



# Oregon

Theodore R. Kulongoski, Governor

**Health Services Commission**  
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September 6, 2007

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 Human 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 73<sup>rd</sup> Oregon Legislative Assembly as amended as of January 1, 2007. In accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachments A will supersede the previous definition of these lines. Additionally, the new statement of intent appearing in Attachment B and new and revised guidelines appearing in Attachments C and D will be associated with the list to better indicate the appropriate and effective use of State resources in the provision of health care to Oregon Health Plan clients. Attachment E includes a number of pairings of HCPCS codes that were approved for addition to the list at the recommendation of the Mental Health Care and Chemical Dependency Subcommittee but were inadvertently left off of the previous notification letter. Attachment F documents the addition of CPT codes representing behavioral assessments and interventions provided to identify and address psychosocial factors that can significantly hinder the effectiveness of treatments of various chronic physical diseases (e.g., diabetes, hypertension) appearing on the lines in Table F1.

Attachment A documents the placement of new ICD-9-CM codes on the Prioritized List (123 changes) and also the results of the first extensive review of the placement of V codes on the list (76 changes). In addition, three changes were made to correct previous errors, nine to remove CPT codes to correct for inappropriate pairings, nine to move codes to more appropriate lines, five to remove codes that are no longer valid and twenty changes due to the addition of new HCPCS codes.

These changes also include the placement of ICD-9-CM codes (20 changes), CPT-4 codes (415 changes) and HCPCS codes (6 changes) to account for appropriate condition-treatment pairings not previously appearing on the list. Over 100 of these instances are an attempt to move services out of "line zero" and onto line items on the Prioritized List. While most diagnostic services are intended to be covered without regards to the prioritization process (thus theoretically residing in an unseen line zero at the top of the list), many ancillary and other services have falling into this category over the years. It is a current focus of the HSC, OHP Medical Directors, and DMAP to place as many of these services on the list where appropriate.

For just the second time during the implementation of the Prioritized List, the HSC has deleted a line (and in this case two) as part a set of interim modifications to the list. The HSC received a report from the Division of Medical Assistance Programs that there was some question as to the commission's intent in what constituted comfort care according to the guideline attached to line 262 and what services fell under line 674 in which treatment of a medical condition would result in less than a 5% five-year survival. The HSC determined that the best way to make their intent clear would be to delete both lines 262 and 674 and attach a new statement of intent that would apply to all diagnoses, which appears in Attachment B. The last numbered line will remain to be 710 and the funding level will remain through numbered line 530 to reduce confusion and reflect the fact that the deletion of these lines does not mean a reduction in the services covered under the Oregon Health Plan.

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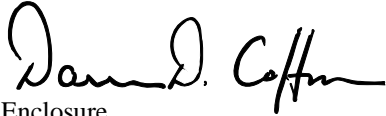
In addition to the changes outlined in Attachment A, there are some changes being made to the practice guidelines associated with the Prioritized List. New guidelines were adopted related to vertebroplasty, wireless capsule endoscopy, and services related to the treatment of lymphedema, as shown in Attachment C. A revision that associates the language in an existing guideline on the use of ventricular assist devices and the deletion of the comfort care guideline are included in Attachment D.

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

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

Respectfully submitted,

Darren D. Coffman  
Director



Enclosure

cc: Health Services Commission  
Bruce Goldberg, MD, Director, Department of Human Services  
Jim Edge, Acting Administrator, Division of Medical Assistance Programs

ATTACHMENT A

Interim Modifications to the January 1, 2007 Prioritized List of Health Services; Approved by the Health Services Commission on June 28 and August 23, 2007.

-----  
Diagnosis: SEVERE/MODERATE HEAD INJURY  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 1  
ADD S9152 Speech therapy, re-evaluation  
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Diagnosis: TYPE I DIABETES MELLITUS  
Treatment: MEDICAL THERAPY  
Line: 2  
DELETE 49324 Laparoscopy, surgical, with insertion of intraperitoneal  
cannula or catheter  
DELETE 49325 Laparoscopy, surgical, with revision of intraperitoneal  
cannula or catheter  
DELETE 49326 Laparoscopy, surgical, with omentopexy  
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Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE  
GLOMERULONEPHRITIS  
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS  
Line: 4  
ADD V56.0 Extracorporeal dialysis  
ADD V56.1 Fitting and adjustment of extracorporeal dialysis catheter  
ADD V56.2 Fitting and adjustment of peritoneal dialysis catheter  
ADD V56.31 Encounter for adequacy testing for hemodialysis  
ADD V56.32 Encounter for adequacy testing for peritoneal dialysis  
ADD V56.8 Other dialysis  
-----

Diagnosis: COMPLICATED HERNIA DEFINED AS BEING INCARCERATED AND HAVING  
SYMPTOMS OF OBSTRUCTION AND/OR GANGRENE; UNCOMPLICATED HERNIA IN  
CHILDREN UNDER AGE 18  
Treatment: REPAIR  
Line: 6  
ADD 49659 Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy,  
herniotomy  
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Diagnosis: ADDISON'S DISEASE  
Treatment: MEDICAL THERAPY  
Line: 9  
ADD 255.41 Glucocorticoid deficiency  
ADD 255.42 Mineralocorticoid deficiency  
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NOTE: The new fifth-digit codes being added are classified under existing  
ICD-9-CM code 255.4, which already appears on this line.  
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Diagnosis: APPENDICITIS  
Treatment: APPENDECTOMY  
Line: 12  
ADD 99231 Subsequent hospital care, for evaluation and management of  
patient, patient is stable, recovering or improving  
ADD 99232 Subsequent hospital care, for evaluation and management of  
patient, patient is responding inadequately to therapy  
ADD 99233 Subsequent hospital care, for evaluation and management of  
patient, patient is unstable or has developed a significant  
complication  
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-----  
Diagnosis: CROUP SYNDROME  
Treatment: MEDICAL THERAPY  
Line: 16

ADD 94640 Inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes

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Diagnosis: ACUTE BACTERIAL MENINGITIS  
Treatment: MEDICAL TREATMENT  
Line: 26

ADD S9152 Speech therapy, re-evaluation

-----  
Diagnosis: LIVER ABSCESS  
Treatment: MEDICAL THERAPY  
Line: 30

ADD 49321 Laparoscopy, surgical, with biopsy  
ADD 49322 Laparoscopy, surgical, with aspiration of cyst or cavity

-----  
Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA  
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY  
Line: 31

ADD S9152 Speech therapy, re-evaluation

-----  
Diagnosis: NEOPLASMS OF ISLETS OF LANGERHANS  
Treatment: EXCISION OF TUMOR  
Line: 33

ADD 49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or  
ADD 49321 Laparoscopy, surgical, with biopsy  
ADD 49324 Laparoscopy, surgical, with insertion of intraperitoneal cannula or catheter  
ADD 49325 Laparoscopy, surgical, with revision of intraperitoneal cannula or catheter

-----  
Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE

Treatment: MEDICAL TREATMENT  
Line: 40

ADD S9152 Speech therapy, re-evaluation

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

Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 44

ADD 440.4 Chronic total occlusion of artery of the extremities

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Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL  
Treatment: CRANIOTOMY/CRANIECTOMY

Line: 51  
DELETE 43653 Laparoscopy, gastrostomy, without construction of gastric tube (Stamm procedure)  
ADD S9152 Speech therapy, re-evaluation

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Diagnosis: BIRTH CONTROL  
Treatment: CONTRACEPTION MANAGEMENT  
Line: 53

ADD S0180 Etonogestral implant system  
ADD V25.04 Counseling in natural family planning to avoid unwanted  
ADD V26.41 Procreative counseling and advice using natural family  
ADD V26.49 Other procreative management, counseling and advice

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM codes V25.0 AND V26.4, which already appear on this line.

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Diagnosis: PREGNANCY  
Treatment: MATERNITY CARE  
Line: 54

ADD 664.60 Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, unspecified as to episode of care or not applicable.  
ADD 664.61 Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration  
ADD 664.64 Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration  
DELETE 671.4 Disruption of cesarean wound  
DELETE 674.3 Other complications of obstetrical surgical wounds  
ADD Q4089 Rhophylac injection  
ADD V07.2 Need for prophylactic immunotherapy  
ADD V23.2 Pregnancy with history of abortion

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 664.6, which already appears on this line.

