETE 31500 Endotracheal intubation

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

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

ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day

ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

ADD 94644 Continuous inhalation treatment with aerosol medication for acute airway obstruction; first

ADD 94645 Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)

Diagnosis: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3

Treatment: MEDICAL THERAPY

Line: 157

DELETE 31500 Endotracheal intubation

Diagnosis: RESPIRATORY FAILURE

Treatment: MEDICAL THERAPY

Line: 158

DELETE 31500 Endotracheal intubation

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Diagnosis: RESPIRATORY FAILURE

Treatment: MEDICAL THERAPY

Line: 158 (Cont'd)

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

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 162

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

NOTE: Change CPT range "15000-15121" to "15002-15121".

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Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE

Treatment: MEDICAL THERAPY, DIALYSIS

Line: 163

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
 - ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
 - ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure
 - ADD 49422 Removal of permanent intraperitoneal cannula or catheter
 - ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
 - ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
-

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

Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY

Line: 164

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

Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

Line: 166

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

Diagnosis: EMPYEMA AND ABSCESS OF LUNG

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 169

- DELETE 32000 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
 - DELETE 32002 Thoracentesis, with insertion of tube with or without water seal
-

NOTE: Change CPT range "32000-32036" to "32005-32036".

Diagnosis: HEART FAILURE

Treatment: MEDICAL THERAPY

Line: 172

- ADD 99363 Anticoagulant management for an outpatient taking warfarin; initial 90 days

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Diagnosis: HEART FAILURE
Treatment: MEDICAL THERAPY
Line: 172 (Cont'd)

- ADD 99364 Anticoagulant management for an outpatient taking warfarin; each subsequent 90 days
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 174

- DELETE 31500 Endotracheal intubation
- ADD 33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
- ADD 33203 endoscopic approach (eg, thacoscopy, pericardioscopy)
- ADD 33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
- ADD 33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
- ADD 33256 with cardiopulmonary bypass
- ADD 33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
- ADD 33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass

NOTE: Change CPT range "33200-33261" to "33202-33261". New CPT codes 33254-33256 appear in CPT ranges on this line and their addition does not require further changes.

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

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
- ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure
- ADD 49422 Removal of permanent intraperitoneal cannula or catheter
- ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site

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Diagnosis: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 175 (Cont'd)

ADD 49436 Delayed creation of exit site from embedded
subcutaneous segment of intraperitoneal cannula or
catheter

Diagnosis: FRACTURE OF HIP, CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 177

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

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

ADD 19303 Mastectomy, simple, complete
ADD 19304 Mastectomy, subcutaneous
ADD 19340 Immediate insertion of breast prosthesis following
mastopexy, mastectomy or in reconstruction
ADD 19342 Delayed insertion of breast prosthesis following
mastopexy, mastectomy or in reconstruction
ADD 19350 Nipple/ areola reconstruction
ADD 19357 Breast reconstruction, immediate or delayed, with
tissue expander, including subsequent expansion
ADD 19361 Breast reconstruction with latissimus dorsi flap,
with or without prosthetic implant
ADD 19364 Breast reconstruction with free flap
ADD 19366 Breast reconstruction with other technique
ADD 19367 Breast reconstruction with transverse rectus
abdominis myocutaneous flap, single pedicle,
including closure of donor site
ADD 19368 Breast reconstruction with transverse rectus
abdominis myocutaneous flap, single pedicle,
including closure of donor site; with
microvascular anastomosis
ADD 19369 Breast reconstruction with transverse rectus
abdominis myocutaneous flap, double pedicle,
including closure of donor site
ADD V04.89 Need for prophylactic vaccination and inoculation
against other viral diseases
ADD V50.41 Prophylactic organ removal; breast
ADD V72.0 Examination of eyes and vision
DELETE V82.71 Screening for genetic disease carrier status
DELETE V82.79 Other genetic screening

NOTE: ICD-9-CM codes V82.71 and V82.79 are considered diagnostic and will now be covered according to the guidelines detailed in Appendix B. Change ICD-9-CM range "V73-V82" to "V73-V81,V82.0-V82.6,V82.8-V82.9". Add new CPT ranges "19340-19350" and "19357-19369".

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Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 184

ADD H2010 Comprehensive medication services, per 15 min

Diagnosis: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 190

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 191

DELETE 38564 Limited lymphadenectomy for staging;
ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 192

ADD 38562 Limited lymphadenectomy for staging; plevic and para-aortic
ADD 38564 Limited lymphadenectomy for staging;
ADD 38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling, single or multiple
ADD 38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
ADD 38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and periaortic lymphnode sampling
ADD 58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF EYE AND ORBIT, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
Line: 193

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE

Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY

Line: 195

- ADD 33530 Reoperation, coronary bypass or valve procedure, more than one month after original operation (list in addition to primary code)
- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
- ADD V43.3 Heart valve replaced by other means
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

NOTE: Change CPT range "99201-99362" to "99201-99364".

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 196

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

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 196 (Cont'd)

NOTE: Change CPT range "15000-15121" to "15002-15121".

Diagnosis: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD

Treatment: MEDICAL THERAPY

Line: 201

- ADD 94774 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of report
 - ADD 94775 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)
 - ADD 94776 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only
 - ADD 94777 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; physician review, interpretation and preparation of report only
-

Diagnosis: HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS

Treatment: MEDICAL THERAPY

Line: 203

- ADD 92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
 - ADD 92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
 - ADD 92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
 - ADD 92014 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits
-

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Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 206

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

NOTE: Change CPT range "33240-33246" to "33240-33244".

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 209

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

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP

Treatment: MEDICAL THERAPY

Line: 211

- ADD 37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)
- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

NOTE: Change CPT range "99201-99362" to "99201-99364".

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

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

Line: 216

DELETE	43246	Upper GI endoscopy with placement of G-tube
DELETE	43750	Percutaneous placement of gastrostomy tube
ADD	44157	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
ADD	44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes ileostomy, and rectal mucosectomy, when performed
ADD	94002	Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
ADD	94003	Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
ADD	94004	Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day
ADD	94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

NOTE: New CPT codes 44157-44158 appear within a already existing range and their addition does not require further changes.

