



Oregon

Theodore R. Kulongoski, Governor

Health Services Commission

5th Floor, Public Service Building
255 Capitol Street NE
Salem, OR 97310
(503) 378-2422, Ext. 417
FAX (503) 378-5511

August 1, 2003

The Honorable Peter Courtney
Senate President
Oregon State Senate
State Capitol S-203
900 Court Street 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 April 29, 2003, Prioritized List of Health Services.

The April 29, 2003 Prioritized List has been forwarded to the Centers for Medicare and Medicaid Services (CMS) with a planned implementation date of October 1, 2003. It is anticipated that the interim modifications reflected in this document will go into effect on that same date in conjunction with the implementation of the new list. A funding level of 549 (out of 730 lines) on this list equates to the funding level of 558 (out of 736 lines) on the list currently being implemented. This shift in lines is due to the addition, deletion, merging, and splitting of line items that occurred as part of the Commission's most recent biennial review process. Also pending CMS review is a request from the State to reduce the funding level on the new list by 30 lines from 549 to 519.

These changes reflected in this document 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 730. Therefore, in accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachments A and B 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 (304 changes) and the placement of new ICD-9 (149 changes) and Health Care Procedure Coding System (HCPCS) (54 changes) codes not previously appearing on the list. In addition, 24 changes relate to the deletion of obsolete CPT codes and 24 changes correct errors identified since the publication of the Commission's biennial report that included the April 29, 2003 list. Twenty-three changes represent the actual movement of conditions and their related treatments on the list. It was the Commission's intention to include all codes relating to abscesses and similar conditions on line 354, Abscesses and Cellulitis, Non-Orbital. Some codes that may include the conditions were found on lines 526, 564, and 642 and are therefore being moved. Finally, the treatment of a foreign body in the uterus was felt to be more important than other conditions on line 520 and is being moved to line 440, Functional and Mechanical Disorders of the Genitourinary System Including Bladder Outlet Obstruction.

Beginning on December 1, 2001, the Office of Medical Assistance Programs (OMAP) began reviewing appropriate ICD-9-CM diagnosis code and CPT-4 procedure code combinations that did

Interim Modifications to the Prioritized List of Health Services

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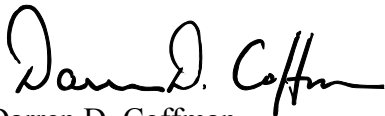
not currently pair on the list. Beginning with notifications sent on March 1, 2002, interim modifications to the Prioritized List include the addition of new pairings of codes, when appropriate, that are forwarded to the Commission by OMAP. This will usually include the addition of CPT-4 codes that already appear elsewhere on the List to other line items. It is not expected that these changes will involve a financial impact as OMAP has been reimbursing for these services in the past. Additionally, most of these services are already included in the capitation rates for contracted managed care plans due to the methodology used by the independent actuary.

This notification includes the remainder of the changes made to the Prioritized List in order to implement the Health Insurance Portability and Accountability Act (HIPAA). Attachment B includes the new definitions of all line items related to the provision of mental health care and chemical dependency services. CPT-4 and HCPCS codes are being added that will take the place of the local codes (OMAP "unique codes") that previously have appeared on the List. As part of this work, the Health Services Commission's Subcommittee on Mental Health Care and Chemical Dependency made sure that only those procedure codes that represented appropriate treatments for the conditions included on each line item will remain. As this body of work represents hundreds of changes to these line items, Attachment B simply lists the full compliment of codes that will now be associated with each line item after these changes take effect.

The changes appearing in Attachments A and B are being forwarded to OMAP who, in consultation with an independent actuarial firm, will determine if these changes involve any 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. 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.

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,



Darren D. Coffman
Director

Enclosures

cc: Health Services Commission
Lynn Read

ATTACHMENT A

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003.

Diagnosis SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS
OF CONSCIOUSNESS

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 1

ADD 850.11 Concussion, with loss of consciousness of 30
minutes or less
ADD 850.12 Concussion, with loss of consciousness from
31 to 59 minutes

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODE 850.1, WHICH ALREADY APPEARS ON THIS
LINE.

Diagnosis DIABETES MELLITIS

Treatment MEDICAL THERAPY

Line: 2

ADD V53.91 Fitting and adjustment of insulin pump
ADD V65.46 Encounter for insulin pump training

Diagnosis INJURY TO INTERNAL ORGANS

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 10

ADD 47802 FUSE LIVER DUCT & INTESTINE
ADD 50760 URETERURETEROSTOMY
ADD 52332 CYSTOURETHROSTOMY WITH INSERTION OF URETERAL
STENT

Note: CHANGE CPT CODES "50740,50750" TO THE RANGE "50740-50760."

Diagnosis DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment SURGICAL TREATMENT

Line: 21

DELETE 35450 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35452 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35454 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35456 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35458 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35459 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35460 TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE 35470 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35471 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35472 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35473 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35474 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35475 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35476 TRANSLUMINAL ANGIOPLASTY, PERC
DELETE 35480 TRANSLUMINAL ATHERECTOMY, OPEN
DELETE 35481 TRANSLUMINAL ATHERECTOMY, OPEN
DELETE 35482 TRANSLUMINAL ATHERECTOMY, OPEN
DELETE 35483 TRANSLUMINAL ATHERECTOMY, OPEN
DELETE 35484 TRANSLUMINAL ATHERECTOMY, OPEN

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment SURGICAL TREATMENT
Line: 21 (CONT'D)

DELETE	35485	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35490	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35491	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35492	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35493	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35494	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35495	TRANSLUMINAL ATHERECTOMY, PERC

Note: CHANGE CPT RANGE "35450-35515" TO "35500-35515".

Diagnosis NON-DISSECTING ANEURYSM WITHOUT RUPTURE
Treatment SURGICAL TREATMENT
Line: 24

DELETE	35450	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35452	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35454	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35456	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35458	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35459	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35460	TRANSLUMINAL ANGIOPLASTY, OPEN
DELETE	35470	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35471	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35472	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35473	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35474	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35475	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35476	TRANSLUMINAL ANGIOPLASTY, PERC
DELETE	35480	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35481	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35482	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35483	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35484	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35485	TRANSLUMINAL ATHERECTOMY, OPEN
DELETE	35490	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35491	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35492	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35493	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35494	TRANSLUMINAL ATHERECTOMY, PERC
DELETE	35495	TRANSLUMINAL ATHERECTOMY, PERC

Note: CHANGE CPT RANGE "35450-35515" TO "35500-35515".

Diagnosis ACUTE OSTEOMYELITIS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 35

ADD	23035	INCISION BONE CORTEX (EG, FOR OSTEOMYELITIS), SHOULDER AREA
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Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis ACUTE OSTEOMYELITIS
 Treatment MEDICAL AND SURGICAL TREATMENT
 Line: 35 (CONT'D)

ADD	23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), CLAVICLE
ADD	23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), SCAPULA
ADD	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), HUMERAL HEAD TO SURGICAL NECK
ADD	23180	PARTIAL EXCISION (EG, FOR OSTEOMYELITIS), CLAVICLE
ADD	23182	PARTIAL EXCISION (EG, FOR OSTEOMYELITIS), SCAPULA
ADD	23184	PARTIAL EXCISION (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS
DELETE	23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS
DELETE	23221	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS, WITH AUTOGRAFT
DELETE	23222	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS, WITH PROSTHETIC REPLACEMENT
ADD	23935	INCISION WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS), HUMERUS
ADD	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), DISTAL HUMERUS
ADD	24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS),
ADD	24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS
ADD	24140	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS
ADD	24145	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), RADIUS
ADD	24147	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS
DELETE	24150	RADICAL RESECTION OF BONE TUMOR, DISTAL HUMERUS
DELETE	24151	RADICAL RESECTION OF BONE TUMOR, DISTAL HUMERUS, WITH AUTOGRAFT
DELETE	24152	RADICAL RESECTION OF BONE TUMOR, RADIUS
DELETE	24153	RADICAL RESECTION OF BONE TUMOR, RADIUS, WITH AUTOGRAFT
DELETE	24498	PROPHYLACTIC TREATMENT, HUMERAL SHAFT
ADD	25035	INCISION WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS), FOREARM
ADD	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), FOREARM/WRIST
ADD	25150	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS), ULNA
ADD	25151	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS),
ADD	26034	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), HAND/FINGER
ADD	26992	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), PELVIS/HIP

