



Oregon

Theodore R. Kulongoski, Governor

**Health Services Commission
5th Floor, Public Service Building
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Salem, OR 97310
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July 21, 2005

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.

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 Attachment A through C will supersede the previous definition of these lines.

Attachment A documents the placement of CPT-4 codes to indicate appropriate condition/treatment pairings previously not appearing on the list (141 changes) and eight instances where codes were removed from lines because of inappropriate pairings. Placement of new ICD-9-CM codes accounted for 80 changes, new CPT-4 codes for 27 changes, and new HCPCS codes resulted in 2 changes. In addition, 37 changes relate to the deletion of obsolete or invalid CPT codes and 28 changes to correct errors. Eight codes were moved from one line to another to better match similar conditions on the same lines.

In addition to the changes outlined in Attachment A, there are some changes being made to the practice guidelines associated with the Prioritized List as noted in Attachment B. Further revisions are being made to the erythropoietin, rehabilitative therapy, and PET scan guidelines, and new guidelines have been adopted for the provision of ventricular assist devices for heart failure and drug therapy for age-related macular degeneration. Another guideline clarifies the prioritization of services for mastocytosis.

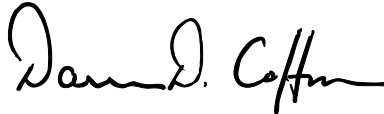
The items in Appendix C represent clerical corrections being made to the Prioritized List since the publishing of the aforementioned report. These changes do not represent new decisions made by the Commission. They either reflect: 1) inadvertent omissions of codes that have previously appeared on the indicated line(s) and where no decision to remove them had been made by the Commission; or 2) changes previously approved by the Commission for which formal notification has already been made, but in which case the change did not appear on the 2005-2007 Prioritized List.

The changes appearing in Attachments A through C are being forwarded to OMAP 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, OMAP will determine the effective date for these changes pending approval from CMS, which will be no earlier than October 1, 2005. In the event the technical changes are determined to impact the funding level of this list as defined by OMAP's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Emergency Board.

Interim Modifications to the Prioritized List of Health Services
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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
Lynn Read

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ATTACHMENT A

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005.

Diagnosis: PERITONITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 3

ADD	567.21	Peritonitis (acute) generalized
ADD	567.22	Peritoneal abscess
ADD	567.23	Spontaneous bacterial Peritonitis
ADD	567.29	Other suppurative Peritonitis
ADD	567.38	Other retroperitoneal abscess
ADD	567.39	Other retroperitoneal infections
ADD	567.81	Choleperitonitis
ADD	567.82	Sclerosing mesenteritis
ADD	567.89	Other specified peritonitis

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 567, which already appears on this line. Change title to "PERITONITIS AND RETROPERITONEAL INFECTIONS."

Diagnosis: COMPLICATED HERNIA WITH OBSTRUCTION AND/OR GANGRENE;
UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18
Treatment: REPAIR
Line: 6

DELETE	49580	Repair umbilical hernia, under age 5, reducible
DELETE	49585	Repair umbilical hernia, age 5 or over, reducible

NOTE: Change CPT code range from "49500-49590" to "49590-49572,49582,49587-49590."

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN
Treatment: REPAIR
Line: 15

DELETE	97601	Invalid code
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Diagnosis: HODGKIN'S DISEASE
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION
Line: 27

DELETE	78810	Tumor imaging, positron emission tomography, metabolic evaluation
ADD	78811	Tumor imaging, positron emission tomography, limited area
ADD	78812	Tumor imaging, positron emission tomography, skull base to mid-thigh
ADD	78813	Tumor imaging, positron emission tomography, whole body

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

Diagnosis: HODGKIN'S DISEASE

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 27 (CONT'D)

ADD 78814 Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; limited area

ADD 78815 Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; skull base to mid-thigh

ADD 78816 Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; whole body

Diagnosis: THROMBOCYTOPENIA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 42

ADD 287.30 Primary thrombocytopenia, unspecified

ADD 287.31 Immune thrombocytopenic purpura

ADD 287.32 Evan's syndrome

ADD 287.33 Congenital and hereditary thrombocytopenic purpura

ADD 287.39 Other primary thrombocytopenia

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 287.3, which already appears on this line.