Diagnosis: ESOPHAGEAL STRICTURE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 217

DELETE	43246	Upper GI endoscopy with placement of G-tube
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Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER
THAN 5% 5-YEAR SURVIVAL

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

Line: 224

ADD	15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian
ADD	77014	Computer tomography guidance for placement of radiation therapy fields

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

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

Line: 225

ADD	19301	Mastectomy, partial (eg, lumpectomy, quadrantectomy)
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Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

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

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

Line: 225 (Cont'd)

ADD	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
ADD	19303	Mastectomy, simple, complete
ADD	19304	Mastectomy, subcutaneous
ADD	19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
ADD	19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
ADD	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
ADD	19318	Reduction mammoplasty
DELETE	19324	Mammoplasty, augmentation; without prosthetic implant
DELETE	19325	Mammoplasty, augmentation; with prosthetic implant
DELETE	32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
ADD	77014	Computer tomography guidance for placement of radiation therapy fields
ADD	V50.41	Prophylactic organ removal; breast

NOTE: Delete CPT range "19160-19200". Change CPT range "19300-19369" to "19328-19369".

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

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

Line: 226

ADD	58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling, with or without removal of tube and/or ovary
ADD	77014	Computer tomography guidance for placement of radiation therapy fields

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

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

Line: 228

ADD	77014	Computer tomography guidance for placement of radiation therapy fields
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Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

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

Line: 229

ADD 38562 Limited lymphadenectomy for staging; plevic and para-aortic
ADD 38564 Limited lymphadenectomy for staging;
ADD 38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling, single or multiple
ADD 38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
ADD 38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and periaortic lymphnode sampling
ADD 77014 Computer tomography guidance for placement of radiation therapy fields

NOTE: Create new CPT range "38562-38572".

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

Line: 230

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

Line: 231

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

Line: 232

ADD 38562 Limited lymphadenectomy for staging; plevic and para-aortic
ADD 38564 Limited lymphadenectomy for staging;
ADD 38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling, single or multiple
ADD 38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
ADD 38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and periaortic lymphnode sampling
ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULTS IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 232 (Cont'd)

NOTE: Create new CPT range "38562-38572".

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 234

ADD 15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian
ADD 92526 Treatment of swallowing dysfunction and/or oral function for feeding

NOTE: Change CPT range "15732-15734" to "15731-15734".

Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES
Treatment: MEDICAL THERAPY
Line: 239
ADD 43830 Gastrostomy, open; without construction of gastric tube

Diagnosis: PERITONSILLAR ABSCESS
Treatment: INCISION AND DRAINAGE OF ABSCESS, MEDICAL THERAPY
Line: 243
ADD 10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 246
ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material
ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure
ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
ADD 49436 Delayed creation of exit site from embedded sub-q segment of intraperitoneal cannula or catheter

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Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 247

- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
- ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure
- ADD 49422 Removal of permanent intraperitoneal cannula or catheter
- ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
- ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

NOTE: Create new CPT range "49324-49326". Change CPT range "49420-49421" to "49420-49422".

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 249

- DELETE 43246 Upper GI endoscopy with placement of G-tube
- ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
- ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure
- ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
- ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

NOTE: Change CPT range "43241-43247" to "43241-43245,43247".

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS

Treatment: DRAINAGE OF PANCREATIC CYST

Line: 257

- ADD 48105 Resection/debridement of pancreas and peripancreatic issue for acute necrotizing pancreatitis

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Diagnosis: CYST AND PSEUDOCYST OF PANCREAS

Treatment: DRAINAGE OF PANCREATIC CYST

Line: 257 (Cont'd)

ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis
(Puestow-type operation)

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 261

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

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

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

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 262

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 265

ADD 58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;

ADD 58958 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS

Treatment: EXCISION OF POLYP

Line: 266

ADD 44157 Colectomy, total, abdominal, with proctectomy; with continent ileostomy

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Diagnosis: ANAL, RECTAL AND COLONIC POLYPS
Treatment: EXCISION OF POLYP
Line: 266 (Cont'd)

ADD 44158 Colectomy, total, abdominal, with proctectomy;
with ileoanal anastomosis, creation of ileal
reservoir (S or J), includes ileostomy, and rectal
mucosectomy, when performed
ADD 45380 Colonoscopy; with biopsy, single or multiple
ADD 45381 Colonoscopy; with directed submucosal injection,
any substance
ADD 45382 Colonoscopy; with control of bleeding

NOTE: Change CPT range "45383-45385" to "45380-45385".

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL
CONDYLOMA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 268

ADD 57558 Dilation and curettage of cervical stump

NOTE: Change CPT range "57555-57556" to "57555-57558".

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 270

DELETE 43750 Percutaneous placement of gastrostomy tube
ADD 44157 Colectomy, total, abdominal, with proctectomy;
with continent ileostomy
ADD 44158 Colectomy, total, abdominal, with proctectomy;
with ileoanal anastomosis, creation of ileal
reservoir (S or J), includes ileostomy, and rectal
mucosectomy, when performed
ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

NOTE: New CPT codes 44157 and 44158 appear in a range in this line and their
addition requires no further changes.

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULTS IN A GREATER THAN
5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 271

ADD 38562 Limited lymphadenectomy for staging; plevic and
para-aortic
ADD 38564 Limited lymphadenectomy for staging;
ADD 38570 Laparoscopy, surgical; with retroperitoneal lymph
node sampling, single or multiple
ADD 38571 Laparoscopy, surgical; with bilateral total pelvic
lymphadenectomy

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

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

Line: 271 (Cont'd)

ADD 38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and periaortic lymphnode sampling

ADD 57558 Dilation and curettage of cervical stump

ADD 58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

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

Line: 272

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

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

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

Line: 273

ADD 38562 Limited lymphadenectomy for staging; plevic and para-aortic

ADD 38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling, single or multiple

ADD 38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

ADD 38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and periaortic lymphnode sampling

ADD 55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy

ADD 55876 Placement of interstitial devices(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

NOTE: Change CPT code "38564" to CPT range "38562-38572" and "55859-55866" to "55860-55866".

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Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME

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

Line: 274

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

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

Line: 275

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

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

Line: 276

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 277

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

ADD 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; multi-source Cobalt 60 based

ADD 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; linear accelerator based

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Line: 279

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

ADD 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; multi-source Cobalt 60 based

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Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Line: 279 (Cont'd)

ADD 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; linear accelerator based

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Treatment: MEDICAL THERAPY

Line: 281

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

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

ADD 94004 Ventilation assist and management, initiation of pressure of volume preset ventilators for assisted or controlled breathing; nursing facility per day

ADD 94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living)

ADD 94644 Continuous inhalation treatment with aerosol medication for acute airway obstruction; first

ADD 94645 Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)

NOTE: Change CPT range "94656-94668" to "94660-94668".