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis ACUTE OSTEOMYELITIS
 Treatment MEDICAL AND SURGICAL TREATMENT
 Line: 35 (CONT'D)

DELETE	27065	EXCISION BENIGN TUMOR, SUPERFICIAL, HIP
DELETE	27066	EXCISION BENIGN TUMOR, DEEP, HIP
DELETE	27067	EXCISION BENIGN TUMOR, WITH AUTOGRAFT, HIP
ADD	27070	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), SUPERFICIAL HIP
ADD	27071	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), DEEP HIP
DELETE	27187	PROPHYLACTIC TREATMENT, FEMORAL NECK AND PROXIMAL FEMUR
ADD	27303	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), FEMUR/KNEE
ADD	27607	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), LEG/ANKLE
DELETE	27745	PROPHYLACTIC TREATMENT, TIBIA
ADD	28005	INCISION, BONE CORTEX (EG, FOR OSTEOMYELITIS), FOOT
ADD	28120	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), TALUS/CALCANEUS
ADD	28122	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), METATARSAL BONE
ADD	28124	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS), PHALANX OF TOE
DELETE	42000	DRAINAGE OF ABSCESS, PALATE

Note: ADD CPT RANGES "23170-23184", "24134-24147", "25145-25151", AND "25145-25151".

Diagnosis RUPTURE OF BLADDER, NON-TRAUMATIC
 Treatment MEDICAL AND SURGICAL TREATMENT
 Line: 46

DELETE	599.8	Other specified disorders of the urethra
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Diagnosis SEPTICEMIA
 Treatment MEDICAL THERAPY
 Line: 48

ADD	785.52	Septic shock
DELETE	785.59	Other shock without mention of trauma

Diagnosis BIRTH CONTROL
 Treatment CONTRACEPTION MANAGEMENT
 Line: 54

ADD	V25.03	Encounter for emergency contraceptive counseling and prescription
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Note: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE V25.0, WHICH ALREADY APPEARS ON THIS LINE.

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis PREGNANCY
Treatment MATERNITY CARE
Line: 55

- ADD 674.50 Peripartum cardiomyopathy, unspecified as to episode of care or not applicable
- ADD 674.51 Peripartum cardiomyopathy, delivered, with or without mention of antepartum
- ADD 674.52 Peripartum cardiomyopathy, delivered, with mention of postpartum condition
- ADD 674.53 Peripartum cardiomyopathy, antepartum condition or complication
- ADD 674.54 Peripartum cardiomyopathy, postpartum condition complication

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 674.5, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis BIRTH TRAUMA FOR BABY
Treatment MEDICAL THERAPY
Line: 75

- ADD 767.11 Epicranial subaponeurotic hemorrhage
- ADD 767.19 Other injuries to scalp

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 767.1, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT
Treatment MEDICAL THERAPY
Line: 80

- ADD 766.21 Post-term infant
- ADD 766.22 Prolonged gestation of infant

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 766.2, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis VENTRICULAR SEPTAL DEFECT
Treatment CLOSURE
Line: 97

- ADD 33647 REPAIR HEART SEPTUM DEFECTS
-

Diagnosis CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment RECONSTRUCTION
Line: 100

- ADD 752.81 Scrotal transposition
- ADD 752.89 Other specified anomalies of genital organs

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment RECONSTRUCTION
Line: 100 (CONT'D)

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 752.8, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis END STAGE RENAL DISEASE
Treatment RENAL TRANSPLANT
Line: 109

ADD 282.64 Sickle-cell/Hb-C disease with crisis
ADD 282.68 Other sickle-cell disease without crisis

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 282.6, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis MYOCARDITIS, PERICARDITIS AND ENDOCARDITIS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 112

ADD 33400 AORTIC VALVULOPLASTY, OPEN, WITH CP BYPASS
ADD 33401 AORTIC VALVULOPLASTY, OPEN, WITH INFLOW OCCCLUSION
ADD 33403 AORTIC VALVULOPLASTY, USING TRANSVENTRICULAR DILATION, WITH CP BYPASS
ADD 33405 AORTIC VALVE REPLACEMENT, PROSTHETIC VALVE
ADD 33406 AORTIC VALVE REPLACEMENT, WITH ALLOGRAFT
ADD 33410 AORTIC VALVE REPLACEMENT, WITH STENTLESS VALVE TISSUE
ADD 33411 AORTIC VALVE REPLACEMENT, WITH AORTIC ANNULUS ENLARGEMENT
ADD 33412 AORTIC VALVE REPLACEMENT, WITH AORTIC ANNULUS ENLARGEMENT, TRANSVENTRICULAR
ADD 33413 AORTIC VALVE REPLACEMENT, BY TRANSLOCATION OF PULMONARY VALVE
ADD 33425 MITRAL VALVULOPLASTY, WITH CP BYPASS
ADD 33426 MITRAL VALVULOPLASTY, WITH PROSTHETIC RING
ADD 33427 MITRAL VALVULOPLASTY, RADICAL RECONSTRUCTION
ADD 33430 MITRAL VALVE REPLACEMENT
ADD 33460 TRICUSPID VALVULOPLASTY, WITH CP BYPASS
ADD 33463 TRICUSPID VALVULOPLASTY, WITHOUT RING INSERTION
ADD 33464 TRICUSPID VALVULOPLASTY, WITH RING INSERTION
ADD 33465 TRICUSPID VALVE REPLACEMENT
ADD 33475 PULMONARY VALVE REPLACEMENT

Note: ADD CPT RANGES "33400-33403", "33405-33413" AND "33425-33465".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

 Diagnosis ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
 Treatment BONE MARROW TRANSPLANT
 Line: 118

- ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
- ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

 Diagnosis HODGKIN'S DISEASE
 Treatment BONE MARROW TRANSPLANT
 Line: 120

- ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
- ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

 Diagnosis OTHER SPECIFIED APLASTIC ANEMIAS
 Treatment BONE MARROW TRANSPLANT
 Line: 122

- ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
- ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

 Diagnosis NON-HODGKIN'S LYMPHOMAS
 Treatment BONE MARROW TRANSPLANT
 Line: 124

- ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
- ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

 Diagnosis THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES
 Treatment BONE MARROW RESCUE AND TRANSPLANT
 Line: 125

- ADD 282.41 Sickle-cell thalassemia without crisis
- ADD 282.42 Sickle-cell thalassemia with crisis
- ADD 282.49 Other thalassemia
- ADD 282.64 Sickle-cell/Hb-C disease with crisis
- ADD 282.68 Other sickle-cell disease without crisis
- DELETE 77261- RADIATION THERAPY PLANNING
- 77799
- ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOOR THERAPEUTIC USE
- ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODES 282.4 AND 282.6, WHICH ALREADY APPEAR ON THIS LINE.

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis FRACTURE OF JOINT, OPEN
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 132

ADD 29105 APPLICATION OF LONG ARM SPLINT
ADD 29125 APPLICATION OF SHORT ARM SPLINT, STATIC
ADD 29126 APPLICATION OF SHORT ARM SPLINT, DYNAMIC
ADD 29130 APPLICATION OF FINGER SPLINT, STATIC
ADD 29131 APPLICATION OF FINGER SPLINT, DYNAMIC

Note: ADD CPT RANGE "29105-29131".