Diagnosis: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 44

DELETE 97601 Invalid code

Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX

Treatment: MEDICAL THERAPY

Line: 50

DELETE 995.2 Unspecified adverse effect of drug, medicinal and biological substance

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL

Treatment: CRANIOTOMY/CRANIECTOMY

Line: 51

DELETE 97601 Invalid code

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

Line: 53

DELETE V26.3 Genetic counseling and testing

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Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 54

- ADD 651.70 Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or
- ADD 651.71 Multiple gestation following (elective) fetal reduction, delivered, with or without mention of antepartum condition
- ADD 651.73 Multiple gestation following (elective) fetal reduction, antepartum condition or complication
- ADD S0265 Genetic counseling, under physician supervision, each 15 minutes

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 651.7, which already appears on this line.

Diagnosis: BIRTH OF INFANT
Treatment: NEWBORN CARE
Line: 55

- ADD 763.84 Meconium passage during delivery
- ADD 779.84 Meconium staining

NOTE: The new fifth-digit code 763.84 being added is classified under existing ICD-9-CM code 763.8, which already appears on this line.

Diagnosis: ECTOPIC PREGNANCY
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 56

- ADD 58940 Oophorectomy, partial or total, unilateral or bilateral

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 59

- ADD 770.10 Fetal and newborn aspiration, unspecified
- ADD 770.11 Meconium aspiration without respiratory symptoms
- ADD 770.12 Meconium aspiration with respiratory symptoms
- ADD 770.17 Other fetal and newborn aspiration without respiratory symptoms
- ADD 770.18 Other fetal and newborn aspiration with respiratory symptoms

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 770.1, which already appears on this line.

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 77

ADD 39503 Repair, neonatal diaphragmatic hernia, with or
without chest tube insertion and creation of
ventral hernia

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 108

DELETE 585 Chronic renal failure
ADD 585.5 Chronic kidney disease, stage V
ADD 585.6 End stage renal disease

NOTE: Change ICD-9-CM code range "581-585" to "581-584,585.5,585.6".

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER
VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES
WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 112

DELETE 97601 Invalid code
ADD V54.01 Encounter for removal of internal fixation device
ADD V54.09 Other aftercare involving internal fixation device
ADD V54.17 Aftercare for healing traumatic fracture of
vertebrae

Diagnosis: FRACTURE OF PELVIS, OPEN AND CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 113

DELETE 97601 Invalid code
ADD V54.01 Encounter for removal of internal fixation device
ADD V54.09 Other aftercare involving internal fixation device
ADD V54.19 Aftercare for healing traumatic fracture of other
bone
ADD V54.29 Aftercare for healing pathologic fracture of other
bone

Diagnosis: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN
SYNDROME; STEVENS-JOHNSON SYNDROME; ECZEMA HERPETICUM

Treatment: MEDICAL THERAPY

Line: 115

DELETE 97601 Invalid code

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

Diagnosis: NON-HODGKIN'S LYMPHOMAS

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 122

- DELETE 78810 Tumor imaging, positron emission tomography, metabolic evaluation
 - ADD 78811 Tumor imaging, positron emission tomography, limited area
 - ADD 78812 Tumor imaging, positron emission tomography, skull base to mid-thigh
 - ADD 78813 Tumor imaging, positron emission tomography, whole body
 - ADD 78814 Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; limited area
 - ADD 78815 Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; skull base to mid-thigh
 - ADD 78816 Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; whole body
-

Diagnosis: OPEN FRACTURE OF EXTREMITIES

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 131

- DELETE 97601 Invalid code
 - ADD V54.01 Encounter for removal of internal fixation device
 - ADD V54.02 Encounter for lengthening/adjustment of growth rod
 - ADD V54.09 Other aftercare involving internal fixation device
 - ADD V54.10 Aftercare for healing traumatic fracture of arm, unspecified
 - ADD V54.11 Aftercare for healing traumatic fracture of arm, upper arm
 - ADD V54.12 Aftercare for healing traumatic fracture of arm, lower arm
 - ADD V54.13 Aftercare for healing traumatic fracture of hip
 - ADD V54.14 Aftercare for healing traumatic fracture of leg, unspecified
 - ADD V54.15 Aftercare for healing traumatic fracture of upper leg
 - ADD V54.16 Aftercare for healing traumatic fracture of lower leg
-

Diagnosis: BENIGN NEOPLASM OF BRAIN

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

Line: 136

- ADD 62140 Cranioplasty for skull defect up to 5cm
 - ADD 62141 Cranioplasty for skull defect over 5cm
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Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