Diagnosis: STROKE

Treatment: MEDICAL THERAPY

Line: 284

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

ADD 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; multi-source Cobalt 60 based

ADD 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; linear accelerator based

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

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Diagnosis: STROKE
Treatment: MEDICAL THERAPY
Line: 284 (Cont'd)

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

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 285

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

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: ACUTE BRONCHITIS AND BRONCHIOLITIS
Treatment: MEDICAL THERAPY
Line: 288

- ADD 94640 Pressurized or non-pressurized inhalation treatment for acute airway obstruction or for
- ADD 94644 Continuous inhalation treatment with aerosol medication for acute airway obstruction; first
- ADD 94645 Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)

NOTE: Add new CPT range "94640-94645".

Diagnosis: ANEURYSM OF PULMONARY ARTERY
Treatment: SURGICAL TREATMENT
Line: 291

- ADD 33726 Repair of pulmonary venous stenosis
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Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF
INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 293

- ADD 44157 Colectomy, total, abdominal, with proctectomy;
with continent ileostomy
- ADD 44158 Colectomy, total, abdominal, with proctectomy;
with ileoanal anastomosis, creation of ileal
reservoir (S or J), includes ileostomy, and rectal
mucosectomy, when performed
- ADD 96409 Chemotherapy administration, IV, push technique,
single or initial substance
- ADD 96411 Chemotherapy administration, IV, push technique,
each add'l substance
- ADD 96413 Chemotherapy administration, infusion technique,
up to 1 hour, single or initial substance
- ADD 96415 Chemotherapy administration, infusion technique,
each add'l hour, 1 to 8 hours

NOTE: New CPT codes 44157 and 44158 appear within a range already on this line
and their addition requires no further changes. Add new CPT range "96409-
96415".

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 296

- ADD 15002 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
first 100 sq cm or 1% of body area of infants and
children.
- ADD 15003 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area
- ADD 15004 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, face, scalp, eyelids,
mouth, neck, ears, orbits, genitalia, hands, feet
and/or multiple digits; first 100 sq cm or 1% of
body area of infants and children
- ADD 15005 Surgical preparation or creation of recipient site
by excision of open wounds, burn eschar or scar
(including subcutaneous tissues), or incisional
release of scar contracture, trunk, arms, legs;
each additional 100 sq cm or each additional 1% of
body area
- ADD 36595 Mechanical removal of pericatheter obstructive
material from central venous device via a separate
venous access

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Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 296 (Cont'd)

ADD 36596 Mechanical removal of intraluminal obstructive material from central venous device through device lumen
DELETE 43246 Upper GI endoscopy with placement of G-tube

Diagnosis: PREVENTIVE DENTAL SERVICES
Treatment: CLEANING AND FLUORIDE
Line: 298

ADD D0145 ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH
Delete D1201 Deleted code
Delete D1205 Deleted code
ADD D1206 TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES
ADD D9612 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER
Treatment: COCHLEAR IMPLANT
Line: 300

ADD 92626 Evaluation of auditory rehabilitation status; first hour
ADD 92627 Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
ADD 92630 Auditory rehabilitation; pre-lingual hearing loss
ADD 92633 Auditory rehabilitation; post-lingual hearing loss

NOTE: Add new CPT range "92626-92633".

Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE
Treatment: RESECTION, REPAIR
Line: 310

ADD 33530 Reoperation, coronary bypass or valve procedure, more than one month after original operation (list in addition to primary code)
ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
ADD V43.3 Heart valve replaced by other means

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Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE

Treatment: RESECTION, REPAIR

Line: 310 (Cont'd)

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

Diagnosis: TYPE II DIABETES MELLITUS

Treatment: MEDICAL THERAPY

Line: 311

ADD 49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent

ADD 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed

ADD 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure (List separately in addition to code for primary procedure

ADD 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)

ADD 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

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

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

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

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

Diagnosis: DISEASE OF MITRAL VALVE

Treatment: VALVULOPLASTY, MITRAL VALVE REPLACEMENT, MEDICAL THERAPY

Line: 316

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

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

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Diagnosis: DISEASE OF MITRAL VALVE

Treatment: VALVULOPLASTY, MITRAL VALVE REPLACEMENT, MEDICAL THERAPY

Line: 316 (Cont'd)

- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
- ADD V43.3 Heart valve replaced by other means
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG)

Treatment: MEDICAL THERAPY

Line: 317

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

Diagnosis: CARDIAC ARRHYTHMIAS

Treatment: MEDICAL THERAPY, PACEMAKER

Line: 320

- ADD 33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
- ADD 33203 endoscopic approach (eg, thracoscopy, pericardioscopy)
- ADD 33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
- ADD 33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
- ADD 33256 with cardiopulmonary bypass
- ADD 33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
- ADD 33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass

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Diagnosis: CARDIAC ARRHYTHMIAS
Treatment: MEDICAL THERAPY, PACEMAKER
Line: 320 (Cont'd)

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

NOTE: Change CPT range "33250-33253" to "33250-33256" and "99201-99362" to "99201-99364".

Diagnosis: MULTIPLE VALVULAR DISEASE
Treatment: SURGICAL TREATMENT
Line: 321

- ADD 33530 Reoperation, coronary bypass or valve procedure, more than one month after original operation (list in addition to primary code)
- ADD 99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; initial 90 days
- ADD 99364 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ration (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests; each subsequent 90 days
- ADD V58.61 Encounter for long-term (current) use of anticoagulants

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 324

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

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Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 326

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: ACUTE PANCREATITIS

Treatment: MEDICAL THERAPY

Line: 330

ADD 48105 Resection or debridement of pancreas and peripancreatic issue for acute necrotizing pancreatitis

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)

Line: 333

ADD 27325 Neurectomy, hamstring muscle
ADD 27326 Neurectomy, popliteal (gastrocnemius)
ADD 28055 Neurectomy, intrinsic musculature of foot

NOTE: Delete CPT range "27315-27320".

Diagnosis: WEGENER'S GRANULOMATOSIS

Treatment: MEDICAL THERAPY

Line: 336

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 338

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

NOTE: All of these new CPT codes are in ranges that already appear on this line so no changes to this line are necessary.