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

DELETE 48000 Placement of drains, peripancreatic, for acute pancreatitis

NOTE: Change CPT codes range from "47715-48000" to "47715-47999".

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Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS  
Treatment: SHUNT  
Line: 86

ADD 31294 Nasal/sinus endoscopy with optic nerve sheath decompression  
ADD 331.5 Idiopathic normal pressure hydrocephalus (INPH)  
ADD 62270 Lumbar puncture  
ADD 67570 Optic nerve sheath decompression  
ADD 92002 Ophthalmological services; intermediate, new patient  
ADD 92004 Ophthalmological services; comprehensive, new patient  
ADD 92012 Ophthalmological services; intermediate, established patient  
ADD 92014 Ophthalmological services; comprehensive, established patient  
ADD 92081 Visual field examination, limited  
ADD 92082 Visual field examination, intermediate  
ADD 92083 Visual field examination, extended  
ADD 92250 Fundus photography with interpretation and report

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-----  
Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS  
Treatment: SHUNT  
Line: 86 (CONT'D)

ADD V53.01 Fitting and adjustment of cerebral ventricular  
(communicating) shunt

NOTE: Change diagnosis description to "ENCEPHALOCELE, HYDROCEPHALUS, AND BENIGN INTRACRANIAL HYPERTENSION" and change treatment description to "MEDICAL AND SURGICAL TREATMENT".

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

ADD 43289 Unlisted laparoscopic procedure, esophagus

-----  
Diagnosis: CONGENITAL ANOMALIES OF THE URINARY SYSTEM  
Treatment: SURGICAL REPAIR  
Line: 99

DELETE 15576 Formation of skin flap transferred to eyelid, nose, ears,  
lips, intraoral areas  
DELETE 15630 Delayed flap to those sites to eyelid, nose, ears, lips,  
intraoral areas  
DELETE 15732 Skin flap to head or neck  
DELETE 15734 Skin flap to upper extremity  
ADD V55.5 Attention to cystostomy  
ADD V55.6 Attention to other artificial opening of urinary tract

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Diagnosis: END STAGE RENAL DISEASE  
Treatment: RENAL TRANSPLANT  
Line: 108

DELETE V42.0 Kidney replaced by transplant

-----  
Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC  
VEIN THROMBOSIS;  
INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE  
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT  
Line: 109

DELETE V42.0 Kidney replaced by transplant

-----  
Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 110

ADD 15732 Muscle flap pharyngoplasty

-----  
Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 111

ADD 423.3 Cardiac tamponade

NOTE: The new fourth-digit code being added is classified under existing ICD-9-CM code 423, which already appears on this line.

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-----  
Diagnosis: VERTEBRAL FRACTURES/DISLOCATIONS

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 112

ADD	22520	Percutaneous vertebroplasty, one vertebral body, thoracic
ADD	22521	Percutaneous vertebroplasty, one vertebral body, lumbar
ADD	22522	Percutaneous vertebroplasty, each additional thoracic or lumbar vertebral body
ADD	22532	Arthrodesis (spinal fusion), Lateral extracavitary technique, thoracic
ADD	22533	Arthrodesis (spinal fusion), Lateral extracavitary technique, lumbar
ADD	22534	Arthrodesis (spinal fusion), Lateral extracavitary technique, thoracic or lumbar, each additional segment
ADD	22800	Arthrodesis (spinal fusion), Posterior, for spinal deformity, up to 6 vertebral segments
ADD	22804	Arthrodesis (spinal fusion), Posterior, for spinal deformity, 13 or more vertebral segments
ADD	22808	Arthrodesis (spinal fusion), Anterior, for spinal deformity, 2-3 vertebral segments
ADD	22812	Arthrodesis (spinal fusion), Anterior, for spinal deformity, 8 or more vertebral segments
ADD	22818	Arthrodesis (spinal fusion), Kyphectomy, single or 2 segments
ADD	22819	Arthrodesis (spinal fusion), Kyphectomy, 3 or more segments

-----  
Diagnosis: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY

Treatment: REPAIR

Line: 114

ADD	33320	Repair of aorta or great vessels; without shunt or cardiopulmonary bypass
ADD	33321	Repair of aorta or great vessels; with shunt
ADD	33322	Repair of aorta or great vessels; with cardiopulmonary bypass
ADD	33330	Insertion of graft, aorta or great vessels; without shunt or cardiopulmonary bypass
ADD	33332	Insertion of graft, aorta or great vessels; with shunt
ADD	33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
ADD	33880	Endovascular repair (for aneurysm, dissection, trauma, etc.) of descending thoracic aorta, involving coverage of left subclavian artery origin
ADD	33881	Endovascular repair (for aneurysm, dissection, trauma, etc.) of descending thoracic aorta, not involving coverage of left subclavian artery origin
ADD	33883	Endovascular repair (for aneurysm, dissection, trauma, etc.) of descending thoracic aorta; Placement of proximal extension prosthesis
ADD	33884	Each additional proximal extension
ADD	33886	Endovascular repair (for aneurysm, dissection, trauma, etc.) of descending thoracic aorta; Placement of delayed proximal extension prosthesis
ADD	33889	Endovascular repair (for aneurysm, dissection, trauma, etc.) of descending thoracic aorta; with open subclavian to carotid artery transposition
ADD	33891	Endovascular repair (for aneurysm, dissection, trauma, etc.) of descending thoracic aorta; with bypass graft carotid-

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Diagnosis: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY  
 Treatment: REPAIR

Line: 114 (CONT'D)

- ADD 35241 Repair blood vessel, with vein graft, intrathoracic, with
- ADD 35246 Repair blood vessel, with vein graft, intrathoracic, without  
bypass
- ADD 35271 Repair blood vessel, with non vein graft, intrathoracic,  
with bypass
- ADD 35276 Repair blood vessel, with non vein graft, intrathoracic,  
without bypass

NOTE: Add CPT code range "33320-33335".

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS  
 Treatment: BONE MARROW TRANSPLANT

Line: 121

- ADD 284.81 Red cell aplasia (acquired)(adult)(with thymoma)
- ADD 284.89 Other specified aplastic anemias

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 284.8, which already appears on this line.

Diagnosis: NON-HODGKIN'S LYMPHOMAS  
 Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 122

- ADD 200.3 Marginal zone lymphoma
- ADD 200.4 Mantle cell lymphoma
- ADD 200.5 Primary central nervous system lymphoma
- ADD 200.6 Anaplastic large cell lymphoma
- ADD 200.7 Large cell lymphoma
- ADD 202.7 Peripheral T cell lymphoma
- DELETE 38510 Biopsy or excision of lymph nodes, deep cervical
- DELETE 38520 Biopsy or excision of lymph nodes, deep cervical, with
- DELETE 38525 Biopsy or excision of lymph nodes, deep axillary nodes

NOTE: See Table 1 for listing of fifth-digit classifications for new ICD-9-CM codes 200.3-200.7 and 202.7.