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

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

Line: 137

DELETE	78810	Tumor imaging, positron emission tomography, metabolic evaluation
ADD	78811	Tumor imaging, positron emission tomography, limited area
ADD	78812	Tumor imaging, positron emission tomography, skull base to mid-thigh
ADD	78813	Tumor imaging, positron emission tomography, whole body
ADD	78814	Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; limited area
ADD	78815	Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; skull base to mid-thigh
ADD	78816	Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; whole body

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 140

DELETE	721.1	Cervical spondylosis with myelopathy
DELETE	721.4	Thoracic or lumbar spondylosis with myelopathy
DELETE	721.91	Spondylosis of unspecified site, with myelopathy

NOTE: These codes are being moved to Line 324.

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

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

Line: 145

ADD	33240	Insertion of cardioverter-defibrillator pulse generator
DELETE	97601	Invalid code
ADD	996.40	Unspecified mechanical complication of other internal orthopedic device, implant or graft
ADD	996.41	Mechanical loosening of prosthetic joint
ADD	996.42	Dislocation of prosthetic joint
ADD	996.43	Prosthetic joint implant failure
ADD	996.44	Peri-prosthetic fracture around prosthetic joint
ADD	996.45	Peri-prosthetic osteolysis
ADD	996.46	Articular bearing surface wear of prosthetic joint
ADD	996.47	Other mech complication of prosthetic joint implant
ADD	996.49	Other mechanical complication of other internal orthopedic device, implant or graft

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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: The new fifth-digit ICD-9-CM codes being added are classified under existing code 996.4, which already appears on this line.

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

DELETE 97601 Invalid code

Diagnosis: RESPIRATORY FAILURE
Treatment: MEDICAL THERAPY
Line: 158

ADD 31601 Tracheostomy, planned, under 2 years
ADD 31605 Tracheostomy, emergency, cricothyroid membrane
ADD 31610 Tracheostomy, fenestration procedure with skin

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT/ MEDICAL THERAPY
Line: 162

DELETE 97601 Invalid code

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE
Treatment: MEDICAL THERAPY, DIALYSIS
Line: 163

ADD 276.50 Volume depletion, unspecified
ADD 276.51 Dehydration
ADD 276.52 Hypovolemia

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 276, which already appears on this line.

Diagnosis: FRACTURE OF HIP, CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 177

ADD V54.01 Encounter for removal of internal fixation device
ADD V54.09 Other aftercare involving internal fixation device
ADD V54.13 Aftercare for healing traumatic fracture of hip
ADD V54.81 Aftercare following joint replacement

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

ADD S0613 Clinical breast exam without pelvic exam

 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 67208 Destruction of localized lesion of retina,
 cryotherapy, diathermy
 ADD 67210 Destruction of localized lesion of retina,
 photocoagulation

 Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY
 Treatment: FREE SKIN GRAFT/ MEDICAL THERAPY
 Line: 196

DELETE 97601 Invalid code

 Diagnosis: CHRONIC OSTEOMYELITIS
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Line: 208

ADD 97001 Physical therapy evaluation
 ADD 97002 Physical therapy re-evaluation
 ADD 97003 Occupational therapy evaluation
 ADD 97004 Occupational therapy re-evaluation
 ADD 97012 Application of modality: traction, mechanical
 ADD 97014 Application of modality: electrical stimulation
 ADD 97022 Application of modality: whirlpool
 ADD 97032 Application of modality: electrical stimulation
 (requiring one-on-one contact)
 ADD 97110 Therapuetic procedure; therapuetic exercises,
 range of motion
 ADD 97112 Therapuetic procedure; neuromuscular re-education
 ADD 97113 Therapuetic procedure; aquatic therapy
 ADD 97116 Therapuetic procedure; gait training
 ADD 97124 Therapuetic procedure; massage
 ADD 97140 Manual therapy techniques
 ADD 97150 Therapuetic procedures, group

 Diagnosis: FRACTURE OF RIBS AND STERNUM, OPEN
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Line: 215

DELETE 97601 Invalid code
 ADD V54.19 Aftercare to heal traumatic fracture of other bone
 ADD V54.29 Aftercare to heal pathologic fracture of other bone

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (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

ADD	760.77	Noxious influences affecting fetus or newborn via placenta or breast milk; anticonvulsants
ADD	760.78	Noxious influences affecting fetus or newborn via placenta or breast milk; antimetabolic agents
DELETE	995.2	Unspecified adverse effect of drug, medicinal and biological substance
DELETE	995.3	Allergy, unspecified

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 760, which already appears on this line. Change ICD-9-CM code range "995.0-995.6" to "995.0-995.1,995.4-995.6".