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS

Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Line: 343

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 345

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

NOTE: All of these new CPT codes are in ranges that already appear on this line so no changes to this line are necessary.

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 346

ADD	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children.
ADD	15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area
ADD	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
ADD	15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area
ADD	15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian
ADD	17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stain(s)

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Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT
WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 346 (Cont'd)

- ADD 17312 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stain(s
- ADD 17313 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stain(s
- ADD 17314 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stain(s
- ADD 17315 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathological preparations including routine stain(s
- DELETE 38562 Limited lymphadenectomy for staging; pelvic and para-aortic
- DELETE 38564 Limited lymphadenectomy for staging;
- ADD 77014 Computer tomography guidance for placement of radiation therapy fields

NOTE: Change CPT range "17260-17310" to "17260-17315".

Diagnosis: CHRONIC ULCER OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 350

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

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Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 350 (Cont'd)

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

NOTE: All of these new CPT codes appear within a range already on this line so no changes to this line are necessary.

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 351

- ADD 45005 Incision and drainage of submucosal abscess,
- ADD 45020 Incision and drainage of deep supralelevator, pelvirectal or retrorectal abscess
- ADD 53270 Excision, skene's gland

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 352

- ADD 19105 Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 354

- ADD D9120 FIXED PARTIAL DENTURE SECTIONING

NOTE: Add guideline stating "Inclusion on this line only when done in conjunction with extraction of an involved tooth (D9120)."

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)
Treatment: MEDICAL THERAPY, BURN TREATMENT
Line: 360

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

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Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)

Treatment: MEDICAL THERAPY, BURN TREATMENT

Line: 360 (Cont'd)

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

NOTE: Change CPT range "15000-15121" to "15002-15121".

Diagnosis: VESICoureTERAL REFLUX

Treatment: MEDICAL THERAPY, REIMPLANTATION

Line: 361

- ADD 52281 Cystourethroscopy, with calibration/dilation of urethral stricture or stenosis
- ADD 52327 Cystourethroscopy, with subureteric injection of implant material

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 363

- ADD 43271 ERCP; with endoscopic balloon dilation of ampulla, biliary and/or pancreatic duct

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 366

- ADD 35302 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision superficial femoral artery
- ADD 35303 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision popliteal artery
- ADD 35304 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibioperoneal truck artery

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Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 366 (Cont'd)

- ADD 35305 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision tibial or peroneal artery, initial
 - ADD 35306 Thromboendarterectomy, including patch graft if performed; carotid, vertebral, subclavian, by neck incision each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
 - ADD 35539 Bypass graft, with vein; aortofemoral
 - ADD 35540 Bypass graft, with vein; aortobifemoral
-

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, ASEPTIC NECROSIS OF BONE

Treatment: MEDICAL THERAPY, INJECTIONS

Line: 369

- ADD 96409 Chemotherapy administration, IV, push technique, single or initial substance
- ADD 96411 Chemotherapy administration, IV, push technique, each add'l substance
- ADD 96413 Chemotherapy administration, infusion technique, up to 1 hour, single or initial substance
- ADD 96415 Chemotherapy administration, infusion technique, each add'l hour, 1 to 8 hours

NOTE: Add new CPT range "96409-96415".

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

Treatment: ARTHROPLASTY/RECONSTRUCTION

Line: 370

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

Diagnosis: DEEP OPEN WOUNDS

Treatment: REPAIR, SURGICAL TREATMENT

Line: 375

- ADD 15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian)
- ADD 20101 Exploration of penetrating wound (separate procedure); chest
- ADD 64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
- ADD 64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
- ADD 97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

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Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR, SURGICAL TREATMENT
Line: 375 (Cont'd)

- ADD 97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- ADD 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance),
- ADD 97535 Self-care/home management training (eg, activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct 1-on-1 contact by provider, each 15 min

NOTE: Change CPT range "15000-15401" to "15002-15401", "15732-15770" to "15731-15770" and "20102-20103" to "20101-20103".

Diagnosis: CLEFT PALATE AND/OR CLEFT LIP
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 377

- ADD D7111 Extraction, coronal remnants - deciduous tooth
 - ADD D7140 Extraction, erupted tooth or exposed root, elevation and/or forceps removal
 - Add D8693 REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS
-

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
Line: 408

- ADD 92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report

NOTE: This new CPT code is in a CPT range that already appears on this line so no change is necessary.

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 428

- ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
- ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)
- ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;

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Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,
FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 428 (Cont'd)

ADD 58544 Laparoscopy, surgical, supracervical hysterectomy,
for uterus greater than 250 g; with removal of
tube(s) and or ovary(s)

NOTE: Change CPT range "58545-58550" to "58541-58550".

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM
INCLUDING BLADDER OUTLET OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 431

ADD 54150 Circumcision, using clamp or other device with
regional dorsal penile or ring block;
ADD 54420 Corpora cavernosa-saphenous vein shunt (priapism
operation), unilateral or bilateral
ADD 54435 Corpora cavernosa-glans penis fistulization
(biopsy needle, Winter procedure, rongeur, punch)
for priapism
ADD 54865 Exploration of epididymis, with or without biopsy
DELETE 55400 Vasovasostomy, vasovasorrhaphy

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE

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

Line: 435

ADD 76776 Ultrasound, transplanted kidney, real time and
duplex Doppler with image documentation
Add V42.0 Kidney replaced by transplant

Diagnosis: PARALYSIS OF VOCAL CORDS OR LARYNX; ABSCESS, CELLULITIS AND
LEUKOPLAKIA OF VOCAL CORDS

Treatment: INCISION/EXCISION/ENDOSCOPY

Line: 448

DELETE 31500 Endotracheal intubation

NOTE: Change CPT range "31360-31502" to "31360-31420,31502".

Diagnosis: MIGRAINE HEADACHES

Treatment: MEDICAL THERAPY

Line: 450

ADD 92002 Ophthalmological services: medical exam and eval
with initiation of diagnostic and treatment
program; intermediate, new patient
ADD 92004 Ophthalmological services: medical exam and eval
with initiation of diagnostic and treatment
program; comprehensive, new patient, one or more
visits

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Diagnosis: MIGRAINE HEADACHES

Treatment: MEDICAL THERAPY

Line: 450 (Cont'd)

- ADD 92012 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; intermediate, established patient
 - ADD 92014 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; comprehensive, established patient, one or more visits
-

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

Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY

Line: 452

- ADD 474.0 Chronic tonsillitis and adenoiditis
-

Diagnosis: MENSTRUAL BLEEDING DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 458

- ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
 - ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)
 - ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
 - ADD 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)
-

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)

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

Line: 460

- ADD 23470 Arthroplasty, glenohumeral joint; hemiarthroplasty
- ADD 25606 Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
- ADD 25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
- ADD 25608 Open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
- ADD 25609 Open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments

NOTE: New CPT codes 25607-25609 are in a range that already appears on this line so their addition requires no change.