**Table 1**  
**Fifth-Digit Classifications for New ICD-9-CM Codes 200.3-200.7 and 202.7**

<u>Fifth-Digit Code</u>	<u>Description</u>
0	Unspecified site, extranodal and solid organ sites
1	Lymph nodes of head, face, and neck
2	Intrathoracic lymph nodes
3	Intra-abdominal lymph nodes
4	Lymph nodes of axilla and upper limb
5	Lymph nodes of inguinal region and lower limb
6	Intrapelvic lymph nodes
7	Spleen
8	Lymph nodes of multiple sites

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-----  
Diagnosis: NON-HODGKIN'S LYMPHOMAS

Treatment: BONE MARROW TRANSPLANT

Line: 123

ADD 200.3 Marginal zone lymphoma  
ADD 200.4 Mantle cell lymphoma  
ADD 200.5 Primary central nervous system lymphoma  
ADD 200.6 Anaplastic large cell lymphoma  
ADD 200.7 Large cell lymphoma  
ADD 202.7 Peripheral T cell lymphoma

-----  
Diagnosis: OPEN FRACTURE OF EXTREMITIES

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 131

DELETE 22849 Reinsertion of spinal fixation device  
DELETE 22850 Removal of posterior nonsegmental instrumentation  
DELETE 22851 Application of intervertebral biomechanical devices to vertebral defect or interspace  
DELETE 22852 Removal of posterior segmental instrumentation  
DELETE 22855 Removal of anterior instrumentation

-----  
Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA

Treatment: THYROIDECTOMY

Line: 138

DELETE 193 Malignant neoplasm of thyroid gland  
DELETE 194.8 Secondary malignant neoplasm of other parts of nervous system  
DELETE 237.4 Neoplasm of other and unspecified endocrine glands  
ADD 258.01 Multiple endocrine neoplasia [MEN] type I  
ADD 258.02 Multiple endocrine neoplasia [MEN] type IIA  
ADD 258.03 Multiple endocrine neoplasia [MEN] type IIB  
ADD 60500 Parathyroidectomy  
ADD 60502 Parathyroidectomy re-exploration  
ADD 60505 Parathyroidectomy with mediastinal exploration  
ADD 60540 Adrenalectomy  
ADD 60545 Adrenalectomy with excision of adjacent retroperitoneal tumor  
ADD 60650 Laparoscopic adrenalectomy  
ADD 60699 Unlisted procedure, endocrine system  
ADD 99201 Office or outpatient visit, new patient, level 1  
ADD 99202 Office or outpatient visit, new patient, level 2  
ADD 99203 Office or outpatient visit, new patient, level 3  
ADD 99204 Office or outpatient visit, new patient, level 4  
ADD 99205 Office or outpatient visit, new patient, level 5  
ADD 99211 Office or outpatient visit, established patient, level 1  
ADD 99212 Office or outpatient visit, established patient, level 2  
ADD 99213 Office or outpatient visit, established patient, level 3  
ADD 99214 Office or outpatient visit, established patient, level 4  
ADD 99215 Office or outpatient visit, established patient, level 5  
ADD 99221 Initial inpatient care, level 1  
ADD 99222 Initial inpatient care, level 2  
ADD 99223 Initial inpatient care, level 3  
ADD 99231 Subsequent inpatient care, level 1  
ADD 99232 Subsequent inpatient care, level 2  
ADD 99233 Subsequent inpatient care, level 3  
ADD 99241 Office consultation, level 1  
ADD 99242 Office consultation, level 2

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-----  
Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA

Treatment: THYROIDECTOMY

Line: 138 (CONT'D)

ADD 99243 Office consultation, level 3  
ADD 99244 Office consultation, level 4  
ADD 99245 Office consultation, level 5  
ADD 99251 Inpatient consultation, level 1  
ADD 99252 Inpatient consultation, level 2  
ADD 99253 Inpatient consultation, level 3  
ADD 99254 Inpatient consultation, level 4  
ADD 99255 Inpatient consultation, level 5

NOTE: Change treatment description to "MEDICAL AND SURGICAL TREATMENT".

-----  
Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 140

ADD 22532 Arthrodesis (spinal fusion), Lateral extracavitary technique, thoracic  
ADD 22533 Arthrodesis (spinal fusion), Lateral extracavitary technique, lumbar  
ADD 22534 Arthrodesis (spinal fusion), Lateral extracavitary technique, thoracic or lumbar, each additional segment  
ADD 22590 Arthrodesis (spinal fusion), Posterior approach, occiput-C2  
ADD 22595 Arthrodesis (spinal fusion), Posterior approach, C1-C2  
ADD 22600 Arthrodesis (spinal fusion), Posterior approach, cervical  
ADD 22610 Arthrodesis (spinal fusion), Posterior approach, thoracic  
ADD 22614 Arthrodesis (spinal fusion), Posterior approach, lumbar, each additional vertebral segment  
ADD 22800 Arthrodesis (spinal fusion), Posterior, for spinal deformity, up to 6 vertebral segments  
ADD 22802 Arthrodesis (spinal fusion), Posterior, for spinal deformity, 7 to 12 vertebral segments  
ADD 22804 Arthrodesis (spinal fusion), Posterior, for spinal deformity, 13 or more vertebral segments  
ADD 22810 Arthrodesis (spinal fusion), Anterior, for spinal deformity, 4-7 vertebral segments  
ADD 22812 Arthrodesis (spinal fusion), Anterior, for spinal deformity, 8 or more vertebral segments  
ADD 22818 Arthrodesis (spinal fusion), Kyphectomy, single or 2 segments  
ADD 22819 Arthrodesis (spinal fusion), Kyphectomy, 3 or more segments  
ADD 22841 Internal spinal fixation by wiring of spinous processes  
ADD 22842 Posterior segmental instrumentation; 3-6 vertebral segments  
ADD 22843 Posterior segmental instrumentation; 7-12 vertebral segments  
ADD 22844 Posterior segmental instrumentation; 13 or more vertebral  
ADD 22846 Anterior instrumentation; 4-7 vertebral segments  
ADD 22847 Anterior instrumentation; 8 or more vertebral segments  
ADD 22848 Pelvic fixation other than sacrum  
ADD 22849 Reinsertion of spinal fixation device  
ADD 22850 Removal of posterior nonsegmental instrumentation  
ADD 22852 Removal of posterior segmental instrumentation  
DELETE 62290 Injection procedure for discography, lumbar  
DELETE 62291 Injection procedure for discography, cervical or thoracic  
ADD 62360 Implantation of intrathecal pump  
ADD 62361 Implantation of intrathecal pump, non reprogrammable pump  
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Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE

Treatment: MEDICAL THERAPY

Line: 141

ADD 90465 Immunization administration, injection, <8 years of age, first injection, with physician counseling

ADD 90466 Immunization administration, injection, <8 years of age, additional injection, with physician counseling

ADD 90467 Immunization administration, oral or intranasal, <8 years of age, first administration, with physician counseling

ADD 90468 Immunization administration, oral or intranasal, <8 years of age, each add'l administration, with physician counseling

ADD 90633 Hepatitis A vaccine, pediatric/adolescent-2 dose schedule

ADD 90634 Hepatitis A vaccine, pediatric/adolescent-3 dose schedule

ADD 90645 Hib vaccine, HbOC conjugate

ADD 90646 Hib vaccine, PRP-D conjugate

ADD 90647 Hib vaccine, PRP-OMP conjugate

ADD 90648 Hib vaccine, PRP-T conjugate

ADD 90649 HPV vaccine

ADD 90655 Influenza virus vaccine, preservative free, 6-35 months

ADD 90656 Influenza virus vaccine, preservative free, 3 years and older

ADD 90657 Influenza virus vaccine, 6-35 months

ADD 90658 Influenza virus vaccine, 3 years and older

ADD 90660 Influenza virus vaccine, intranasal

ADD 90669 Pneumococcal conjugate vaccine, <5 years

ADD 90680 Rotavirus vaccine

ADD 90698 DTaP-Hib-IPV vaccine

ADD 90700 DTaP, <7

ADD 90701 DTaP, 7 and older

ADD 90702 dT, <7

ADD 90703 Tetanus toxoid

ADD 90704 Mumps vaccine

ADD 90705 Measles vaccine

ADD 90706 Rubella vaccine

ADD 90707 MMR vaccine

ADD 90708 Measles and rubella vaccine

ADD 90710 MMR and varicella vaccine

ADD 90713 Poliovirus vaccine, injection

ADD 90714 Td, preservative free, 7 and older

ADD 90716 Varicella vaccine

ADD 90718 Td, 7 and older

ADD 90719 Diphtheria toxoid

ADD 90720 DTP-Hib vaccine

ADD 90721 DTaP-Hib vaccine

ADD 90723 DTaP-HepB-IPV vaccine

ADD 90732 Pneumococcal vaccine, 2 years and older

ADD 90733 Meningococcal vaccine, any groups

ADD 90734 Meningococcal vaccine, serogroups A,C,Y and W-135

ADD 90740 Hepatitis B vaccine, dialysis or immunosuppressed patient, 3 dose schedule

ADD 90744 Hepatitis B vaccine, pediatric/adolescent, 3 dose schedule

ADD 90747 Hepatitis B vaccine, dialysis or immunosuppressed patient, 4 dose schedule