Diagnosis BENIGN NEOPLASM OF THE BRAIN
Treatment CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL
THERAPY, WHICH INCLUDES RADIATION THERAPY
Line: 139

ADD 61795 BRAIN SURGERY USING COMPUTER
ADD 62272 DRAIN SPINAL FLUID

Diagnosis PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See
Guideline Note)
Treatment MEDICAL THERAPY
Line: 144

DELETE V03.0 Need for prophylactic vaccination and
inoculation, Cholera
DELETE V03.1 Need for prophylactic vaccination and
inoculation, Typhoid/Paratyphoid
DELETE V03.3 Need for prophylactic vaccination and
inoculation, Plague
DELETE V03.4 Need for prophylactic vaccination and
inoculation, Tularemia
DELETE V04.4 Need for prophylactic vaccination and
inoculation, Yellow Fever
DELETE V04.5 Need for prophylactic vaccination and
inoculation, Rabies
DELETE V04.8 Need for prophylactic vaccination and
inoculation, Influenza
ADD V04.81 Need for prophylactic vaccination and
inoculation, Influenza
ADD V04.82 Need for prophylactic vaccination and
inoculation, Respiratory syncytial virus
DELETE V05.2 Need for prophylactic vaccination and
inoculation, Leishmaniasis
DELETE V06.0 Need for prophylactic vaccination and
inoculation, Cholera with
DELETE V06.2 Need for prophylactic vaccination and
inoculation, DPT with Typhoid/Paratyphoid

Note: CHANGE ICD-9-CM CODES "V02-V03,V04.0,V04.2-V04.6,V04.8,V05-V06"
TO "V02,V03.2,V03.5-V03.9,V04.0,V04.2-V04.3,V04.6,V04.81-
V04.82,V05.0-V05.1,V05.3,V05.8,V06.1,V06.3-V06.6,V06.9".

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING
Treatment MEDICAL AND SURGICAL TREATMENT

Line: 148

ADD 11043 DEBRIDEMENT OF SKIN, SUBQ AND MUSCLE
ADD 11044 DEBRIDEMENT OF SKIN, SUBQ, MUSCLE AND BONE
ADD 27236 TREAT THIGH FRACTURE
ADD 27301 INCISION AND DRAINAGE, DEEP ABSCESS OR
 BURSA, THIGH/KNEE
ADD 27303 INCISION, DEEP, WITH OPENING OF BONE CORTEX,
 FEMUR/KNEE
ADD 27310 ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE
 REMOVAL OF FOREIGN BODY
ADD 43870 CLOSURE OF GASTROSTOMY
ADD 49002 REOPENING OF ABDOMEN
ADD 49422 REMOVE PERM CANNULA/CATHETER

Diagnosis CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMBS
 INCLUDING BLOOD VESSELS

Treatment MEDICAL AND SURGICAL THERAPY

Line: 149

ADD 728.88 Rhabdomyolysis
ADD 959.13 Fracture of corpus cavernosum penis

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

Treatment CARDIAC TRANSPLANT

Line: 157

ADD 414.07 Coronary atherosclerosis, Of bypass graft
 (artery) (vein) of transplanted heart

Note: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER
EXISTING ICD-9-CM CODE 414.0, WHICH ALREADY APPEARS ON THIS
LINE.

Diagnosis ASTHMA

Treatment MEDICAL THERAPY

Line: 159

ADD 493.81 Exercise induced brochospasm
ADD 493.82 Cough variant asthma

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODE 493.8, WHICH ALREADY APPEARS ON THIS
LINE.

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

Treatment MEDICAL THERAPY, DIALYSIS

Line: 166

ADD 785.59 Other shock without mention of trauma

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS
OF THE SPLEEN

Treatment MEDICAL THERAPY

Line: 176

ADD 282.41 Sickle-cell thalassemia without crisis
ADD 282.42 Sickle-cell thalassemia with crisis
ADD 282.49 Other thalassemia
ADD 282.64 Sickle-cell/Hb-C disease with crisis
ADD 282.68 Other sickle-cell disease without crisis
ADD 289.52 Splenic sequestration
ADD 289.81 Primary hypercoagulable state
ADD 289.82 Secondary hypercoagulable state
ADD 289.89 Other specified diseases of blood and
blood-forming organs

Note: THE FIRST SIX NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED
UNDER EXISTING ICD-9-CM CODES 282.4 AND 282.6, WHICH ALREADY
APPEAR ON THIS LINE. ALSO ADD ICD-9-CM CODE 289.8, WHICH
SUBSUMES THE LAST THREE FIFTH-DIGIT CODES LISTED.

Diagnosis FRACTURE OF HIP, CLOSED

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 180

ADD 27506 OPEN TREATMENT OF FEMORAL SHAFT FRACTURE

Diagnosis PEDIATRIC SOLID MALIGNANCIES, SEMINOMA

Treatment BONE MARROW TRANSPLANT

Line: 182

ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF
CELLS FOR THERAPEUTIC USE
ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR
THERAPEUTIC USE

Diagnosis CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment BONE MARROW TRANSPLANT

Line: 183

ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF
CELLS FOR THERAPEUTIC USE
ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR
THERAPEUTIC USE

Diagnosis PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER
AGE OF 10 (See Guideline Note)

Treatment MEDICAL THERAPY

Line: 184

DELETE V03.0 Need for prophylactic vaccination and
inoculation, Cholera
DELETE V03.1 Need for prophylactic vaccination and
inoculation, Typhoid/Paratyphoid

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 Diagnosis PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER
 AGE OF 10 (See Guideline Note)

Treatment MEDICAL THERAPY

Line: 184 (CONT'D)

DELETE	V03.3	Need for prophylactic vaccination and inoculation, Plague
DELETE	V03.4	Need for prophylactic vaccination and inoculation, Tularemia
DELETE	V04.1	Need for prophylactic vaccination and inoculation, Smallpox
DELETE	V04.4	Need for prophylactic vaccination and inoculation, Yellow Fever
DELETE	V04.5	Need for prophylactic vaccination and inoculation, Rabies
DELETE	V04.8	Need for prophylactic vaccination and inoculation, Influenza and other viral diseases
ADD	V04.81	Need for prophylactic vaccination and inoculation, Influenza
DELETE	V05.2	Need for prophylactic vaccination and inoculation, Leishmaniasis
DELETE	V05.4	Need for prophylactic vaccination and inoculation, Varicella
DELETE	V06.0	Need for prophylactic vaccination and inoculation, Cholera with
DELETE	V06.2	Need for prophylactic vaccination and inoculation, DPT with Typhoid/Paratyphoid
DELETE	V06.8	Need for prophylactic vaccination and inoculation, other combinations (bacterial)

Note: CHANGE ICD-9-CM CODES "V02-V03, V04.0, V04.2-V04.6, V04.8, V05-V06" TO "V02, V03.2, V03.5-V03.9, V04.0-V04.3, V04.6, V04.81-V04.82, V05.0-V05.1, V05.3, V05.8, V06.1, V06.3-V06.6, V06.9".

 Diagnosis CANCER OF THYROID, TREATABLE

Treatment MEDICAL AND SURGICAL TREATMENT, INCLUDING CHEMOTHERAPY AND RADIATION THERAPY

Line: 193

DELETE	192	Malignant neoplasm of other parts of nervous system
ADD	193	Malignant neoplasm of thyroid gland

 Diagnosis AGRANULOCYTOSIS

Treatment BONE MARROW TRANSPLANT

Line: 200

ADD	G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE
ADD	G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE

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Diagnosis MULTIPLE MYELOMA
Treatment BONE MARROW TRANSPLANT
Line: 213

ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF
CELLS FOR THERAPEUTIC USE
ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR
THERAPEUTIC USE

Diagnosis IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 216

DELETE 357.81 Chronic inflammatory demyelinating
polyneuritis
DELETE 357.82 Critical illness polyneuropathy
DELETE 357.89 Other inflammatory and toxic neuropathy
DELETE 359.81 Critical illness myopathy
DELETE 359.89 Other myopathies

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: 219

ADD 277.81 Primary carnitine deficiency
ADD 277.82 Carnitine deficiency due to inborn errors of
metabolism
ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.84 Other secondary carnitine deficiency
ADD 277.89 Other specified disorders of metabolism
ADD 331.11 Pick's disease
ADD 331.19 Other frontotemporal dementia
ADD 331.82 Dementia with Lewy bodies
ADD 348.30 Encephalopathy, unspecified
ADD 348.31 Metabolic encephalopathy
ADD 348.39 Other encephalopathy
ADD 62351 IMPLANTATION/REVISION OF INTRATHECAL
CATHETER FOR MEDICATION VIA PUMP, WITH
ADD 62355 REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL
CATHETER

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY
APPEAR ON THIS LINE. CHANGE CPT CODE LISTING "62350" TO THE
RANGE "62350-62355".