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Diagnosis: IMPERFORATE HYMEN, ABNORMALITIES OF VAGINAL SEPTUM
Treatment: SURGICAL TREATMENT
Line: 463

ADD 56442 Hymenotomy, simple incision

NOTE: Replace CPT range "56700-56720" with CPT code "56700".

Diagnosis: UTERINE LEIOMYOMA
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY
Line: 471

ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)
ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
ADD 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)

NOTE: Change CPT range "58545-54553" to "58541-58553".

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE AND SHOULDER
Treatment: SURGICAL TREATMENT
Line: 473

ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each
ADD 26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
ADD 28020 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
ADD 28022 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
ADD 28024 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint

NOTE: Change CPT ranges "28008-28010,28035-28072" to "28008-28072".

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 474

ADD 27216 Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 474 (Cont'd)

- ADD 27218 Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)
 - ADD 72291 Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
 - ADD 72292 Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance
-

Diagnosis: BRONCHIECTASIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 476

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

Diagnosis: OCCUPATIONAL LUNG DISEASES

Treatment: MEDICAL THERAPY

Line: 477

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

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: PULMONARY FIBROSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 478

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

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 479

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

Diagnosis: PERIPHERAL NERVE INJURY WITH OPEN WOUND

Treatment: NEUROPLASTY

Line: 486

- ADD 64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
 - ADD 64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
-

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

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

Line: 488

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

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

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

Line: 489

- ADD 77014 Computer tomography guidance for placement of radiation therapy fields
 - DELETE 79445 Radiopharmaceutical therapy, by intra-arterial particulate administration
-

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

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

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

Line: 490

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

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

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

Line: 491

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: NON-MALIGNANT OTITIS EXTERNA

Treatment: MEDICAL THERAPY

Line: 492

ADD 69000 Drainage external ear, abscess or hematoma; simple

Diagnosis: SENSORINEURAL HEARING LOSS, OVER AGE 5

Treatment: COCHLEAR IMPLANT

Line: 501

ADD 92626 Evaluation of auditory rehabilitation status; first hour

ADD 92627 Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)

ADD 92630 Auditory rehabilitation; pre-lingual hearing loss

ADD 92633 Auditory rehabilitation; post-lingual hearing loss

NOTE: Add new CPT range "92626-92633".

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 503

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

ADD 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; multi-source Cobalt 60 based

ADD 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting for 1 session; linear accelerator based

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

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

Treatment: REPAIR

Line: 504

ADD 20610 Arthrocentesis, aspiration and/or injection; major
joint or bursa

ADD 27829 Open treatment of distal tibiofibular joint
disruption, with or without internal fixation

Diagnosis: MALUNION AND NONUNION OF FRACTURE

Treatment: SURGICAL TREATMENT

Line: 507

ADD 21750 Closure of median sternotomy separation with or
without debridement

ADD 21825 Open treatment of sternum fracture with or without
skeletal fixation

ADD 26841 Arthrodesis, carpometacarpal joint, thumb, with or
without internal fixation

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS)

Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE

Line: 514

ADD D1555 REMOVAL OF FIXED SPACE MAINTAINER

Diagnosis: URINARY INCONTINENCE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 515

ADD 97001 Physical therapy evaluation

ADD 97002 Physical therapy re-evaluation

ADD 97014 Application of modality to one or more areas;
electrical stimulation

ADD 97110 Therapeutic procedure, each 15 minutes;
therapeutic exercises to develop strength and
endurance, range of motion, flexibility

Diagnosis: HYPOSPADIUS AND EPISPADIUS

Treatment: REPAIR

Line: 516

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

NOTE: Change CPT range "54420-54440" to "54420-54430,54440".

Diagnosis: PERIPHERAL NERVE ENTRAPMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 521

ADD 25109 Excision of tendon, forearm and/or wrist, flexor
or extensor, each

ADD 29105 Application of long arm splint

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)

Treatment: PERIODONTICS AND COMPLEX PROSTHETICS

Line: 544

Delete D6971 Deleted code

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 546

ADD 77014 Computer tomography guidance for placement of radiation therapy fields

Diagnosis: DYSMENORRHEA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 553

ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;

ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)

ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;

ADD 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS

Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY

Line: 556

ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each

ADD 26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 559

ADD 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;

ADD 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and or ovary(s)

ADD 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;

ADD 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and or ovary(s)

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: PERIPHERAL ENTHESOPATHIES

Treatment: SURGICAL TREATMENT

Line: 572

- ADD 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each
 - ADD 26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
-

Diagnosis: REDUNDANT PREPUCE

Treatment: ELECTIVE CIRCUMCISION

Line: 587

- ADD 54150 Circumcision, using clamp or other device with regional dorsal penile or ring block;
-

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY

Line: 593

- ADD 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance),
 - ADD 97535 Self-care/home management training (eg, activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct 1-on-1 contact by provider, each 15 min
-

Diagnosis: PLEURISY

Treatment: MEDICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 598

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

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE

Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY

Line: 624

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

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL

Treatment: MEDICAL THERAPY

Line: 635

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

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
Treatment: MEDICAL THERAPY
Line: 635 (Cont'd)

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

NOTE: Change CPT range "99201-99362" to "99201-99364".

Diagnosis: GYNECOMASTIA
Treatment: MASTECTOMY
Line: 643

- ADD 19300 Mastectomy for gynecomastia

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 660

- ADD 15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
- ADD 15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure.

NOTE: Change CPT range "15831-15839" to "15830-15839".