ADD 90748 HepB-Hib vaccine

ADD 90749 Unlisted vaccine/toxoid

ADD G0008 Administration of influenza vaccine

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-----  
Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE

Treatment: MEDICAL THERAPY

Line: 141 (CONT'D)

ADD G0009 Administration of pneumococcal vaccine  
ADD G0010 Administration of hepatitis B vaccine  
ADD V05.4 Need for prophylactic vaccination and inoculation against varicella  
ADD V06.8 Need for prophylactic vaccination and inoculation against other combinations of diseases  
DELETE V06.9 Need for prophylactic vaccination with unspecified combined vaccine  
DELETE V17 Family history of chronic disabling condition  
DELETE V18.0 Family history of diabetes mellitus  
DELETE V18.1 Family history of other endocrine and metabolic diseases  
DELETE V18.2 Family history of anemia  
DELETE V18.3 Family history of other blood disorders  
DELETE V18.4 Family history of mental retardation  
DELETE V18.5 Family history of digestive disorders  
DELETE V18.61 Family history of polycystic kidney  
DELETE V18.69 Family history of other kidney diseases  
DELETE V18.7 Family history of other genitourinary diseases  
DELETE V18.8 Family history of infectious and parasitic diseases  
DELETE V19 Family history of other conditions

-----  
Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 145

ADD 11040 Debridement; skin, partial thickness  
ADD 11041 Debridement; skin, full thickness  
ADD 11042 Debridement; skin and subcutaneous tissue  
DELETE 36589 Removal of tunneled central venous catheter without port  
DELETE 36590 Removal of tunneled central venous catheter with port  
ADD 671.4 Disruption of cesarean wound  
ADD 674.3 Other complications of obstetrical surgical wounds  
ADD S9152 Speech therapy, re-evaluation  
ADD V53.31 Fitting and adjustment of cardiac pacemaker  
ADD V53.32 Fitting and adjustment of automatic implantable cardiac defibrillator  
ADD V53.39 Fitting and adjustment of other cardiac device

NOTE: Change CPT range "36575-36590" to "36575-36585".

-----  
Diagnosis: CONGENITAL MITRAL VALVE STENOSIS

Treatment: MITRAL VALVE REPLACEMENT

Line: 147

DELETE V43.3 Heart valve replaced by other means

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

Treatment: CARDIAC TRANSPLANT

Line: 154

ADD 414.2 Chronic total occlusion of coronary artery

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---

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT  
VESSELS, HYPOPLASTIC LEFT HEART SYNDROME  
Treatment: CARDIAC TRANSPLANT  
Line: 154 (CONT'D)

NOTE: Add an association to Guideline Note 10 on the use of ventricular assist device only as a bridge to transplantation. The new fourth-digit code being added is classified under existing ICD-9-CM code 414, which already appears on this line.

---

Diagnosis: DISORDERS OF BILE DUCT  
Treatment: EXCISION, REPAIR  
Line: 155

ADD 47560 Laparoscopy, surgical, with guided transhepatic  
cholangiography, without bx  
ADD 47561 Laparoscopy, surgical, with guided transhepatic  
cholangiography, with biopsy  
ADD 47563 Laparoscopic cholecystectomy with cholangiography  
ADD 47564 Laparoscopic cholecystectomy with exploration of common bile  
ADD 47570 Laparoscopic cholecystoenterostomy  
ADD 47579 Unlisted laparoscopy procedure, biliary tract

---

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE  
Treatment: MEDICAL TREATMENT  
Line: 162

ADD S9152 Speech therapy, re-evaluation

---

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

ADD V56.0 Extracorporeal dialysis  
ADD V56.1 Fitting and adjustment of extracorporeal dialysis catheter  
ADD V56.2 Fitting and adjustment of peritoneal dialysis catheter  
ADD V56.31 Encounter for adequacy testing for hemodialysis  
ADD V56.32 Encounter for adequacy testing for peritoneal dialysis  
ADD V56.8 Other dialysis

---

Diagnosis: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS;  
MYELOYDYSPLASIA AND MYELOYDYSPLASTIC SYNDROME  
Treatment: MEDICAL THERAPY  
Line: 170

ADD 284.81 Red cell aplasia (acquired)(adult)(with thymoma)  
ADD 284.89 Other specified aplastic anemias  
ADD 285.21 Anemia in chronic kidney disease  
ADD 285.22 Anemia in neoplastic disease  
ADD 285.29 Anemia of other chronic disease

---

Diagnosis: MALARIA AND RELAPSING FEVER  
Treatment: MEDICAL THERAPY  
Line: 171

DELETE 285.21 Anemia in chronic kidney disease  
DELETE 285.22 Anemia in neoplastic disease  
DELETE 285.29 Anemia of other chronic disease

---

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-----  
Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 174

ADD V53.31 Fitting and adjustment of cardiac pacemaker  
ADD V53.32 Fitting and adjustment of automatic implantable cardiac  
defibrillator  
ADD V53.39 Fitting and adjustment of other cardiac device

-----  
Diagnosis: END STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 175

ADD V56.0 Extracorporeal dialysis  
ADD V56.1 Fitting and adjustment of extracorporeal dialysis catheter  
ADD V56.2 Fitting and adjustment of peritoneal dialysis catheter  
ADD V56.31 Encounter for adequacy testing for hemodialysis  
ADD V56.32 Encounter for adequacy testing for peritoneal dialysis  
ADD V56.8 Other dialysis

-----  
Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10

Treatment: MEDICAL THERAPY

Line: 181

ADD 90632 Hepatitis A vaccine, adult  
ADD 90633 Hepatitis A vaccine, pediatric/adolescent-2 dose schedule  
ADD 90634 Hepatitis A vaccine, pediatric/adolescent-3 dose schedule  
ADD 90636 Hepatitis A-Hepatitis B vaccine, adult  
ADD 90649 HPV vaccine  
ADD 90656 Influenza virus vaccine, preservative free, 3 years and older  
ADD 90658 Influenza virus vaccine, 3 years and older  
ADD 90660 Influenza virus vaccine, intranasal  
ADD 90701 DTaP, 7 and older  
ADD 90703 Tetanus toxoid  
ADD 90704 Mumps vaccine  
ADD 90705 Measles vaccine  
ADD 90706 Rubella vaccine  
ADD 90707 MMR vaccine  
ADD 90708 Measles and rubella vaccine  
ADD 90710 MMR and varicella vaccine  
ADD 90713 Poliovirus vaccine, injection  
ADD 90714 Td, preservative free, 7 and older  
ADD 90715 TDaP, 7 and older  
ADD 90718 Td, 7 and older  
ADD 90719 Diphtheria toxoid  
ADD 90723 DTaP-HepB-IPV vaccine  
ADD 90732 Pneumococcal vaccine, 2 years and older  
ADD 90733 Meningococcal vaccine, any groups  
ADD 90734 Meningococcal vaccine, serogroups A,C,Y and W-135  
ADD 90740 Hepatitis B vaccine, dialysis or immunosuppressed patient, 3  
dose schedule  
ADD 90743 Hepatitis B vaccine, adolescent, 2 dose schedule  
ADD 90744 Hepatitis B vaccine, pediatric/adolescent, 3 dose schedule  
ADD 90746 Hepatitis B vaccine, adult  
ADD 90747 Hepatitis B vaccine, dialysis or immunosuppressed patient, 4  
dose schedule  
ADD 90749 Unlisted vaccine/toxoid  
ADD G0008 Administration of influenza vaccine

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-----  
Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10

Treatment: MEDICAL THERAPY

Line: 181 (CONT'D)