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Diagnosis ESOPHAGEAL STRICTURE
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 220

ADD 43248 ESOPH ENDOSCOPY, DILATION W/WIRE
ADD 43249 ESOPH ENDOSCOPY, DILATION

Diagnosis CANCER OF SOFT TISSUE, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES
CHEMOTHERAPY AND RADIATION THERAPY
Line: 227

ADD 22900 REMOVE ABDOMINAL WALL LESION

Diagnosis CANCER OF BREAST, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INLCUDES
CHEMOTHERAPY, RADIATION THERAPY AND BREAST
RECONSTRUCTION
Line: 228

ADD 38500 BIOPSY/REMOVAL, LYMPH NODES
ADD 38505 BIOPSY/REMOVAL, LYMPH NODES
ADD 38510 BIOPSY/REMOVAL, LYMPH NODES
ADD 38520 BIOPSY/REMOVAL, LYMPH NODES

Note: ADD CPT RANGE "38500-38520".

Diagnosis CANCER OF BONES, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES
CHEMOTHERAPY AND RADIATION THERAPY
Line: 234

ADD 27334 REMOVE KNEE JOINT LINING
ADD 27335 REMOVE KNEE JOINT LINING

Diagnosis CANCER OF BLADDER AND URETER, TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES
CHEMOTHERAPY AND RADIATION THERAPY
Line: 235

ADD 52332 CYSTOSCOPY AND TREATMENT

Diagnosis CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX,
TREATABLE
Treatment MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES
CHEMOTHERAPY AND RADIATION THERAPY
Line: 237

ADD 69110 REMOVE EXTERNAL EAR, PARTIAL

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

Treatment MEDICAL THERAPY
Line: 252

ADD 43226 ESOPH ENDOSCOPY, DILATION
DELETE 43626 INVALID CODE

Diagnosis METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA

Treatment MEDICAL THERAPY
Line: 253

ADD 277.81 Primary carnitine deficiency
ADD 277.82 Carnitine deficiency due to inborn errors of
metabolism
ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.84 Other secondary carnitine deficiency
ADD 277.89 Other specified disorders of metabolism

Note: ADD ICD-9-CM CODE 289.8, WHICH SUBSUMES THE FIFTH-DIGIT CODES
LISTED.

Diagnosis DIVERTICULITIS OF COLON

Treatment COLON RESECTION, MEDICAL THERAPY
Line: 259

ADD 44626 REPAIR BOWEL OPENING

Note: CHANGE CPT RANGE "44620-44625" TO "44620-44626".

Diagnosis ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL
INFARCTION

Treatment MEDICAL AND SURGICAL TREATMENT
Line: 264

ADD 414.07 Coronary atherosclerosis, Of bypass graft
(artery) (vein) of transplanted heart

Note: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER
EXISTING ICD-9-CM CODE 414.0, WHICH ALREADY APPEARS ON THIS
LINE.

Diagnosis ANAL, RECTAL AND COLONIC POLYPS

Treatment EXCISION OF POLYP
Line: 269

ADD 44145 PARTIAL REMOVAL OF COLON

Diagnosis ANOGENITAL VIRAL WARTS

Treatment MEDICAL THERAPY
Line: 272

DELETE 078 Other diseases due to viruses and Chlamydia
ADD 078.1 Viral warts

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 Diagnosis CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS,
 TREATABLE

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

Line: 273

DELETE	31540	LARYNGOSCOPY, DIRECT, OPERATIVE
DELETE	31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE
DELETE	43248	UGI ENDOSCOPY WITH INSERTION OF GUIDEWIRE FOLLOWED BY DILATION
DELETE	43249	UGI ENDOSCOPY WITH BALLOON DILATION OF ESOPHAGUS
DELETE	43250	UGI ENDOSCOPY WITH REMOVAL OF LESION BY HOT BIOPSY FORCEPS
DELETE	43631	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTRODUODENOSTOMY
DELETE	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY
DELETE	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION
DELETE	43634	GASTRECTOMY, PARTIAL, DISTAL, WITH FORMATION OF INTESTINAL POUCH
ADD	44300	ENTEROSTOMY OR CECOSTOMY
ADD	44310	ILEOSTOMY OR JEJUNOSTOMY
ADD	44312	REVISE ISEOSTOMY
ADD	44314	REVISE ILEOSTOMY
ADD	44316	CONTINENT ISEOSTOMY
ADD	44320	COLOSTOMY
ADD	44322	COLOSTOMY
ADD	44340	REVISE COLOSTOMY
ADD	44346	REVISE COLOSTOMY

Note: CHANGE THE CPT LISTING OF "44345" TO THE RANGE "44300-44346".

 Diagnosis CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE
 Treatment LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT,
 WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 280

ADD	37202	TRANSCATHETER THERAPY INFUSE
ADD	61615	RESECT/EXCISE LESION, SKULL

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

Treatment MEDICAL THERAPY/ADRENALECTOMY

Line: 283

ADD	255.10	Primary aldosteronism
ADD	255.11	Glucocorticoid-remediable aldosteronism
ADD	255.12	Conn's syndrome
ADD	255.13	Bartter's syndrome
ADD	255.14	Other secondary aldosteronism

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

Treatment MEDICAL THERAPY/ADRENALECTOMY

Line: 283 (CONT'D)

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODE 255.1, WHICH ALREADY APPEARS ON THIS
LINE.

Diagnosis REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS,
ULCERATION OF INTESTINE

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 296

ADD 44640 REPAIR BOWEL-SKIN FISTULA

Diagnosis COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 299

ADD 36536 REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL
FROM CENTRAL VENOUS DEVICE VIA SEPARATE

ADD 36537 REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL
FROM CENTRAL VENOUS DEVICE VIA DEVICE LUMEN

ADD 996.57 Complication, Due to insulin pump

Diagnosis PREVENTIVE DENTAL SERVICES (See Guideline Note)

Treatment CLEANING AND FLUORIDE

Line: 301

ADD D0180 COMPREHENSIVE PERIODONTAL EVALUATION

Diagnosis ATRIAL SEPTAL DEFECT, SECUNDUM

Treatment REPAIR SEPTAL DEFECT

Line: 318

ADD 33647 REPAIR HEART SEPTUM DEFECTS

Diagnosis NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT
CAUSED BY CHRONIC CONDITIONS (See Guideline Note)

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

Line: 336

ADD 14040 SKIN TISSUE REARRANGEMENT

ADD 26442 RELEASE PALM & FINGER TENDON

ADD 26490 REVISE THUMB TENDON

ADD 277.81 Primary carnitine deficiency

ADD 277.82 Carnitine deficiency due to inborn errors of
metabolism

ADD 277.83 Iatrogenic carnitine deficiency

ADD 277.84 Other secondary carnitine deficiency

ADD 277.89 Other specified disorders of metabolism

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Diagnosis NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT
CAUSED BY CHRONIC CONDITIONS (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL
EQUIPMENT AND ORTHOPEDIC PROCEDURE)
Line: 336 (CONT'D)

ADD 331.11 Pick's disease
ADD 331.19 Other frontotemporal dementia
ADD 331.82 Dementia with Lewy bodies
ADD 348.30 Encephalopathy, unspecified
ADD 348.31 Metabolic encephalopathy
ADD 348.39 Other encephalopathy

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY
APPEAR ON THIS LINE.

Diagnosis DISORDERS OF ARTERIES, VISCERAL
Treatment BYPASS GRAFT
Line: 341

ADD 34151 REMOVAL OF ARTERY CLOT
ADD 35471 REPAIR ARTERIAL BLOCKAGE
ADD 35480 ATHERECTOMY, OPEN

Diagnosis ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 348

ADD 35490 ATHERECTOMY, PERCUTANEOUS

Diagnosis CHRONIC ULCER OF SKIN
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 354

ADD 28122 OSTECTOMY, OTHER METATARSAL HEAD
ADD 37700 LIGATION/DIVISION OF LONG SAPHENOUS VEIN
ADD 37720 LIGATION/DIVISION/COMPLETE STRIPPING, LONG
OR SHORT SAPHENOUS VEINS
ADD 37730 LIGATION/DIVISION/COMPLETE STRIPPING, LONG
AND SHORT SAPHENOUS VEINS
ADD 37735 LIGATION/DIVISION/COMPLETE STRIPPING,
SAPHENOUS VEINS, WITH EXCISION OF ULCER
ADD 37760 LIGATION OF PERFORATOR VEINS, RADICAL, W/ OR
W/O SKIN GRAFT
ADD 37780 LIGATION/DIVISION OF SHORT SAPHENOUS VEIN
ADD 37785 LIGATION/DIVISION/EXCISION OF
RECURRENT/SECONDARY VARICOSE VEINS

Note: ADD CPT RANGE "37700-37785".