Diagnosis: OTHER COMPLICATIONS OF A PRODCURE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 666

- DELETE 38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
- DELETE 38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and periaortic lymphnode sampling

Diagnosis: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
Line: 671

- ADD 48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
-

Interim Modifications to the October 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on April 13, May 25, June 29, August 24, October 26, and December 8, 2006. (Cont'd)

Diagnosis: MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT
RESULT IN A 5% 5 YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 674

ADD 77014 Computer tomography guidance for placement of
radiation therapy fields

Diagnosis: PREVENTIVE DENTAL SERVICES

Treatment: CLEANING AND FLUORIDE

Line: 681

ADD D1206 TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION
FOR MODERATE TO HIGH CARIES

ADD D4230 ANATOMICAL CROWN EXPOSURE - FOUR OR MORE
CONTIGUOUS TEETH PER QUADRANT

ADD D4231 ANATOMICAL CROWN EXPOSURE - FOUR OR MORE
CONTIGUOUS TEETH PER QUADRANT

ADD D7998 INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN
CONJUNCTION WITH A FRACTURE

ADD D9120 FIXED PARTIAL DENTURE SECTIONING

NOTE: Add guideline stating "Inclusion on this line when not done in conjunction
with extraction of an involved tooth (D9120)."

Diagnosis: LYMPHEDEMA

Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL

Line: 694

DELETE 38571 Laparoscopy, surgical; with bilateral total pelvic
lymphadenectomy

DELETE 38572 Laparoscopy, surgical; with bilateral total pelvic
lymphadenectomy and periaortic lymphnode sampling

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)

Treatment: COSMETIC DENTAL SERVICES

Line: 707

Add D6012 SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR
TRANSITIONAL PROSTHESIS:

Add D6091 REPLACEMENT OF SEMI-PRECISION OR PRECISION
ATTACHMENT (MALE OR FEMALE

Add D6092 RECENT IMPLANT/ABUTMENT SUPPORTED CROWN

Add D6093 RECENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL
DENTURE

Add D7292 SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE
[SCREW RETAINED PLATE] REQUIRING

Add D7293 SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE
REQUIRING SURGICAL FLAP

Add D7294 SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE
WITHOUT SURGICAL FLAP

Add D7951 SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES

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

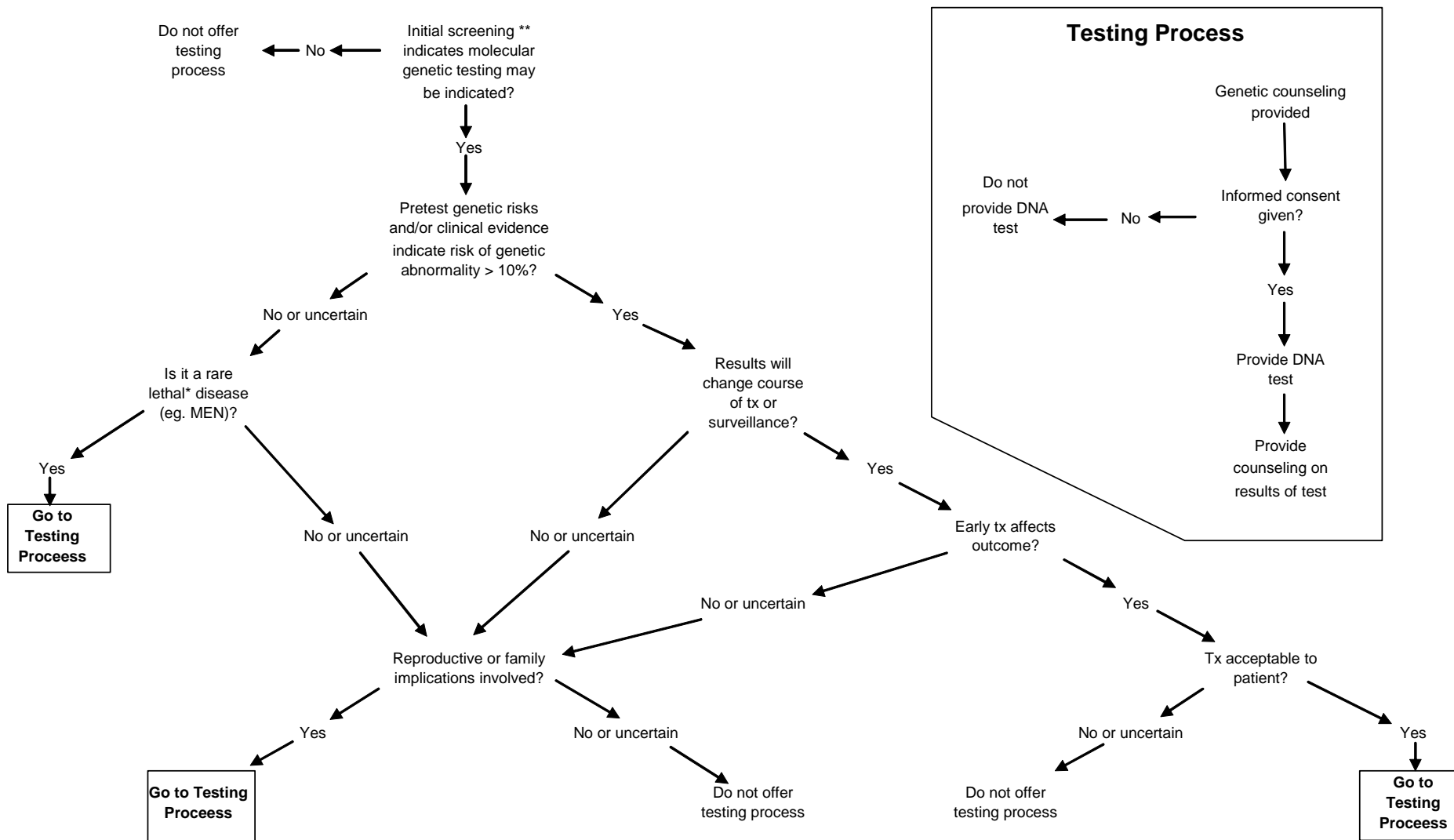
ATTACHMENT B

Guidelines Associated with Diagnostic Services Not Appearing on the Prioritized List of Health Services