ADD G0009 Administration of pneumococcal vaccine  
ADD G0010 Administration of hepatitis B vaccine  
ADD V05.4 Need for prophylactic vaccination and inoculation against varicella  
ADD V06.8 Need for prophylactic vaccination and inoculation against other combinations of diseases  
DELETE V06.9 Need for prophylactic vaccination with unspecified combined vaccine  
DELETE V07.4 Need for prophylactic postmenopausal hormone replacement  
ADD V15.88 History of fall  
DELETE V16 Family history of malignant neoplasm  
DELETE V17 Family history of chronic disabling condition  
DELETE V18.0 Family history of diabetes mellitus  
DELETE V18.1 Family history of other endocrine and metabolic diseases  
DELETE V18.2 Family history of anemia  
DELETE V18.3 Family history of other blood disorders  
DELETE V18.4 Family history of mental retardation  
DELETE V18.5 Family history of digestive disorders  
DELETE V18.61 Family history of polycystic kidney  
DELETE V18.69 Family history of other kidney diseases  
DELETE V18.7 Family history of other genitourinary diseases  
DELETE V18.8 Family history of infectious and parasitic diseases  
DELETE V18.9 Family history, Genetic disease carrier  
DELETE V19 Family history of other conditions

-----  
Diagnosis: CANCER OF THYROID

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 190

DELETE 38510 Biopsy or excision of lymph nodes, deep cervical

-----  
Diagnosis: CANCER OF TESTIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 191

ADD 78811 PET scan for tumor imaging, limited area  
ADD 78812 PET scan for tumor imaging, skull base to mid-thigh  
ADD 78813 PET scan for tumor imaging, whole body  
ADD 78814 PET scan for tumor imaging with CT, limited area  
ADD 78815 PET scan for tumor imaging with CT, skull base to mid-thigh  
ADD 78816 PET scan for tumor imaging with CT, whole body

-----  
Diagnosis: ULCERS, GI HEMORRHAGE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 194

ADD 43280 Laparoscopic Nissen  
DELETE 43651 Laparoscopy; transaction of vagus nerves, truncal  
DELETE 43652 Laparoscopy; transaction of vagus nerves, selective

-----  
Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE

Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY

Line: 195

DELETE V43.3 Heart valve replaced by other means  
-----

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

Line: 196

ADD S9152 Speech therapy, re-evaluation  
-----

Diagnosis: BOTULISM  
Treatment: MEDICAL THERAPY

Line: 199

ADD 040.41 Infant botulism

ADD 040.42 Wound botulism  
-----

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

Treatment: MEDICAL THERAPY

Line: 203

ADD 058.21 Human herpes virus 6 encephalitis

ADD 058.29 Other human herpes virus encephalitis  
-----

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 206

ADD V53.31 Fitting and adjustment of cardiac pacemaker

ADD V53.32 Fitting and adjustment of automatic implantable cardiac  
defibrillator

ADD V53.39 Fitting and adjustment of other cardiac device  
-----

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 208

ADD 22532 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, thoracic

ADD 22533 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, lumbar

ADD 22534 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, thoracic or lumbar, each additional segment

ADD 22590 Arthrodesis (spinal fusion), Posterior approach, occiput-C2

ADD 22595 Arthrodesis (spinal fusion), Posterior approach, C1-C2

ADD 22630 Arthrodesis (spinal fusion), Posterior interbody technique,

ADD 22632 Arthrodesis (spinal fusion), Posterior interbody technique,  
lumbar, each additional interspace

ADD 22800 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, up to 6 vertebral segments

ADD 22802 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, 7 to 12 vertebral segments

ADD 22804 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, 13 or more vertebral segments

ADD 22808 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
2-3 vertebral segments

ADD 22810 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
4-7 vertebral segments

ADD 22812 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
8 or more vertebral segments

ADD 22818 Arthrodesis (spinal fusion), Kyphectomy, single or 2 segments

ADD 22819 Arthrodesis (spinal fusion), Kyphectomy, 3 or more segments  
-----

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-----  
Diagnosis: CHRONIC OSTEOMYELITIS  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 208 (CONT'D)

ADD 22840 Posterior non-segmental instrumentation  
ADD 22841 Internal spinal fixation by wiring of spinous processes  
ADD 22848 Pelvic fixation other than sacrum

NOTE: Change CPT range "22842-22847" to "22840-22848".

-----  
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 359.21 Myotonic muscular dystrophy  
ADD 359.22 Myotonia congenital  
ADD 359.23 Myotonic chondrodystrophy  
ADD 359.24 Drug induced myotonia  
ADD 359.29 Other specified myotonic disorder  
ADD 62360 Implantation of intrathecal pump  
ADD 62361 Implantation of intrathecal pump, non reprogrammable pump  
ADD 62362 Implantation of intrathecal pump, programmable pump  
ADD 62367 Electronic analysis of intrathecal pump  
ADD 62368 Electronic analysis of intrathecal pump with reprogramming  
ADD 787.20 Dysphagia, unspecified  
ADD 787.21 Dysphagia, oral phase  
ADD 787.22 Dysphagia, oropharyngeal phase  
ADD 787.23 Dysphagia, pharyngeal phase  
ADD 787.24 Dysphagia, pharyngoesophageal phase  
ADD 787.29 Other dysphagia  
ADD V55.5 Attention to cystostomy  
ADD V55.6 Attention to other artificial opening of urinary tract

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM codes 359.2 and 787.2, which already appear on this line.

-----  
Diagnosis: DYSTROPHY OF VULVA  
Treatment: MEDICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 223

ADD 624.01 Vulvar intraepithelial neoplasia I [VIN I]  
ADD 624.02 Vulvar intraepithelial neoplasia II [VIN II]  
ADD 624.09 Other dystrophy of vulva

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 624.0, which already appears on this line.

-----  
Diagnosis: CANCER OF BREAST  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 225

DELETE 38500 Biopsy or excision of lymph nodes, open, superficial  
DELETE 38505 Biopsy or excision of lymph nodes, by needle, superficial  
DELETE 38510 Biopsy or excision of lymph nodes, deep cervical  
DELETE 38520 Biopsy or excision of lymph nodes, deep cervical, with

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-----  
Diagnosis: CANCER OF BREAST

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 225 (CONT'D)

ADD S2066 Breast GAP flap reconstruction

ADD S2067 Breast "stacked" DIEP/GAP

-----  
Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL 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: 229

ADD 233.30 Carcinoma in situ, unspecified female genital organ

ADD 233.31 Carcinoma in situ, vagina

ADD 233.32 Carcinoma in situ, vulva

ADD 233.39 Carcinoma in situ, other female genital organ

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

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 231

ADD 22532 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, thoracic

ADD 22533 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, lumbar

ADD 22534 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, thoracic or lumbar, each additional segment

ADD 22590 Arthrodesis (spinal fusion), Posterior approach, occiput-C2

ADD 22595 Arthrodesis (spinal fusion), Posterior approach, C1-C2

ADD 22600 Arthrodesis (spinal fusion), Posterior approach, cervical

ADD 22610 Arthrodesis (spinal fusion), Posterior approach, thoracic

ADD 22612 Arthrodesis (spinal fusion), Posterior approach, lumbar

ADD 22614 Arthrodesis (spinal fusion), Posterior approach, lumbar,  
each additional vertebral segment

ADD 22630 Arthrodesis (spinal fusion), Posterior interbody technique,

ADD 22632 Arthrodesis (spinal fusion), Posterior interbody technique,  
lumbar, each additional interspace

ADD 22800 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, up to 6 vertebral segments

ADD 22802 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, 7 to 12 vertebral segments

ADD 22804 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, 13 or more vertebral segments

ADD 22808 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
2-3 vertebral segments

ADD 22810 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
4-7 vertebral segments

ADD 22812 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
8 or more vertebral segments

ADD 22818 Arthrodesis (spinal fusion), Kyphectomy, single or 2 segments

ADD 22819 Arthrodesis (spinal fusion), Kyphectomy, 3 or more segments  
-----

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-----  
Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT  
WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 234

DELETE 20955 Bone graft; fibula  
DELETE 20956 Bone graft; iliac crest  
DELETE 20957 Bone graft; metatarsal  
ADD 21555 Excision of tumor  
ADD 21557 Radical resection of tumor  
ADD 60220 Total thyroid lobectomy, unilateral, with or without  
ADD S9152 Speech therapy, re-evaluation

-----  
Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILUR

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 246

ADD V56.0 Extracorporeal dialysis  
ADD V56.1 Fitting and adjustment of extracorporeal dialysis catheter  
ADD V56.2 Fitting and adjustment of peritoneal dialysis catheter  
ADD V56.31 Encounter for adequacy testing for hemodialysis  
ADD V56.32 Encounter for adequacy testing for peritoneal dialysis  
ADD V56.8 Other dialysis