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

Line: 355

ADD	11000	DEBRIDE INFECTED SKIN
ADD	11001	DEBRIDE INFECTED SKIN ADD-ON
ADD	11010	DEBRIDE SKIN, FX
ADD	11011	DEBRIDE SKIN/MUSCLE, FX
ADD	11012	DEBRIDE SKIN/MUSCLE/BONE, FX
ADD	11040	DEBRIDE SKIN, PARTIAL
ADD	11041	DEBRIDE SKIN, FULL
ADD	11042	DEBRIDE SKIN/TISSUE
ADD	11044	DEBRIDE TISSUE/MUSCLE/BONE
ADD	20005	INCISION OF SOFT TISSUE ABSCESS, DEEP
ADD	28003	TREATMENT OF FOOT INFECTION
ADD	40801	DRAINAGE OF ABSCESS, VESTIBULE OF MOUTH, COMPLEX
ADD	41800	DRAINAGE OF ABSCESS, DENTOALVEOLAR
ADD	42000	DRAINAGE OF ABSCESS, PALATE
ADD	46060	INCISION AND DRAINAGE, ISCHIORECTAL ABSCESS
ADD	528.5	Diseases of lips (abscess, cellulitis, fistula, hypertrophy, cheilitis, cheilosis)
ADD	529.0	Glossitis (abscess, ulceration of tongue)
ADD	53040	DRAINAGE OF PERIURETHRAL ABSCESS
ADD	54700	INCISION AND DRAINAGE OF SCROTAL SPACE
ADD	56405	INCISION AND DRAINAGE OF VULVAR OR PERINEAL ABSCESS
ADD	56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS
ADD	60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS
ADD	603.1	Infected hydrocele
ADD	616.3	Bartholin gland abscess
ADD	616.4	Other vulvar abscess

Note: CHANGE THE CPT LISTING OF "11043" TO THE RANGE "11000-11044".

Diagnosis DENTAL SERVICES (EG. INFECTIONS) (See Guideline Note)
 Treatment URGENT AND EMERGENT DENTAL SERVICES

Line: 359

DELETE	D0130	EMERGENCY ORAL EXAMINATION
DELETE	D7110	EXTRACTION OF SINGLE TOOTH
ADD	D7111	EXTRACT CORONAL REMNANTS - DECIDUOUS TOOTH
DELETE	D7120	EXTRACTION OF ADDITIONAL TEETH
DELETE	D7130	REMOVAL OF EXPOSED ROOTS
ADD	D7140	EXTRACT ERUPTED TOOTH/EXPOSED ROOT

Diagnosis VESICoureTERAL REFLUX
 Treatment MEDICAL AND SURGICAL THERAPY

Line: 366

ADD	50220	REMOVAL OF KIDNEY
ADD	50225	REMOVAL OF KIDNEY
ADD	50234	REMOVAL OF KIDNEY & URETER

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Diagnosis VESICoureTERAL REFLUX
Treatment MEDICAL AND SURGICAL THERAPY
Line: 366 (CONT'D)

ADD 50236 REMOVAL OF KIDNEY & URETER
ADD 50240 PARTIAL REMOVAL OF KIDNEY

Note: ADD CPT RANGE "50234-50240".

Diagnosis CONGENITAL HYDRONEPHROSIS
Treatment NEPHRECTOMY/REPAIR
Line: 370

ADD 52310 CYSTOSCOPY AND TREATMENT

Diagnosis ATHEROSCLEROSIS, PERIPHERAL
Treatment SURGICAL TREATMENT
Line: 371

ADD 35450 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35452 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35454 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35456 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35458 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35459 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35460 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35476 TRANSLUMINAL ANGIOPLASTY, PERC
ADD 35480 TRANSLUMINAL ATHERECTOMY, OPEN
ADD 35481 TRANSLUMINAL ATHERECTOMY, OPEN
ADD 35482 TRANSLUMINAL ATHERECTOMY, OPEN
ADD 35483 TRANSLUMINAL ATHERECTOMY, OPEN
ADD 35484 TRANSLUMINAL ATHERECTOMY, OPEN
ADD 35485 TRANSLUMINAL ATHERECTOMY, OPEN
ADD 35490 TRANSLUMINAL ATHERECTOMY, PERC
ADD 35491 TRANSLUMINAL ATHERECTOMY, PERC
ADD 35492 TRANSLUMINAL ATHERECTOMY, PERC
ADD 35493 TRANSLUMINAL ATHERECTOMY, PERC
ADD 35494 TRANSLUMINAL ATHERECTOMY, PERC
ADD 35495 TRANSLUMINAL ATHERECTOMY, PERC

Note: CHANGE THE CPT LISTING OF "35452,35470-35475" TO THE RANGE "35450-35495".

Diagnosis ESOPHAGITIS
Treatment MEDICAL THERAPY
Line: 379

ADD 530.20 Ulcer of esophagus without bleeding
ADD 530.21 Ulcer of esophagus with bleeding
ADD 530.85 Barrett's esophagus

Note: THE FIRST TWO NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 530.2, WHICH ALREADY APPEARS ON THIS LINE.

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Diagnosis DEEP OPEN WOUNDS
Treatment REPAIR
Line: 380

ADD 64893 NERVE GRAFT, ARM OR LEG

Diagnosis CLEFT PALATE WITH CLEFT LIP
Treatment EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 382

ADD 42200 RECONSTRUCT CLEFT PALATE
ADD 42205 RECONSTRUCT CLEFT PALATE
ADD 42210 RECONSTRUCT CLEFT PALATE
ADD 42281 INSERTION, PALATE PROSTHESIS

Note: CHANGE THE CPT LISTING OF "42215" TO THE RANGE "42200-42215".

Diagnosis CLEFT PALATE
Treatment REPAIR & PALATOPLASTY, ORTHODONTICS
Line: 383

ADD 30462 REVISION OF NOSE (TIP, SEPTUM AND OSTEOTOMIES)

Diagnosis CLEFT LIP, CONGENITAL FISTULA OF LIP
Treatment LIP EXCISION AND REPAIR
Line: 384

ADD 30462 REVISION OF NOSE (TIP, SEPTUM AND OSTEOTOMIES)

Diagnosis VITREOUS HEMORRHAGE
Treatment VITRECTOMY
Line: 423

ADD 67040 LASER TREATMENT OF RETINA

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

Treatment MEDICAL AND SURGICAL TREATMENT
Line: 440

ADD 52500 REVISION OF BLADDER NECK
DELETE 599.1 Urethral fistula
DELETE 599.2 Urethral diverticulum
DELETE 599.3 Urethral caruncle
DELETE 599.4 Urethral false passage
ADD 600.01 Hypertrophy (benign) of prostate with
urinary obstruction
ADD 600.11 Nodular prostate with urinary obstruction
ADD 600.21 Benign localized hyperplasia of prostate
with urinary obstruction
ADD 600.91 Hyperplasia of prostate, unspecified, with
urinary obstruction
ADD 939.1 Foreign body in uterus, any part

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

Treatment MEDICAL AND SURGICAL TREATMENT
Line: 440 (CONT'D)

Note: CHANGE THE ICD-9-CM LISTING OF "600" TO "600.01, 600.11, 600.21,
600.91".

Diagnosis HEREDITARY IMMUNE DEFICIENCY

Treatment BONE MARROW TRANSPLANT
Line: 445

ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF
CELLS FOR THERAPEUTIC USE
ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR
THERAPEUTIC USE

Diagnosis CONSTITUTIONAL APLASTIC ANEMIAS

Treatment BONE MARROW TRANSPLANT
Line: 446

ADD G0265 CRYOPRESERVATION, FREEZING AND STORAGE OF
CELLS FOR THERAPEUTIC USE
ADD G0266 THAWING AND EXPANSION OF FROZEN CELLS FOR
THERAPEUTIC USE
ADD G0267 BONE MARROW OR PERIPHERAL STEM CELL HARVEST,
MOD OR TREATMENT TO ELIMINATE CELL TYPES

Treatment MEDICAL THERAPY (SHORT TERM REHABILITATION WITH
DEFINED GOALS)
Line: 455

ADD 277.81 Primary carnitine deficiency
ADD 277.82 Carnitine deficiency due to inborn errors of
metabolism
ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.84 Other secondary carnitine deficiency
ADD 277.89 Other specified disorders of metabolism
ADD 331.11 Pick's disease
ADD 331.19 Other frontotemporal dementia
ADD 331.82 Dementia with Lewy bodies
ADD 348.30 Encephalopathy, unspecified
ADD 348.31 Metabolic encephalopathy
ADD 348.39 Other encephalopathy

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY
APPEAR ON THIS LINE.