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	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral
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Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, TREATABLE

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

Line: 234

ADD	92506	Evaluation of speech, language, voice, communication, auditory processing or aural rehab status
ADD	92507	Treatment of speech, language, voice, communication or auditory processing disorder,
ADD	92508	Treatment of speech, language, voice, communication or auditory processing disorder,
ADD	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device; first hour
ADD	92608	Evaluation for prescription for speech-generating augmentative and alternative communication device; each add'l 30 minutes
ADD	92609	Evaluation for prescription for speech-generating augmentative and alternative communication device; including programming and modification

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

Diagnosis: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 237

DELETE 97601 Invalid code

Diagnosis: TRAUMATIC AMPUTATION OF ARM(S), HAND(S) THUMB(S) AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 238

DELETE 97601 Invalid code

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 247

ADD 585.1 Chronic kidney disease, stage I
ADD 585.2 Chronic kidney disease, stage II (mild)
ADD 585.3 Chronic kidney disease, stage III (moderate)
ADD 585.4 Chronic kidney disease, stage IV (severe)
ADD 585.5 Chronic kidney disease, stage V
ADD 585.6 End stage renal disease
ADD 585.9 Chronic kidney disease, unspecified

NOTE: The new fifth-digit ICD-9-CM codes being added are classified under existing code 585, which already appears on this line.

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

Treatment: MEDICAL THERAPY

Line: 249

ADD 995.2 Unspecified adverse effect of drug, medicinal and biological substance

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 78810 Tumor imaging, positron emission tomography, metabolic evaluation
ADD 78811 Tumor imaging, positron emission tomography, limited area
ADD 78812 Tumor imaging, positron emission tomography, skull base to mid-thigh
ADD 78813 Tumor imaging, positron emission tomography, whole body

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

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 (CONT'D)

ADD 78814 Tumor imaging, positron emission tomography, with
concurrent CT for attenuation correction and
anatomical localization; limited area

ADD 78815 Tumor imaging, positron emission tomography, with
concurrent CT for attenuation correction and
anatomical localization; skull base to mid-thigh

ADD 78816 Tumor imaging, positron emission tomography, with
concurrent CT for attenuation correction and
anatomical localization; whole body

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

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Line: 273

ADD 54520 Orchiectomy, simple (including subcapsular), with
or without testicular prosthesis, scrotal or
inguinal approach

Diagnosis: DISLOCATION KNEE AND HIP, OPEN

Treatment: SURGICAL TREATMENT

Line: 286

DELETE 97601 Invalid code

Diagnosis: DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND SHOULDER,
OPEN

Treatment: SURGICAL TREATMENT

Line: 287

DELETE 97601 Invalid code

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 296

ADD 44625 Closure of enterostomy with resection and
anastomosis other than colorectal

DELETE 97601 Invalid code

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS

Treatment: SINGLE FOCAL SURGERY

Line: 304

ADD 78811 Tumor imaging, positron emission tomography, limited area

ADD 78814 Tumor imaging, positron emission tomography, with concurrent CT for attenuation correction and anatomical localization; limited area

NOTE: Add reference to Guideline Note 4. See Attachment B for the modified language of the guideline related to this line.

Diagnosis: DISSEMINATED INFECTIONS WITH LOCALIZED SITES

Treatment: MEDICAL THERAPY

Line: 309

DELETE 97601 Invalid code

Diagnosis: DISEASE OF MITRAL VALVE

Treatment: VALVULOPLASTY, MITRAL VALVE REPLACEMENT, MEDICAL THERAPY

Line: 316

ADD 33460 Valvectomy, tricuspid valve, with CP bypass

ADD 33463 Valvuloplasty, tricuspid valve, without ring insertion

ADD 33464 Valvuloplasty, tricuspid valve, with ring

ADD 33465 Replacement, tricuspid valve, with CP bypass

ADD 424.2 Tricuspid valve disorders, nonrheumatic

NOTE: Change diagnosis description to "DISEASES OF MITRAL VALVE AND TRICUSPID VALVES" and treatment description to "VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY".