-----  
Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 247

DELETE 588.81 Secondary hyperparathyroidism of renal origin  
ADD V56.0 Extracorporeal dialysis  
ADD V56.1 Fitting and adjustment of extracorporeal dialysis catheter  
ADD V56.2 Fitting and adjustment of peritoneal dialysis catheter  
ADD V56.31 Encounter for adequacy testing for hemodialysis  
ADD V56.32 Encounter for adequacy testing for peritoneal dialysis  
ADD V56.8 Other dialysis

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

Treatment: MEDICAL THERAPY

Line: 249

DELETE 49324 Laparoscopy, surgical, with insertion of intraperitoneal  
cannula or catheter, permanent  
DELETE 49325 Laparoscopy, surgical, with revision of intraperitoneal  
cannula or catheter, permanent  
DELETE 49326 Laparoscopy, surgical, with omentopexy

-----  
Diagnosis: CYST AND PSEUDOCYST OF PANCREAS

Treatment: DRAINAGE OF PANCREATIC CYST

Line: 257

ADD 48000 Placement of drains, peripancreatic, for acute pancreatitis  
ADD 49322 Laparoscopy, surgical, with aspiration of cyst or cavity  
ADD 49324 Laparoscopy, surgical, with insertion of intraperitoneal  
cannula or catheter  
ADD 49325 Laparoscopy, surgical, with revision of intraperitoneal  
cannula or catheter

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---

Diagnosis: ACUTE POLIOMYELITIS  
Treatment: MEDICAL TREATMENT  
Line: 258  
ADD S9152 Speech therapy, re-evaluation

---

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 261  
ADD 414.2 Chronic total occlusion of coronary artery  
ADD V53.31 Fitting and adjustment of cardiac pacemaker  
ADD V53.32 Fitting and adjustment of automatic implantable cardiac defibrillator  
ADD V53.39 Fitting and adjustment of other cardiac device

NOTE: The new fourth-digit codes being added are classified under existing ICD-9-CM code 414, which already appears on this line.

---

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS  
Treatment: COMFORT CARE  
Line: 262

NOTE: This entire line is being deleted from the list. See the new statement of intent in Attachment B that clarifies the issues of what services the HSC believes hold more importance near the end of life.

---

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 265  
DELETE 307.0 Suttering

---

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 270  
ADD 78811 PET scan for tumor imaging, skull base to mid-thigh  
ADD 78812 PET scan for tumor imaging, skull base to mid-thigh  
ADD 78813 PET scan for tumor imaging, whole body  
ADD 78814 PET scan for tumor imaging with CT, limited area  
ADD 78815 PET scan for tumor imaging with CT, skull base to mid-thigh  
ADD 78816 PET scan for tumor imaging with CT, whole body

---

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 272  
DELETE 39400 Mediastinoscopy

---

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 274  
DELETE 38510 Biopsy or excision of lymph nodes, deep cervical  
ADD 60500 Parathyroidectomy

---

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Diagnosis: INTRACEREBRAL HEMORRHAGE  
Treatment: MEDICAL TREATMENT  
Line: 283  
ADD S9152 Speech therapy, re-evaluation

---

Diagnosis: STROKE  
Treatment: MEDICAL THERAPY  
Line: 284  
ADD 338.0 Central pain syndrome  
ADD S9152 Speech therapy, re-evaluation

---

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 285  
ADD 415.12 Septic pulmonary embolism

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 415.1, which already appears on this line.

---

Diagnosis: REGIONAL ENTERITIS  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 293  
ADD 35471 Percutaneous transluminal balloon angioplasty, renal or visceral artery  
ADD 37205 Transcatheter placemtn of an intravascular stent

---

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 296  
ADD 11040 Debridement; skin, partial thickness  
ADD 11041 Debridement; skin, full thickness  
ADD 11042 Debridement; skin and subcutaneous tissue  
ADD 11043 Debridement; skin, subcutaneous tissue, and muscle  
ADD 11044 Debridement; skin, subcutaneous tissue, muscle, and bone  
ADD 457.0 Post-mastectomy lymphedema  
ADD 457.1 Aquired lymphedema  
ADD S9152 Speech therapy, re-evaluation

---

Diagnosis: PREVENTIVE DENTAL SERVICES  
Treatment: CLEANING AND FLUORIDE  
Line: 298  
ADD 520.3 Mottled teeth

---

Diagnosis: HEARING LOSS - AGE 5 OR UNDER  
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS  
Line: 299  
ADD 388.45 Acquired auditory processing disorder  
ADD 389.05 Conductive hearing loss, unilateral  
ADD 389.06 Conductive hearing loss, bilateral  
ADD 389.13 Neural hearing loss, unilateral  
ADD 389.17 Sensory hearing loss, unilateral  
ADD 389.20 Mixed hearing loss, unspecified  
ADD 389.21 Mixed hearing loss, unilateral

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-----  
Diagnosis: HEARING LOSS - AGE 5 OR UNDER  
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS  
Line: 299 (CONT'D)

ADD 389.22 Mixed hearing loss, bilateral  
ADD 69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, without mastoidectomy  
ADD 69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, with mastoidectomy  
ADD V53.2 Fitting and adjustment of hearing aid

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM codes 388.4, 389.0, 389.1, and 389.2, which already appear on this line.

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

DELETE 389.1 Sensorineural hearing loss  
ADD 389.11 Sensory hearing loss, bilateral  
ADD 389.12 Neural hearing loss, bilateral  
ADD 389.14 Central hearing loss, bilateral  
ADD 389.16 Sensorineural hearing loss, asymmetrical  
ADD 389.18 Sensorineural hearing loss of combined types, bilateral  
DELETE 69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, without mastoidectomy  
DELETE 69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, with mastoidectomy

NOTE: Change ICD-9-CM code "389.1" to "389.11-389.12,389.14,389.16,389.18".  
Change CPT code range "69710-69718" to "69710-69711,69717-69718".

-----  
Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE  
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY  
Line: 310

DELETE V43.3 Heart valve replaced by other means

-----  
Diagnosis: TYPE II DIABETES MELLITUS  
Treatment: MEDICAL THERAPY  
Line: 311

DELETE 49324 Laparoscopy, surgical, with insertion of intraperitoneal cannula or catheter  
DELETE 49325 Laparoscopy, surgical, with revision of intraperitoneal cannula or catheter  
DELETE 49326 Laparoscopy, surgical, with omentopexy

-----  
Diagnosis: DISEASES OF MITRAL AND TRICUSPID VALVES  
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY  
Line: 316

DELETE V43.3 Heart valve replaced by other means

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-----  
Diagnosis: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER  
Treatment: MEDICAL THERAPY

Line: 319

DELETE 60512 Parathyroid autotransplantation  
-----

Diagnosis: CARDIAC ARRHYTHMIAS  
Treatment: MEDICAL THERAPY, PACEMAKER

Line: 320

ADD V53.31 Fitting and adjustment of cardiac pacemaker  
ADD V53.32 Fitting and adjustment of automatic implantable cardiac  
defibrillator  
ADD V53.39 Fitting and adjustment of other cardiac device  
-----

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT  
Treatment: MEDICAL AND SURGICAL THERAPY

Line: 324

ADD 22532 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, thoracic  
ADD 22533 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, lumbar  
ADD 22534 Arthrodesis (spinal fusion), Lateral extracavitary  
technique, thoracic or lumbar, each additional segment  
DELETE 62290 Injection procedure for discography, lumbar  
DELETE 62291 Injection procedure for discography, cervical or thoracic  
ADD 97530 Therapeutic activities, direct (one-on-one) patient contact  
by the provider (use of dynamic activities to improve  
functional performance)  
ADD 97535 Self care/home management training, direct one-on-one  
contact by provider, each 15 minutes  
-----

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIA  
Treatment: MEDICAL THERAPY

Line: 326

DELETE 48105 Resection or debridement of pancreas and peripancreatic  
tissue for acute necrotizing pancreatitis  
-----

Diagnosis: ACUTE PANCREATITIS  
Treatment: MEDICAL THERAPY

Line: 330

ADD 48000 Placement of drains, peripancreatic, for acute pancreatitis  
ADD 48001 Placement of drains, peripancreatic, for acute pancreatitis  
with cholecystostomy  
ADD 48020 Removal of pancreatic calculus  
ADD 48120 Excision of lesion of pancreas  
-----

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

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

Line: 333

ADD 359.21 Myotonic muscular dystrophy  
ADD 359.22 Myotonia congenital  
ADD 359.23 Myotonic chondrodystrophy  
-----

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

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

Line: 333 (CONT'D)

ADD 359.24 Drug induced myotonia  
ADD 359.29 Other specified myotonic disorder  
ADD 62367 Electronic analysis of intrathecal pump  
ADD 62368 Electronic analysis of intrathecal pump with reprogramming  
ADD 95990 Refilling and maintenance of intrathecal pump  
ADD 95991 Refilling and maintenance of intrathecal pump administered by a physician

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 359.2, which already appears on this line.