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Diagnosis DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE
Diagnosis NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY
CHRONIC CONDITIONS
Treatment MEDICAL THERAPY

Line: 456

ADD 277.81 Primary carnitine deficiency
ADD 277.82 Carnitine deficiency due to inborn errors of
metabolism
ADD 277.83 Iatrogenic carnitine deficiency
ADD 277.84 Other secondary carnitine deficiency
ADD 277.89 Other specified disorders of metabolism
ADD 331.11 Pick's disease
ADD 331.19 Other frontotemporal dementia
ADD 331.82 Dementia with Lewy bodies
ADD 348.30 Encephalopathy, unspecified
ADD 348.31 Metabolic encephalopathy
ADD 348.39 Other encephalopathy

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODES 277.8, 331.1, AND 348.3, WHICH ALREADY
APPEAR ON THIS LINE.

Diagnosis OTOSCLEROSIS
Treatment MEDICAL AND SURGICAL TREATMENT

Line: 458

DELETE 060.4 Invalid code

Diagnosis MIGRAINE HEADACHES
Treatment MEDICAL THERAPY

Line: 459

ADD 97799 PHYSICAL MEDICINE PROCEDURE

Diagnosis FRACTURE OF SHAFT OF BONE, CLOSED
Treatment OPEN OR CLOSED REDUCTION

Line: 469

ADD 29130 APPLICATION OF FINGER SPLINT, STATIC
ADD 29131 APPLICATION OF FINGER SPLINT, DYNAMIC

Note: CHANGE THE CPT LISTING OF "29105,29125,29121" TO THE RANGE
"29105-29131".

Diagnosis DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT,
JAW, CLAVICLE AND SHOULDER

Treatment SURGICAL TREATMENT

Line: 484

ADD 29065 APPLICATION OF LONG ARM CAST

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Diagnosis FRACTURE OF JOINT, CLOSED (EXCEPT HIP)
Treatment OPEN OR CLOSED REDUCTION
Line: 486

ADD 20680 REMOVAL OF SUPPORT IMPLANT
ADD 24620 TREAT ELBOW FRACTURE
ADD 26676 PIN HAND DISLOCATION
ADD 27828 REPAIR LOWER LEG FRACTURE
ADD 29065 APPLICATION OF LONG ARM CAST

Diagnosis PULMONARY FIBROSIS
Treatment MEDICAL AND SURGICAL THERAPY
Line: 490

ADD 517.3 Acute chest syndrome

Note: THE NEW FIFTH-DIGIT CODE BEING ADDED IS CLASSIFIED UNDER EXISTING ICD-9-CM CODE 517, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis MYASTHENIA GRAVIS
Treatment MEDICAL THERAPY, THYMECTOMY
Line: 499

ADD 358.00 Myasthenia gravis without (acute)
ADD 358.01 Myasthenia gravis with (acute) exacerbation

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING ICD-9-CM CODE 358.0, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis CANCER OF ESOPHAGUS, TREATABLE
Treatment MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 500

ADD 31540 OPERATIVE LARYNGOSCOPY

Diagnosis DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH)
(See Guideline Note)
Treatment BASIC RESTORATIVE
Line: 507

DELETE D2110 AMALGAM RESTORATION, PRIMARY
DELETE D2120 AMALGAM RESTORATION, PRIMARY
DELETE D2130 AMALGAM RESTORATION, PRIMARY
DELETE D2131 AMALGAM RESTORATION, PRIMARY
DELETE D2336 COMPOSITE RESIN CROWN, ANTERIOR
DELETE D2337 RESIN-BASED COMPOSITE CROWN, ANTERIOR PERMANENT
ADD D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

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

Treatment STABILIZATION OF PERIODONTAL HEALTH, COMPLEX
RESTORATIVE, AND REMOVABLE PROSTHODONTICS

Line: 508

ADD D4342 PERIODONTAL SCALING/PLANE ROOT, 1-3 TEETH

Diagnosis DISRUPTION OF LIGAMENTS AND TENDONS, ARMS AND LEGS,
EXCLUDING KNEE, GRADES II AND III

Treatment REPAIR

Line: 516

ADD 25310 TRANSPLANT FOREARM TENDON
ADD 29345 APPLICATION OF LONG LEG CAST
ADD 29355 APPLICATION OF LONG LEG CAST, WALKER TYPE
ADD 29358 APPLICATION OF LONG LEG CAST BRACE
ADD 29365 APPLICATION OF CYLINDER CAST
ADD 29405 APPLICATION OF SHORT LEG CAST
ADD 29425 APPLICATION OF SHORT LEG CAST, WALKER TYPE
ADD 29440 ADDING WALKER TO PREVIOUSLY APPLIED CAST
ADD 29445 APPLICATION OF RIGID TOTAL CONTACT LEG CAST
ADD 29505 APPLICATION OF LONG LEG SPLINT
ADD 29515 APPLICATION OF SHORT LEG SPLINT
ADD 29540 STRAPPING, FOOT OR ANKLE
ADD 29705 REMOVAL OR BI-VALVING, FULL LEG CAST
ADD 29730 WINDOWING OF CAST
ADD 29740 WEDGING OF CAST
ADD 727.67 Rupture of Achilles tendon, non-traumatic

Note: ADD CPT RANGE "29105-29131". CHANGE ICD-9-CM RANGE "727.68-
727.69" TO "727.67-727.69".

Diagnosis INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS
DISRUPTIONS OF THE KNEE, GRADE II AND III

Treatment REPAIR, MEDICAL THERAPY

Line: 518

DELETE 27347 REMOVE KNEE CYST

Diagnosis MALUNION & NONUNION OF FRACTURE

Treatment SURGICAL TREATMENT

Line: 519

ADD 21462 TREAT LOWER JAW FRACTURE
ADD 23472 RECONSTRUCT SHOULDER JOINT
ADD 28485 TREAT METATARSAL FRACTURE
ADD 28725 FUSION OF FOOT BONES

Diagnosis FOREIGN BODY IN UTERUS, VULVA, AND VAGINA

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 520

DELETE 939.1 Foreign body in uterus, any part

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis ABSCESSES AND CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 526

DELETE 56405 INCISION AND DRAINAGE OF VULVAR OR PERINEAL
ABSCESS
DELETE 56420 INCISION AND DRAINAGE OF BARTHOLIN'S GLAND
ABSCESS
DELETE 616.3 Bartholin's gland abscess
DELETE 616.4 Other vulvar abscess

Note: CHANGE ICD-9-CM RANGE "616.2-616.9" TO "616.2,616.5-616.9".
CHANGE TITLE TO "CYSTS OF BARTHOLIN'S GLAND AND VULVA".

Diagnosis DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline
Treatment SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
Line: 528

DELETE D4220 GINGIVAL CURETTAGE
ADD D4241 GINGIVAL FLAP PROCEDURE, 1-3 TEETH
ADD D4261 OSSEOUS SURGERY, 1-3 TEETH

Diagnosis URINARY INCONTINENCE (See Guideline Note)
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 529

ADD 57260 REPAIR OF VAGINA
DELETE 97110 THERAPEUTIC EXERCISES 30 MIN
DELETE 97112 NEUROMUSCULAR REEDUCATION

Note: CHANGE CPT RANGE "97010-97537" TO "97010-97039,97113-97537".

Diagnosis INCONTINENCE OF FECES
Treatment MEDICAL AND SURGICAL THERAPY
Line: 538

DELETE 97110 THERAPEUTIC EXERCISES 30 MIN
DELETE 97112 NEUROMUSCULAR REEDUCATION

Note: CHANGE CPT RANGE "97010-97537" TO "97010-97039,97113-97537".