Diagnosis: CARDIAC ARRHYTHMIAS

Treatment: MEDICAL THERAPY, PACEMAKER

Line: 320

ADD 426.82 Long Q-T syndrome

NOTE: The new fifth-digit ICD-9-CM codes being added are classified under existing code 426, which already appears on this line.

Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 322

DELETE 97601 Invalid code

Interim Modifications to the 2005-2007 Prioritized List of Health Services Appearing in the March 2005 Report to the Governor and 73rd Oregon Legislative Assembly; Approved by the Health Services Commission on April 28, 2005 and July 7, 2005. (Cont'd)

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 324

ADD	721.1	Cervical spondylosis with myelopathy
ADD	721.4	Thoracic or lumbar spondylosis with myelopathy
ADD	721.91	Spondylosis of unspecified site, with myelopathy
ADD	97001	Physical therapy evaluation
ADD	97002	Physical therapy re-evaluation
ADD	97003	Occupational therapy evaluation
ADD	97004	Occupational therapy re-evaluation
ADD	97012	Application of modality: traction, mechanical
ADD	97014	Application of modality: electrical stimulation
ADD	97022	Application of modality: whirlpool
ADD	97032	Application of modality: electrical stimulation (requiring one-on-one contact)
ADD	97110	Therapeutic procedure; therapeutic exercises, range of motion
ADD	97112	Therapeutic procedure; neuromuscular re-education
ADD	97113	Therapeutic procedure; aquatic therapy
ADD	97116	Therapeutic procedure; gait training
ADD	97124	Therapeutic procedure; massage
ADD	97140	Manual therapy techniques
ADD	97150	Therapeutic procedures, group

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	760.77	Noxious influences affecting fetus or newborn via placenta or breast milk; anticonvulsants
ADD	760.78	Noxious influences affecting fetus or newborn via placenta or breast milk; antimetabolic agents
DELETE	995.2	Unspecified adverse effect of drug, medicinal and biological substance
DELETE	995.3	Allergy, unspecified
ADD	V54.81	Aftercare following joint replacement

NOTE: The new fifth-digit ICD-9-CM codes, 760.77 and 760.78, being added are
classified under existing code 760, which already appears on this line.
Change ICD-9-CM code range "995.0-995.6" to "995.0-995.1,995.4-995.6".

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

Treatment: SURGICAL TREATMENT

Line: 342

ADD	V54.19	Aftercare for healing traumatic fracture of other bone
ADD	V54.29	Aftercare for healing pathologic fracture of other bone

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Diagnosis: SLEEP APNEA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 347

ADD 327.20 Organic sleep apnea, unspecified
ADD 327.21 Primary central sleep apnea
ADD 327.23 Obstructive sleep apnea
ADD 327.24 Idiopathic sleep related non-obstructive alveolar hypoventilation
ADD 327.26 Sleep related hypoventilation/hypoxemia in conditions classifiable elsewhere
ADD 327.27 Central sleep apnea in conditions classified elsewhere
ADD 327.29 Other organic sleep apnea

Diagnosis: CHRONIC ULCER OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 350

DELETE 97601 Invalid code

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 351

DELETE 97601 Invalid code

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)

Treatment: URGENT AND EMERGENT DENTAL SERVICES

Line: 354

DELETE 525.11 Loss of teeth due to trauma

Diagnosis: CALCULUS OF BLADDER OR KIDNEY

Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY

Line: 362

ADD 50961 Ureteral endoscopy through established ureterostomy with removal of foreign body/calculus

Diagnosis: CONGENITAL HYDRONEPHROSIS

Treatment: NEPHRECTOMY/REPAIR

Line: 365

ADD 52300 Cystourethroscopy; with resection or fulguration of orthotopic ureterocele

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

Treatment: ARTHROPLASTY/RECONSTRUCTION

Line: 370

ADD V54.81 Aftercare following joint replacement

Diagnosis: DEEP OPEN WOUNDS

Treatment: REPAIR, SURGICAL TREATMENT

Line: 375

DELETE 97601 Invalid code

Diagnosis: DIABETIC AND OTHER RETINOPATHY

Treatment: LASER SURGERY

Line: 389

DELETE 67221 Destruction of localized lesion of choroid,
photodynamic therapy

DELETE 67225 Destruction of localized lesion of choroid,
photodynamic therapy, second eye at single session

NOTE: Change CPT code range "67220-67228" to "67220,67227-67228".