-----  
Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 338

ADD 449 Septic arterial embolism

-----  
Diagnosis: CONGENITAL HYDRONEPHROSIS

Treatment: NEPHRECTOMY/REPAIR

Line: 365

ADD 50220 Nephrectomy, any open approach  
ADD 50225 Nephrectomy, complicated because of previous surgery  
ADD 50234 Nephrectomy with total uretectomy, through same incision  
ADD 50236 Nephrectomy with total uretectomy, through different incision  
ADD 50240 Nephrectomy, partial  
ADD 50600 Ureterotomy with exploration and drainage  
ADD 50605 Ureterotomy for insertion of indwelling stent

-----  
Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 366

ADD 440.4 Chronic total occlusion of artery of the extremities

NOTE: The new fourth-digit code being added is included in the range 440.2-440.9 that appears on this line, so no change is necessary.

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

Treatment: ARTHROPLASTY/RECONSTRUCTION

Line: 370

ADD 733.45 Aseptic necrosis of bone, jaw

-----  
Diagnosis: DEEP OPEN WOUND

Treatment: REPAIR, SURGICAL TREATMENT

Line: 375

ADD 28208 Repair of tendon  
ADD 90675 Rabies vaccine, intramuscular  
ADD 90676 Rabies vaccine, intradermal  
ADD V04.5 Need for prophylactic vaccination and inoculation against

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-----  
Diagnosis: CLEFT LIP/PALATE  
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH  
Line: 377  
ADD 15732 Muscle flap pharyngoplasty in addition to cleft palate repair  
ADD S9152 Speech therapy, re-evaluation  
-----

Diagnosis: GLAUCOMA  
Treatment: MEDICAL THERAPY  
Line: 390  
DELETE S0820  
-----

Diagnosis: PURULENT ENDOPHTHALMITIS  
Treatment: VITRECTOMY  
Line: 396  
ADD 65101 Enucleation of eye, without implant  
-----

Diagnosis: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT  
Treatment: SURGICAL TREATMENT  
Line: 402  
ADD 364.81 Floppy iris syndrome  
ADD 364.89 Other disorders of iris and ciliary body  
-----

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 364.8, which already appears on this line.  
-----

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA  
Treatment: KERATOPLASTY  
Line: 408  
DELETE S0820  
-----

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 431  
ADD V53.6 Fitting and adjustment of urinary device  
ADD V55.5 Attention to cystostomy  
ADD V55.6 Attention to other artificial opening of urinary tract  
-----

Diagnosis: GUILLAIN-BARRE SYNDROME  
Treatment: MEDICAL TREATMENT  
Line: 432  
ADD S9152 Speech therapy, re-evaluation  
-----

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE  
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT  
Line: 435  
DELETE V42.0 Kidney replaced by transplant  
-----

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-----  
Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 440

ADD 588.81 Secondary hyperparathyroidism of renal origin

-----  
Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF  
INDEPENDENCE IN SELFDIRECTED

Treatment: MEDICAL THERAPY

Line: 446

ADD 359.21 Myotonic muscular dystrophy  
ADD 359.22 Myotonia congenital  
ADD 359.23 Myotonic chondrodystrophy  
ADD 359.24 Drug induced myotonia  
ADD 359.29 Other specified myotonic disorder

NOTE: The new fifth-digit codes being added are classified under existing  
ICD-9-CM code 359.2, which already appears on this line.

-----  
Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC  
Treatment: MEDICAL THERAPY

Line: 447

ADD 307.0 Suttering  
ADD 315.34 Speech and language developmental delay due to hearing loss  
ADD 359.21 Myotonic muscular dystrophy  
ADD 359.22 Myotonia congenital  
ADD 359.23 Myotonic chondrodystrophy  
ADD 359.24 Drug induced myotonia  
ADD 359.29 Other specified myotonic disorder  
ADD S9152 Speech therapy, re-evaluation

NOTE: The new fifth-digit codes being added are classified under existing  
ICD-9-CM codes 315.3 and 359.2, which already appear on this line.

-----  
Diagnosis: LYMPHADENITIS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 456

DELETE 38505 Biopsy or excision of lymph nodes, by needle, superficial  
DELETE 38510 Biopsy or excision of lymph nodes, deep cervical  
DELETE 38520 Biopsy or excision of lymph nodes, deep cervical, with  
DELETE 38525 Biopsy or excision of lymph nodes, deep axillary nodes  
DELETE 38530 Biopsy or excision of lymph nodes, internal mammary nodes

NOTE: Change CPT range "38505-38542" to "38542".

-----  
Diagnosis: MENSTRUAL BLEEDING DISORDERS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 458

DELETE S2078 Code not valid

-----  
Diagnosis: CLOSED FRACTURE OF EXTREMITIES  
Treatment: OPEN OR CLOSED REDUCTION  
Line: 460

ADD 20650 Insertion of wire or pin with application of skeletal  
traction, including removal

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-----  
Diagnosis: CLOSED FRACTURE OF EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 460 (CONT'D)

ADD 20670 Removal of implant; superficial  
DELETE 22610 Arthrodesis (spinal fusion), Posterior approach, thoracic  
DELETE 22612 Arthrodesis (spinal fusion), Posterior approach, lumbar  
DELETE 22614 Arthrodesis (spinal fusion), Posterior approach, lumbar,  
each additional vertebral segment

-----  
Diagnosis: CONGENITAL ABSENCE OF VAGINA

Treatment: ARTIFICIAL VAGINA

Line: 464

ADD V55.7 Attention to artificial vagina

-----  
Diagnosis: ACUTE SINUSITIS

Treatment: MEDICAL AND SURGICAL TREATMENT,

Line: 471

DELETE S2078 Code not valid  
DELETE S2250 Code not valid

-----  
Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN W/O  
SPINAL CORD INJURY

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 474

ADD 22548 Arthrodesis (spinal fusion), Anterior transoral approach,  
occiput-C2  
ADD 22554 Arthrodesis (spinal fusion), Anterior approach, cervical  
ADD 22556 Arthrodesis (spinal fusion), Anterior approach, thoracic  
ADD 22558 Arthrodesis (spinal fusion), Anterior approach, lumbar  
ADD 22585 Arthrodesis (spinal fusion), Anterior approach, lumbar, each  
additional interspace  
ADD 22590 Arthrodesis (spinal fusion), Posterior approach, occiput-C2  
ADD 22595 Arthrodesis (spinal fusion), Posterior approach, C1-C2  
ADD 22600 Arthrodesis (spinal fusion), Posterior approach, cervical  
ADD 22610 Arthrodesis (spinal fusion), Posterior approach, thoracic  
ADD 22612 Arthrodesis (spinal fusion), Posterior approach, lumbar  
ADD 22614 Arthrodesis (spinal fusion), Posterior approach, lumbar,  
each additional vertebral segment  
ADD 22630 Arthrodesis (spinal fusion), Posterior interbody technique,  
ADD 22632 Arthrodesis (spinal fusion), Posterior interbody technique,  
lumbar, each additional interspace  
ADD 22800 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, up to 6 vertebral segments  
ADD 22802 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, 7 to 12 vertebral segments  
ADD 22804 Arthrodesis (spinal fusion), Posterior, for spinal  
deformity, 13 or more vertebral segments  
ADD 22808 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
2-3 vertebral segments  
ADD 22810 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
4-7 vertebral segments  
ADD 22812 Arthrodesis (spinal fusion), Anterior, for spinal deformity,  
8 or more vertebral segments  
ADD 22818 Arthrodesis (spinal fusion), Kyphectomy, single or 2 segments