Diagnosis URETHRAL FISTULA
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 541

DELETE 53040 DRAINAGE OF PERIURETHRAL ABSCESS

Diagnosis BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
Treatment MEDICAL AND SURGICAL TREATMENT
Line: 544

ADD 607.85 Peyronie's disease

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis VERTIGINOUS SYNDROMES AND OTHER DISORDERS OR THE
VESTIBULAR SYSTEM

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 549

DELETE	438.6	Alteration in sensation
DELETE	438.7	Disturbance of vision
DELETE	438.83	Facial weakness
DELETE	438.84	Ataxia
DELETE	438.85	Vertigo as late effect of cerebrovascular disease

Diagnosis UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC
HYPERPLASIA WITHOUT OBSTRUCTION

Treatment MEDICAL THERAPY

Line: 550

ADD	600.0	Hypertrophy (benign) of prostate without urinary obstruction
ADD	600.1	Nodular prostate without urinary obstruction
ADD	600.2	Benign localized hyperplasia of prostate without urinary obstruction
ADD	600.9	Hyperplasia of prostate, unspecified, without urinary obstruction

Note: CHANGE THE ICD-9-CM LISTING OF "600" TO "600.00, 600.10, 600.20, 600.90".

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

Treatment MEDICAL AND SURGICAL TREATMENT

Line: 562

ADD	21025	EXCISION OF BONE, LOWER JAW
ADD	21026	EXCISION OF FACIAL BONE(S)
DELETE	D7480	PARTIAL OSTEOTOMY

Note: CHANGE CPT RANGE "21029-21032" TO "21025-21032".

Diagnosis STOMATITIS AND DISEASES OF THE LIPS

Treatment MEDICAL THERAPY

Line: 564

DELETE	10060	INCISION AND DRAINAGE OF ABSCESS, SIMPLE, SINGLE
DELETE	10061	INCISION AND DRAINAGE OF ABSCESS, COMPLICATED OR MULTIPLE
DELETE	20000	INCISION OF SOFT TISSUE ABSCESS, SUPERFICIAL
DELETE	20005	INCISION OF SOFT TISSUE ABSCESS, DEEP
DELETE	40801	DRAINAGE OF ABSCESS, VESTIBULE OF MOUTH, COMPLEX
DELETE	41800	DRAINAGE OF ABSCESS, DENTOALVEOLAR
DELETE	42000	DRAINAGE OF ABSCESS, PALATE

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

Diagnosis STOMATITIS AND DISEASES OF THE LIPS
Treatment MEDICAL THERAPY
Line: 564 (CONT'D)

DELETE 528.5 Diseases of the lips (abscess, cellulitis,
fistula, hypertrophy, cheilitis, cheilosis)
DELETE 529.0 Glossitis (abscess, ulceration of tongue)

Note: CHANGE TITLE TO "STOMATITIS AND OTHER DISEASES OF ORAL SOFT
TISSUES".

Diagnosis HYPOTENSION
Treatment MEDICAL THERAPY
Line: 602

ADD 458.21 Hypotension of hemodialysis
ADD 458.29 Other iatrogenic hypotension

Note: THE NEW FIFTH-DIGIT CODES BEING ADDED ARE CLASSIFIED UNDER
EXISTING ICD-9-CM CODE 458.2, WHICH ALREADY APPEARS ON THIS
LINE.

Diagnosis HYDROCELE
Treatment MEDICAL THERAPY, EXCISION
Line: 642

DELETE 603.1 Infected hydrocele

Note: CHANGE THE ICD-9-CM LISTING OF "603" TO "603.0,603.8-603.9".

Diagnosis SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I
Treatment MEDICAL THERAPY
Line: 645

ADD 27347 REMOVE KNEE CYST

Diagnosis DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL
IMPROVEMENT (See Guideline Note)

Treatment ELECTIVE DENTAL SERVICES
Line: 700

DELETE D2380 RESIN RESTORATION, POSTERIOR-PRMRY
DELETE D2381 RESIN RESTORATION, POSTERIOR-PRMRY
DELETE D2382 RESIN RESTORATION, POSTERIOR-PRMRY
DELETE D2385 RESIN RESTORATION, POSTERIOR-PERM
DELETE D2386 RESIN RESTORATION, POSTERIOR-PERM
DELETE D2387 RESIN RESTORATION, POSTERIOR-PERM
DELETE D2388 RESIN-BASED COMPOSITE -- 4+ SURFACES,
POSTERIOR
ADD D2391 RESIN RESTORATION, 1 POSTERIOR SURFACE
ADD D2392 RESIN RESTORATION, 2 POSTERIOR SURFACES
ADD D2393 RESIN RESTORATION, 3 POSTERIOR SURFACES
ADD D2394 RESIN RESTORATION, 4+ POSTERIOR SURFACES

Interim Modifications to April 29, 2003, Prioritized List of Health Services; Approved by the Health Services Commission July 24, 2003. (Cont'd)

 Diagnosis SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
 Treatment MEDICAL THERAPY
 Line: 706

- ADD 959.11 Other injury of chest wall
- ADD 959.12 Other injury of abdomen
- ADD 959.14 Other injury of external genitals
- ADD 959.19 Other injury of other sites of trunk

Note: CHANGE THE ICD-9-CM RANGE "959.0-959.8" TO "959.0,959.11-959.12,959.14-959.19,959.2-959.8".

 Diagnosis MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
 Treatment EVALUATION
 Line: 719

- ADD 728.87 Muscle weakness

 Diagnosis SENORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENTS
 Treatment EVALUATION
 Line: 721

- DELETE 747.47 Invalid code

 Diagnosis DENTAL CONDITIONS (EG. ORTHODONTICS)
 Treatment COSMETIC DENTAL SERVICES
 Line: 726

- DELETE D6519 INLAY/ONLAY- PORCELAIN/CERAMIC
 - DELETE D6520 RETAINER, INLAY-METALLIC
 - DELETE D6530 RETAINER, INLAY-METALLIC
 - DELETE D6543 RETAINER, ONLAY-METALLIC
 - DELETE D6544 RETAINER, ONLAY-METALLIC
 - ADD D6600 INLAY-PORCELAIN/CERAMIC, 2 SURFACES
 - ADD D6601 INLAY-PORCELAIN/CERAMIC, 3+ SURFACES
 - ADD D6602 INLAY-HIGH NOBLE METAL, 2 SURFACES
 - ADD D6603 INLAY-HIGH NOBLE METAL, 3+ SURFACES
 - ADD D6604 INLAY-BASE METAL, 2 SURFACES
 - ADD D6605 INLAY-BASE METAL, 3+ SURFACES
 - ADD D6606 INLAY-NOBLE METAL, 2 SURFACES
 - ADD D6607 INLAY-NOBLE METAL, 3+ SURFACES
 - ADD D6608 ONLAY-PORCELAIN/CERAMIC, 2 SURFACES
 - ADD D6609 ONLAY-PORCELAIN/CERAMIC, 3+ SURFACES
 - ADD D6610 ONLAY-HIGH NOBLE METAL, 2 SURFACES
 - ADD D6611 ONLAY-HIGH NOBLE METAL, 3+ SURFACES
 - ADD D6612 ONLAY-BASE METAL, 2 SURFACES
 - ADD D6613 ONLAY-BASE METAL, 3+ SURFACES
 - ADD D6614 ONLAY-NOBLE METAL, 2 SURFACES
 - ADD D6615 ONLAY-NOBLE METAL, 3+ SURFACES
-

ATTACHMENT B

New Definitions for Mental Health Care and Chemical Dependency Related Lines Items on the Prioritized List Approved July 17, 2003

Diagnosis: RUMINATION DISORDER OF INFANCY
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.53
CPT: 90846-90849, 90887, 99217-99223, 99231-99239, 99251-99263, 99301-99316
HCPCS: H0035, S9484, S9485
Line: 92

Diagnosis: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.1
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 145

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.89
CPT: 90801-90815, 90821, 90822, 90828, 90829, 90846-90862, 90882, 90887, 96100, 99201-99275,
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 146

Diagnosis: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.1-295.9, 298.4, 299.1, 299.9
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 162

Diagnosis: MAJOR DEPRESSION, RECURRENT
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.30-296.36, 298.0
CPT: 90801-90829, 90846-90862, 90870, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 163