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE

Treatment: VITRECTOMY, LASER SURGERY

Line: 409

ADD 67028 Intravitreal injection of a pharmacologic agent

ADD 67221 Destruction of localized lesion of choroid,
photodynamic therapy

ADD 67225 Destruction of localized lesion of choroid,
photodynamic therapy, second eye at single session

NOTE: Add reference to Guideline Note 25. See Attachment B for the modified language of the guideline related to this line.

Diagnosis: BORDERLINE PERSONALITY DISORDER

Treatment: MEDICAL THERAPY, INCLUDING PSYCHOTHERAPY

Line: 419

ADD 90816 Individual psychotherapy, hospital, 20-30 minutes

ADD 90817 Individual psychotherapy, hospital, 20-30 minutes,
with E&M

ADD 90818 Individual psychotherapy, hospital, 40-50 minutes

ADD 90819 Individual psychotherapy, hospital, 40-50 minutes,
with E&M

ADD 90821 Individual psychotherapy, hospital, 75-80 minutes

ADD 90822 Individual psychotherapy, hospital, 75-80 minutes,
with E&M

ADD 90823 Individual psychotherapy, hospital, interactive,
20-30 minutes

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 Diagnosis: BORDERLINE PERSONALITY DISORDER
 Treatment: MEDICAL THERAPY, INCLUDING PSYCHOTHERAPY
 Line: 419 (CONT'D)

ADD	90824	Individual psychotherapy, hospital, interactive, 20-30 minutes, with E&M
ADD	90826	Individual psychotherapy, hospital, interactive, 40-50 minutes
ADD	90827	Individual psychotherapy, hospital, interactive, 40-50 minutes, with E&M

 Diagnosis: SUPERFICIAL INJURIES WITH INFECTION
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Line: 422

DELETE	97601	Invalid code
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 Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
 Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
 Line: 446

DELETE	369.9	Unspecified visual loss
ADD	760.77	Noxious influences affecting fetus or newborn via placenta or breast milk; anticonvulsants
ADD	760.78	Noxious influences affecting fetus or newborn via placenta or breast milk; antimetabolic agents
DELETE	995.2	Unspecified adverse effect of drug, medicinal and biological substance
DELETE	995.3	Allergy, unspecified

NOTE: The new fifth-digit ICD-9-CM codes, 760.77 and 760.78, being added are classified under existing code 760, which already appears on this line. Change ICD-9-CM code range "369" to "369.0-369.9" and "995.0-995.6" to "995.0-995.1,995.4-995.6".

 Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS
 Treatment: MEDICAL THERAPY
 Line: 447

ADD	760.77	Noxious influences affecting fetus or newborn via placenta or breast milk; anticonvulsants
ADD	760.78	Noxious influences affecting fetus or newborn via placenta or breast milk; antimetabolic agents
DELETE	995.2	Unspecified adverse effect of drug, medicinal and biological substance
DELETE	995.3	Allergy, unspecified

NOTE: The new fifth-digit ICD-9-CM codes, 760.77 and 760.78, being added are classified under existing code 760, which already appears on this line.

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Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

Line: 447 (CONT'D)

NOTE: Change ICD-9-CM code range "369" to "369.0-369.9" and "995.0-995.6" to "995.0-995.1,995.4-995.6".

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

Treatment: INCISION/EXCISION/ENDOSCOPY

Line: 448

DELETE 31599 Unlisted procedure, larynx

NOTE: Change CPT code range "31587-31605" to "31587-31595,31600-31605".