NON-PRENATAL GENETIC TESTING GUIDELINE

- I. Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure B-1 unless otherwise specified below.
- II. Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer suspected to be hereditary, or patients at increased risk to due to family history.
 - A. Services are provided according to the Comprehensive Cancer Network Guidelines.
 1. NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2006 (1/3/06). www.nccn.org
 2. NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). www.nccn.org
 - B. Genetic counseling should precede genetic testing for hereditary cancer. Very rarely, it may be appropriate for a genetic test to be performed prior to genetic counseling for a patient with cancer. If this is done, genetic counseling should be provided as soon as practical.
 1. Pre and post-test genetic counseling by the following providers should be covered.
 - i. Medical Geneticist (M.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics
 - ii. Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics.
 - iii. Genetic Counselor - Board Certified or Active Candidate Status from the American Board of Genetic Counseling, or Board Certified by the American Board of Medical Genetics.
 - iv. Advance Practice Nurse in Genetics - Credential from the Genetic Nursing Credentialing Commission.
 - C. If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 or 2 has been identified in a family, a single site mutation analysis for that mutation is covered, while a full sequence BRCA 1 and 2 analyses is not.
 - D. Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.
- III. Related to genetic testing for infants and children with developmental delay:
 - A. Chromosome studies and Fragile X testing is covered without a visit or consultation with a specialist.
 - B. A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.
 - C. Coverage for genetic testing for other conditions should continue to be made on a case-by-case basis according to the algorithm in Figure B-1.

Figure B-1. Non-Prenatal Genetic Testing Algorithm



* Greater than a 1% chance of death within five years due to the condition, in the absence of treatment

** Examples of initial screening: physical exam, medical history, family history, laboratory studies, imaging studies

TUBERCULOSIS TESTING GUIDELINE

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

ATTACHMENT C

Deleted CPT Codes Being Removed from the Prioritized List

All occurrences of the following deleted CPT codes are being removed from the Prioritized List of Health Services. If one of these codes falls within an existing range of CPT codes, no change to the list is necessary in that instance. While each instance of a deletion is not being included in Attachment A, a note is included for each line item when a change involves a modification of a code range instead of a straightforward deletion of the single code.

15000	33246
15001	33253
15831	35381
17304	35507
17305	35541
17306	35546
17307	35641
19140	44152
19160	44153
19162	47716
19180	48005
19182	48180
19200	49085
19240	54152
21300	54820
25611	56720
25620	57820
25604	79100
27315	79900
27320	92573
28030	94656
33200	94657
33201	95078
33245	



Oregon

Theodore R. Kulongoski, Governor

**Health Services Commission
5th Floor, Public Service Building
255 Capitol Street NE
Salem, OR 97310
(503) 373-1985
FAX (503) 378-5511**

January 12, 2007

The Honorable Peter Courtney
Senate President
Oregon State Senate
State Capitol S-203
900 Court St NE
Salem, OR 97301

Dear Senator Courtney:

You should have received a letter dated December 18, 2006 from me on the most recent changes to the Prioritized List of Health Services approved by the Health Services Commission. Subsequent to that mailing, a few omissions have been identified.

Attachment A documents the placement of CPT codes for skin grafts on the Prioritized List that were new as of 2006. Those codes that represent basic skin grafts are simply replacing all occurrences of the old codes that they are replacing. The codes representing newer technologies involving the use of dermal substitutes and acellular products are being added to all of the same lines except those related to chronic stasis ulcers, diabetic ulcers, and conditions of the skin requiring chiefly cosmetic treatment, which were not deemed appropriate.

Attachment B includes revisions to five currently existing guidelines associated with the Prioritized List. First, a minor revision was made to the guideline for physical, occupational, and speech therapies to clarify when therapies performed in conjunction with an acute injury/illness are not subject to the limitations of the guideline. The guideline for PET scans was expanded to cover their use in the diagnosis and staging of colon and testicular cancers based on new evidence. The guideline for maternity care was expanded to include a guideline on the use of a new test to screen for Down syndrome earlier in the pregnancy than what has historically been done. The guideline to require the certification of the laboratory to perform the test is to ensure the most cost-effective approach is followed. Additionally, the two guidelines on the treatment of psoriasis were modified to move the more moderate forms of the disease to the higher of the two lines and to include more advanced treatments when other treatments have failed, are not appropriate, or are not available.

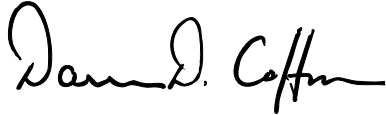
Attachment C indicates revisions to the line titles for complicated hernias and herpes zoster. These changes are for clarification purposes only and do not reflect a change in the intent of the Commission. Finally, a coding clarification has been added to the two lines which include prophylactic breast removal, limiting this treatment to those high-risk cases in which the woman has tested positive for a BRCA gene mutation.

Again, the changes appearing in Attachments A through C, along with those in the December 18, 2006 letter, do not include any alteration in the ranking of line items on the list, nor do they affect the total number of lines on the list, which remains at 710. These additional changes are also being forwarded to the Department of Human Service's Division of Medical Assistance Programs (DMAP) for review with their actuary for potential financial impact. DMAP will determine the timing of the implementation of these changes and the need for additional action should these changes impact the current funding level of the Prioritized List.

Additional Interim Modifications to the Prioritized List of Health Services
January 12, 2007
Page 2

I apologize for any confusion these omissions from the December 18, 2006 letter may have caused.

Respectfully submitted,

A handwritten signature in black ink that reads "Darren D. Coffman". The signature is written in a cursive style with a large initial 'D' and 'C'.

Darren D. Coffman
Director

cc: Health Services Commission
Alan Douma, MD, Administrator, Division of Medical Assistance Programs

ATTACHMENT A

INCORPORATION OF CPT CODES FOR SKIN GRAFTS THAT BECAME EFFECTIVE 1/1/2006

ADD ALL OF THE FOLLOWING CODES TO LINES 40, 99, 137, 146, 162, 196, 224, 296, 303, 346, 360, AND 375 (BURNS AND INJURIES & CONGENITAL ANOMALIES INVOLVING THE INTEGUMENTARY SYSTEM) AND THOSE CODES NOT INDICATED BY AN ASTERISK (*) REPRESENTING SUCH NEWER TECHNOLOGIES AS ACELLULAR PRODUCTS AND DERMAL SUBSTITUTES TO LINES 350, 556, AND 660 (CHRONIC STASIS & DIABETIC ULCERS AND CONDITIONS OF THE SKIN REQUIRING CHIEFLY COSMETIC TREATMENT):