Diagnosis: BIPOLAR DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.0-296.1, 296.4-296.8, 296.99, 301.13
CPT: 90801-90829, 90846-90862, 90870, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 164

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note)
Treatment: MEDICAL THERAPY/BREIF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
ICD-9: 305.1
CPT: 97780-97781, 99071, 99078, 99201-99215, 99372
HCPCS: D1320, G9016, S9075, S9453
Line: 185

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.1, 303.9, 304, 305.0, 305.2-305.9
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 97780, 97781, 99201-99275
HCPCS: H0001, H0002, H0004, H0005, H0006, H0012, H0016, H0020, H0031, H0033, H0034, H0035, H0048, H2035, T1006, T1013, T1016
Line: 187

Diagnosis: MAJOR DEPRESSION; SINGLE EPISODE OR MILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.2, 298.0, 311
CPT: 90801-90815, 90821, 90822, 90828, 90829, 90846-90862, 90882, 90887, 96100, 99201-99275
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 188

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003**

Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.3,298.1-298.3,298.9,299.8
CPT: 90801-90815,90821,90822,90828,90829,90846-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,
H0045,S5151,S9484,S9485,T1005,T1013,T1016
Line: 189

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 314
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99251-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,
S9485,T1005,T1013,T1016
Line: 190

Diagnosis: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 308
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846,90847,90853,90857,90882,
90887,96100,99201-99275,99301-99316
HCPCS: H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,S9485,T1005,
T1013,T1016
Line: 244

Diagnosis: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.21
CPT: 90801-90807,90810-90813,90846,90847,90853,90857,90882,90887,96100,99201-99215,
99241-99245,99271-99275,G0176,G0177
HCPCS: H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013,T1016
Line: 245

Diagnosis: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY
ICD-9: 291.0,291.3,291.8-291.9,292.0,292.8
CPT: 90816-90819,90823-90827,90862,90887,97780,97781,99217-99223,99231-99239,99251-
99263
HCPCS: H0001,H0002,H0004,H0005,H0033,H0035,H0048,T1006,T1013
Line: 263

Diagnosis: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.0,309.1,309.23-309.29,309.3-309.4,309.82,309.83,309.9
CPT: 90801-90807,90810-90813,90846,90847,90853,90857,90882,90887,96100,99201-99215,
99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,
S9485,T1005,T1013,T1016
Line: 266

Diagnosis: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.81
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99251-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,
H0045,S5151,S9484,S9485,T1005,T1013,T1016
Line: 267

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.0,307.2
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99251-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013,
T1016
Line: 268

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003**

Diagnosis: POSTTRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81, 309.89
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 304

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 305

Diagnosis: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.01, 300.21-300.22
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 340

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Note)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.0-312.2, 312.4, 312.8
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 376

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.00, 300.02-300.09, 307.46, 313.0
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 377

Diagnosis: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.51, 307.54
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 378

Diagnosis: PARANOID (DELUSIONAL) DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.0-297.2, 297.8-297.9
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 392

Diagnosis: CHRONIC DEPRESSION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.4-300.5
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 425

**New Definitions for Mental Health Care and Chemical Dependency
Related Lines Items on the Prioritized List Approved July 17, 2003**

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5, 291.9, 292.1-292.2, 292.89, 292.9, 303.0
CPT: 90801-90829, 90846-90862, 90882, 90887, 96100, 97780, 97781, 99201-99275, 99301-99316
HCPCS: H0001, H0002, H0004, H0005, H0016, H0020, H0031, H0033, H0034, H0035, H0048, T1006, T1013, T1016
Line: 426

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.83
CPT: 90801-90807, 90810-90813, 90816-90820, 90823-90827, 90846, 90847, 90853-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0018, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 427

Diagnosis: IDENTITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.82
CPT: 90801, 90802, 90804-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90857, 90882, 90887, 96100, 99201-9215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0034, H0035, T1013, T1016
Line: 428

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.0, 301.22
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275, 99301-99316
HCPCS: G0176, G0177, H0002, H0004, H0018, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 429

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 433

Diagnosis: FUNCTIONAL ENCOPIRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96100, 99201-99275
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0033, H0034, H0035, H0036, H0037, H0045, S5151, S9484, S9485, T1005, T1013, T1016
Line: 434

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.2
CPT: 90801-90807, 90810-90813, 90846, 90847, 90853, 90857, 90882, 90887, 96100, 99201-99215, 99241-99245, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 435

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96100, 99201-99215, 99251-99275, 99271-99275
HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, H0036, H0037, S9484, S9485, T1013, T1016
Line: 436

**New Definitions for Mental Health Care and Chemical Dependency
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Diagnosis: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50,307.54,307.59
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-99275,99301-99316
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,S9485,T1005,T1013,T1016
Line: 462

Diagnosis: DISSOCIATIVE DISORDERS: DEPERSONALIZATION DISORDER; MULTIPLE PERSONALITY DISORDER; DISSOCIATIVE DISORDER NOS; PSYCHOGENIC AMNESIA; PSYCHOGENIC FUGUE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10,300.12-300.15,300.6
CPT: 90801-90815,90821,90822,90828,90829,90846-90862,90882,90887,96100,99201-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,S9485,T1005,T1013,T1016
Line: 463

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 290,291.2,292.82-292.84,293.8,294.0-294.1,294.9,299.00,299.10,299.8,310.1
CPT: 90801,90804-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-99275,99301-99316
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,S9485,T1005,T1013,T1016
Line: 464

Diagnosis: STEREOTYPY/HABIT DISORDER & SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 307.3
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0034,H0035,H0036,H0037,S9484,S9485,T1013,T1016
Line: 478

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.81-300.82,307.80,307.89,625.4
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: H0002,H0004,H0031,H0034,H0035,H0036,H0037,S9484,S9485,T1013,T1016
Line: 514

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.29
CPT: 90801-90807,90810-90813,90846,90847,90853,90857,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013,T1016
Line: 535

Diagnosis: IMPULSE DISORDERS (See Guideline Note)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.31-312.39
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99251-99275
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,S9485,T1005,T1013,T1016
Line: 561

Diagnosis: SEXUAL DYSFUNCTION
Treatment: PSYCHOTHERAPY
ICD-9: 302.7
CPT: 90801-90807,90810-90813,90846,90847,90853-90862,90882,90887,96100,99201-99215,99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0033,H0034,H0035,S9484,S9485,T1013,T1016
Line: 563

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Diagnosis: FACTITIOUS DISORDERS
Treatment: CONSULTATION
ICD-9: 300.10,300.16,300.19,301.51
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,
96100,99201-99215,99241-99245,99271-99275
HCPCS: H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013,T1016
Line: 608

Diagnosis: HYPOCHONDRIASIS; SOMATIFORM DISORDER; NOS AND UNDIFFERENTIATED
Treatment: CONSULTATION
ICD-9: 300.7,300.9,306
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,
96100,99201-99215,99241-99245,99271-99275
HCPCS: H0002,H0004,H0017,H0018,H0019,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,
T1013,T1016
Line: 609

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96100,99201-99215,99251-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,S9484,S9485,T1013,
T1016
Line: 610

Diagnosis: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90801-90807,90810-90813,90846-90857,90882,90887,96100,99201-99215,99251-99275
HCPCS: G0177,H0002,H0004,H0031,H0034,H0035,T1013,T1016
Line: 627

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59,301.6,301.81-
301.82,301.84,301.89,301.9
CPT: 90801-90807,90810-90813,90846,90847,90853,90857,90882,90887,96100,99201-99215,
99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0033,H0034,H0035,H0036,H0037,H0045,S5151,S9484,
S9485,T1005,T1013,T1016
Line: 657

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4,302.50,302.6,302.85,302.9
CPT: 90801-90807,90810-90813,90846,90847,90853,90857,90882,90887,96100,99201-99215,
99241-99245,99271-99275
HCPCS: G0176,G0177,H0002,H0004,H0031,H0034,H0035,S9484,S9485,T1013,T1016
Line: 658

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90801,90804-90807,90846-90853,90882,90887,96100,99201-99215,99241-99245,99271-
99275,
HCPCS: G0176,G0177,H0002,H0004,H0031,H0034,S9484,S9485,T1013,T1016
Line: 701

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 313.1,313.3,313.83
CPT: 99201-99215
Line: 724