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)

Treatment: OPEN OR CLOSED REDUCTION

Line: 460

ADD 27230 Closed treatment of femoral fracture, proximal end, neck; without manipulation

ADD 27232 Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without

ADD 27235 Percutaneous skeletal fixation of femoral fracture, proximal end, neck

ADD V54.01 Encounter for removal of internal fixation device

ADD V54.02 Encounter for lengthening/adjustment of growth rod

ADD V54.09 Other aftercare involving internal fixation device

ADD V54.10 Aftercare for healing traumatic fracture of arm, unspecified

ADD V54.11 Aftercare for healing traumatic fracture of arm, upper arm

ADD V54.12 Aftercare for healing traumatic fracture of arm, lower arm

ADD V54.14 Aftercare for healing traumatic fracture of leg, unspecified

ADD V54.15 Aftercare for healing traumatic fracture of upper leg

ADD V54.16 Aftercare for healing traumatic fracture of lower leg

ADD V54.20 Aftercare for healing pathologic fracture of arm, unspecified

ADD V54.21 Aftercare for healing pathologic fracture of upper arm

ADD V54.22 Aftercare for healing pathologic fracture of lower Arm

ADD V54.23 Aftercare for healing pathologic fracture of hip

ADD V54.24 Aftercare for healing pathologic fracture of leg, unspecified

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Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)
Treatment: OPEN OR CLOSED REDUCTION
Line: 460 (CONT'D)

ADD V54.25 Aftercare for healing pathologic fracture of upper leg
ADD V54.26 Aftercare for healing pathologic fracture of lower leg
ADD V54.27 Aftercare for healing pathologic fracture of vertebrae

NOTE: Change CPT code "27236" to range "27230-27236". Add ICD-9-CM code V54.0.

Diagnosis: DISLOCATION/DEFORMITY KNEE AND HIP
Treatment: SURGICAL TREATMENT
Line: 472

ADD V54.81 Aftercare following joint replacement

Diagnosis: CHRONIC SINUSITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 480

DELETE 30999 Unlisted procedure, nose

NOTE: Change CPT code range "30200-31230" to "30200-30930,31000-31230".

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
Line: 485

ADD 259.5 Androgen insensitivity syndrome

Diagnosis: PERIPHERAL NERVE INJURY WITH OPEN WOUND
Treatment: NEUROPLASTY
Line: 486

DELETE 97601 Invalid code

Diagnosis: MALUNION AND NONUNION OF FRACTURE
Treatment: SURGICAL TREATMENT
Line: 507

ADD V54.81 Aftercare following joint replacement

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Diagnosis: UTERINE PROLAPSE; CYSTOCELE
Treatment: SURGICAL REPAIR
Line: 509

ADD 58554 Laparoscopy, surgical, with vaginal hysterectomy
for uterus >250 gms with removal of tubes/ovaries

NOTE: Change CPT code range "58550-58553" to "58550-58554".

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 521

ADD 97001 Physical therapy evaluation
ADD 97002 Physical therapy re-evaluation
ADD 97003 Occupational therapy evaluation
ADD 97004 Occupational therapy re-evaluation
ADD 97012 Application of modality: traction, mechanical
ADD 97014 Application of modality: electrical stimulation
ADD 97022 Application of modality: whirlpool
ADD 97032 Application of modality: electrical stimulation
(requiring one-on-one contact)
ADD 97110 Therapeutic procedure; therapeutic exercises,
range of motion
ADD 97112 Therapeutic procedure; neuromuscular re-education
ADD 97113 Therapeutic procedure; aquatic therapy
ADD 97116 Therapeutic procedure; gait training
ADD 97124 Therapeutic procedure; massage
ADD 97140 Manual therapy techniques
ADD 97150 Therapeutic procedures, group

Diagnosis: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA
WITHOUT OBSTRUCTION
Treatment: MEDICAL THERAPY
Line: 534

ADD 599.60 Urinary obstruction, unspecified
ADD 599.61 Urinary obstruction, NEC

NOTE: The new fifth-digit ICD-9-CM codes being added are classified under
existing code 599.6, which already appears on this line.

Diagnosis: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 539

ADD V54.19 Aftercare for healing traumatic fracture of other
bone
ADD V54.29 Aftercare for healing pathologic fracture of other
bone

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Diagnosis: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 542

DELETE 30999 Unlisted procedure, nose

NOTE: Change CPT code range "30200-31230" to "30200-30930,31000-31230".

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 578

ADD 64449 Injection, anaesthetic agent; lumbar plexus,
continuous infusion by catheter including daily
management for anesthetic agent administration

Diagnosis: UNCOMPLICATED HERNIA IN ADULTS AGE 18 OR OVER
Treatment: REPAIR
Line: 606

ADD 49580 Repair umbilical hernia, under age 5 years,
Reducible

NOTE: Change diagnosis description to "UNCOMPLICATED HERNIAS".