15040 Harvest of skin for tissue cultured skin autograft, 100sq cm or less
15110 Epidermal autograft, trunk, arms, legs; first 100sq cm
15111 Epidermal autograft, trunk, arms, legs; each add'l 100sq cm
15115 Epidermal autograft, face, hands, feet, etc; first 100sq cm
15116 Epidermal autograft, face, hands, feet, etc; each add'l 100sq cm
15130 Dermal autograft, trunk, arms, legs; first 100sq
15131 Dermal autograft, trunk, arms, legs; each add'l 100sq cm
15135 Dermal autograft, face, hands, feet, etc; first 100sq cm
15136 Dermal autograft, face, hands, feet, etc; each add'l 100 sq cm
15150* Tissue cultured epidermal autograft, trunk, arms, legs, first 25 sq cm or less
15151* Tissue cultured epidermal autograft, trunk, arms, legs, each add'l 1 sq cm to 75sq cm
15152* Tissue cultured epidermal autograft, trunk, arms, legs, each add'l 100 sq cm
15155* Tissue cultured epidermal autograft, face, hands, feet, etc; first 25 sq cm or less
15156* Tissue cultured epidermal autograft, face, hands, feet, etc; each add'l 1 sq cm to 75sq cm
15157* Tissue cultured epidermal autograft, face, hands, feet, etc; each add'l 100 sq cm
15170* Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less
15171* Acellular dermal replacement, trunk, arms, legs; each add'l 100 sq cm or less
15175* Acellular dermal replacement, face, hands, feet, etc; first 100 sq cm or less
15176* Acellular dermal replacement, face, hands, feet, etc; each add'l 100 sq cm or less
15300 Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less
15301 Allograft skin for temporary wound closure, trunk, arms, legs; each add'l 100 sq cm
15320 Allograft skin for temporary wound closure, face, hands, feet, etc; first 100 sq cm or less
15321 Allograft skin for temporary wound closure, face, hands, feet, etc; each add'l 100 sq cm

CONT'D FROM PREVIOUS PAGE

15330* Acellular dermal allograft, trunk, arms, legs; first 100 sq
cm or less
15331* Acellular dermal allograft, trunk, arms, legs; each add'l
100 sq cm or less
15335* Acellular dermal allograft, face, hands, feet, etc; first
100 sq cm or less
15336* Acellular dermal allograft, face, hands, feet, etc; each
add'l 100 sq cm or less
15340* Tissue cultured allogeneic skin substitute, first 25 sq cm
or less
15341* Tissue cultured allogeneic skin substitute, each add'l 25
sq cm
15360* Tissue cultured allogeneic dermal substitute, trunk, arms,
legs; first 100 sq cm or less
15361* Tissue cultured allogeneic dermal substitute, trunk, arms,
legs; each add'l 100 sq cm
15365* Tissue cultured allogeneic dermal substitute, face, hands,
feet, etc; first 100 sq cm or less
15366* Tissue cultured allogeneic dermal substitute, face, hands,
feet, etc; each add'l 100 sq cm
15420 Xenograft skin (dermal) for temporary wound closure, face,
hands, feet, etc; first 100 sq cm or less
15421 Xenograft skin (dermal) for temporary wound closure, face,
hands, feet, etc; each add'l 100 sq cm
15430* Acellular xenograft implant; first 100 sq cm or
15431* Acellular xenograft implant; each add'l 100 sq cm

DELETE ALL OCCURRENCES ON THE PRIORITIZED LIST OF THE FOLLOWING CODES WHICH
ARE NO INVALID AND HAVE EITHER BEEN REPLACED BY ONE OR MORE OF THE ABOVE
NEW CPT CODES AS OF 1/1/06 OR BY OTHER CODES ALREADY APPEARING ON THE LIST:

15810 Salabrasion; 20 sq cm or less
15811 Salabrasion; over 20 sq cm
15342 Application of bilaminar skin substitute/neodermis; 25 sq
cm
15343 Application of bilaminar skin substitute/neodermis; each
add'l 25 sq cm
15350 Application of allograft skin; 100 sq cm or less
15351 Application of allograft skin; each add'l 100 sq
16010 Dressings and/or debridement, initial or subsequent, under
anaesthesia; small
16015 Dressings and/or debridement, initial or subsequent, under
anaesthesia; medium or large

ATTACHMENT B

CHANGES TO EXISTING GUIDELINES

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~~ **immediately following stabilization from an acute event**. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

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 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
- Colon
- Testicular

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

For staging, PET is covered in the following situations:

- The stage of the cancer remains in doubt after standard diagnostic work up

OR

- PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient

AND

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

PET Scans are also indicated for preoperative evaluation of the brain in patients who have intractable seizures and are candidates for focal surgery. PET Scans are NOT indicated for routine follow up of cancer treatment, or for cardiac evaluation.

GUIDELINE NOTE 5A, FETOSCOPIC LASER SURGERY

On Line 54

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt.

GUIDELINE NOTE 5B, PRENATAL SCREENING FOR DOWN SYNDROME

On Line 54

Certification of laboratory required for first trimester fetal nuchal translucency measurement (76813-76814) to ensure its use in combination with serum markers in screening for Down syndrome.

GUIDELINE NOTE 28, MODERATE/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.~~
Moderate to severe psoriasis is defined as having functional impairment and one or more of the following:

- a) At least 10% body surface area involved; and/or,
- b) Hand, foot or mucous membrane involvement.

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

GUIDELINE NOTE 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.~~

Mild psoriasis is defined as uncomplicated, having:

- a) No functional impairment; and/or,
 - b) Involving less than 10% of body surface area and no involvement of the hand, foot, or mucous membranes.
-

ATTACHMENT C

CHANGES TO LINE TITLES AND CODING CLARIFICATIONS

Change the diagnosis description of line 6 to "COMPLICATED
HERNIA ~~WITH~~ DEFINED AS BEING INCARCERATED AND HAVING SYMPTOMS OF
OBSTRUCTION AND/OR GANGRENE; UNCOMPLICATED HERNIA IN CHILDREN
UNDER AGE 18".

Change the diagnosis description of line 203 to "HERPES ZOSTER;
HERPES SIMPLEX ~~AND HERPES ZOSTER~~ WITH NEUROLOGICAL OR
OPHTHALMALOGICAL COMPLICATIONS".

Add the following coding clarification to lines 181 (Preventive
Services, Over Age of 10) and 225 (Cancer of the Breast,
Treatable): "V50.41 (PROPHYLACTIC BREAST REMOVAL) IS ONLY
INCLUDED ON THIS LINE FOR HIGH-RISK WOMEN WHO ARE BRCA
POSITIVE."