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
Line: 610

ADD 291.82 Alcohol induced sleep disorders
ADD 292.85 Drug induced sleep disorders
ADD 327.22 High altitude periodic breathing
ADD V69.5 Behavioral insomnia of childhood

Diagnosis: OBESITY
Treatment: NUTRITIONAL AND LIFE STYLE COUNSELING
Line: 620

ADD 278.02 Overweight

NOTE: The new fifth-digit ICD-9-CM code being added is classified under existing code 599.6, which already appears on this line.

Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION
Treatment: REPAIR SOFT TISSUES
Line: 658

DELETE 525.10 Acquired absence of teeth, unspecified
DELETE 525.12 Loss of teeth due to periodontal disease
DELETE 525.13 Loss of teeth due to caries
DELETE 525.19 Other loss of teeth
ADD 525.40 Complete edentulism, unspecified
ADD 525.41 Complete edentulism, class I
ADD 525.42 Complete edentulism, class II

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Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION
Treatment: REPAIR SOFT TISSUES
Line: 658 (CONT'D)

ADD 525.43 Complete edentulism, class III
ADD 525.44 Complete edentulism, class IV
ADD 525.50 Partial edentulism, unspecified
ADD 525.51 Partial edentulism, class I
ADD 525.52 Partial edentulism, class II
ADD 525.53 Partial edentulism, class III
ADD 525.54 Partial edentulism, class IV

NOTE: Add ICD-9-CM code range "525.4-525.5".

Diagnosis: RAYNAUD'S SYNDROME
Treatment: MEDICAL THERAPY
Line: 667

ADD 443.82 Erythromelalgia

ATTACHMENT B

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, 552, 568, 572, 578, 626, 627, 666

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months after the initiation of the therapies. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

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

Following 3 months of acute therapy, the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):

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

An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever there is a change in status, such as surgery, botox injection, rapid growth, an acute exacerbation or for evaluation/training for an assistive communication device.

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit.

GUIDELINE NOTE 2, ERYTHROPOIETIN GUIDELINES

On Lines 2, 4, 27, 117, 118, 119, 121, 122, 123, 124, 134, 137, 163, 175, 179, 180, 190, 191, 192, 193, 197, 198, 209, 210, 219, 224, 225, 226, 228, 229, 230, 231, 232, 233, 234, 246, 247, 262, 270, 271, 272, 273, 274, 275, 276, 277, 311, 326, 346, 436, 437, 488, 489, 490, 491, 674

1. Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy, in the setting of myelodysplasia or in chronic renal failure, with or without dialysis.
A. ~~Endogenous erythropoietin levels of < 200 IU/L are required for treatment, except in chronic renal failure.~~
BA. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.
2. Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.
A. An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.
B. Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

GUIDELINE NOTE 4, PET SCAN GUIDELINES

On Lines 27, 119, 122, 123, 137, 272, 304

PET Scans are indicated for diagnosis and staging of the following cancers:

- Solitary pulmonary nodules and non-small cell lung cancer
- Lymphoma
- Melanoma

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

GUIDELINE NOTE 4, PET SCAN GUIDELINES (CONT'D)

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 8, MASTOCYTOSIS

On Lines 122, 695

Mastocytosis limited to the skin resides on Line 695.

GUIDELINE NOTE 10, HEART FAILURE

On Lines 172

Ventricular assist devices are only included on this line as a bridge to transplant, not as destination therapy.

GUIDELINE NOTE 26, AGE-RELATED MACULAR DEGENERATION

On Line 409

Pegaptanib is only included on this line for minimally classic and occult lesions of wet macular degeneration.

ATTACHMENT C

<u>Code(s)</u>	<u>Type of Change and Lines Affected</u>
19298	Add to Line 225.
31620	Delete from Line 216.
33979-33980	Add to Line 172 and delete from Line 261.
48140	Change to 48140-48155 on Line 490.
77261-77262 77280-77295	Add to Line 177.
90801-90807 90810-90813 90846-90862 90882	Add to Line 547.
92986-92990	Add to Line 368.
97022	Add to 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, 552, 568, 572, 578, 626, 627, and 666.
97036	Add to Line 296, 350, and 375.
98925-98942	Add to Lines 140, 323, 333, 369, 450, 505, 510, 560, 578, 593, and 626.
H2032	Add to Line 337.
S0830	Change to S0820 on Line 390.
S9355	Delete from Line 273.