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-----  
Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN W/O SPINAL CORD INJURY

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 474 (CONT'D)

ADD 22819 Arthrodesis (spinal fusion), Kyphectomy, 3 or more segments  
ADD 22840 Posterior non-segmental instrumentation  
ADD 22845 Anterior instrumentation; 2-3 vertebral segments  
ADD 22846 Anterior instrumentation; 4-7 vertebral segments  
ADD 22847 Anterior instrumentation; 8 or more vertebral segments  
ADD 22848 Pelvic fixation other than sacrum  
ADD 22849 Reinsertion of spinal fixation device  
ADD 22850 Removal of posterior nonsegmental instrumentation  
ADD 22851 Application of intervertebral biomechanical devices to vertebral defect or interspace  
  
ADD 22852 Removal of posterior segmental instrumentation  
ADD 22855 Removal of anterior instrumentation  
ADD 805.6 Sacral fracture

NOTE: Change CPT range "22520-22534" to "22520-22819" and "22851-22844" to "22840-22855".

-----  
Diagnosis: ACHALASIA, NON-NEONATAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 475

ADD 43280 Laparoscopic Nissen

-----  
Diagnosis: CANCER OF PANCREAS

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

Line: 490

ADD 49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or  
ADD 49321 Laparoscopy, surgical, with biopsy  
ADD 49324 Laparoscopy, surgical, with insertion of intraperitoneal cannula or catheter  
ADD 49325 Laparoscopy, surgical, with revision of intraperitoneal cannula or catheter

-----  
Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION

Treatment: MEDICAL THERAPY

Line: 497

ADD V53.1 Fitting and adjustment of spectacles and contact lenses

-----  
Diagnosis: HEARING LOSS - OVER AGE OF FIVE

Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS

Line: 499

ADD 388.45 Acquired auditory processing disorder  
ADD 389.05 Conductive hearing loss, unilateral  
ADD 389.06 Conductive hearing loss, bilateral  
ADD 389.13 Neural hearing loss, unilateral  
ADD 389.17 Sensory hearing loss, unilateral  
ADD 389.20 Mixed hearing loss, unspecified  
ADD 389.21 Mixed hearing loss, unilateral  
ADD 389.22 Mixed hearing loss, bilateral

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-----  
Diagnosis: HEARING LOSS - OVER AGE OF FIVE  
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS  
Line: 499 (CONT'D)

- ADD 69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, without mastoidectomy
- ADD 69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, with mastoidectomy
- ADD V53.2 Fitting and adjustment of hearing aid

NOTE: The new fifth-digit codes in the 389 series being added are classified under existing ICD-9-CM codes that already appears on this line.

-----  
Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE  
Treatment: COCHLEAR IMPLANT  
Line: 501

- DELETE 389.1 Sensorineural hearing loss
- ADD 389.11 Sensory hearing loss, bilateral
- ADD 389.12 Neural hearing loss, bilateral
- ADD 389.14 Central hearing loss, bilateral
- ADD 389.16 Sensorineural hearing loss, asymmetrical
- ADD 389.18 Sensorineural hearing loss of combined types, bilateral
- DELETE 69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, without mastoidectomy
- DELETE 69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor, with mastoidectomy

NOTE: Change ICD-9-CM code "389.1" to "389.11-389.12,389.14,389.16,389.18".  
Change CPT range "69710-69718" to "69710-69711,69717-69718".

-----  
Diagnosis: DISORDERS OF THE SHOULDER  
Treatment: REPAIR/RECONSTRUCTION  
Line: 505

- DELETE 20612 Aspiration and/or injection of ganglion cyst

NOTE: Change CPT code range "20600-20615" to "20600-20610,20615".

-----  
Diagnosis: ACUTE OTITIS MEDIA  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 530

- DELETE 382.9 Unspecified otitis media

-----  
Diagnosis: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 546

- ADD 22532 Arthrodesis (spinal fusion), Lateral extracavitary technique, thoracic
- ADD 22533 Arthrodesis (spinal fusion), Lateral extracavitary technique, lumbar

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-----  
Diagnosis: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID  
OSTEOMAS; BENIGN

Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 546 (CONT'D)

- ADD 22534 Arthrodesis (spinal fusion), Lateral extracavitary technique, thoracic or lumbar, each additional segment
- ADD 22590 Arthrodesis (spinal fusion), Posterior approach, occiput-C2
- ADD 22595 Arthrodesis (spinal fusion), Posterior approach, C1-C2
- ADD 22600 Arthrodesis (spinal fusion), Posterior approach, cervical
- ADD 22610 Arthrodesis (spinal fusion), Posterior approach, thoracic
- ADD 22612 Arthrodesis (spinal fusion), Posterior approach, lumbar
- ADD 22614 Arthrodesis (spinal fusion), Posterior approach, lumbar, each additional vertebral segment
- ADD 22630 Arthrodesis (spinal fusion), Posterior interbody technique,
- ADD 22632 Arthrodesis (spinal fusion), Posterior interbody technique, lumbar, each additional interspace
- ADD 22800 Arthrodesis (spinal fusion), Posterior, for spinal deformity, up to 6 vertebral segments
- ADD 22802 Arthrodesis (spinal fusion), Posterior, for spinal deformity, 7 to 12 vertebral segments
- ADD 22804 Arthrodesis (spinal fusion), Posterior, for spinal deformity, 13 or more vertebral segments
- ADD 22808 Arthrodesis (spinal fusion), Anterior, for spinal deformity, 2-3 vertebral segments
- ADD 22810 Arthrodesis (spinal fusion), Anterior, for spinal deformity, 4-7 vertebral segments
- ADD 22812 Arthrodesis (spinal fusion), Anterior, for spinal deformity, 8 or more vertebral segments
- ADD 22818 Arthrodesis (spinal fusion), Kyphectomy, single or 2 segments
- ADD 22819 Arthrodesis (spinal fusion), Kyphectomy, 3 or more segments

NOTE: Change CPT code range "22548-22585" to "22532-22819".

-----  
Diagnosis: DISORDERS OF SOFT TISSUES  
Treatment: MEDICAL THERAPY  
Line: 574

- ADD 62367 Electronic analysis of intrathecal pump
- ADD 62368 Electronic analysis of intrathecal pump with reprogramming

-----  
Diagnosis: ACUTE AND CHRONIC NEUROLOGIC CONDITIONS OF THE SPINE WITHOUT  
NEUROLOGIC IMPAIRMENT  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 578

- ADD 62367 Electronic analysis of intrathecal pump
- ADD 62368 Electronic analysis of intrathecal pump with reprogramming

-----  
Diagnosis: CONDUCTIVE HEARING LOSS  
Treatment: AUDIANT BONE CONDUCTORS  
Line: 582

- ADD 389.20 Mixed hearing loss, unspecified
- ADD 389.21 Mixed hearing loss, unilateral
- ADD 389.22 Mixed hearing loss, bilateral

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-----  
Diagnosis: CONDUCTIVE HEARING LOSS  
Treatment: AUDIANT BONE CONDUCTORS  
Line: 582 (CONT'D)

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 389.2, which already appears on this line.

-----  
Diagnosis: UNCOMPLICATED HERNIA  
Treatment: REPAIR  
Line: 606

ADD 49659 Unlisted laparoscopy procedure, hernoplasty, herniorrhaphy, herniotomy

-----  
Diagnosis: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES  
Treatment: MEDICAL THERAPY  
Line: 614

ADD 058.81 Human herpes virus 6 infection  
ADD 058.82 Human herpes virus 7 infection  
ADD 058.89 Other human herpes virus infection

-----  
Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3  
Treatment: MEDICAL THERAPY  
Line: 652

ADD 058.10 Roseola infantum  
ADD 058.11 Roseola infantum due to human herpes virus 6  
ADD 058.12 Roseola infantum due to human herpes virus 7  
ADD 079.83 Parvovirus B19  
ADD 488 Influenza due to identified avian influenza virus

-----  
Diagnosis: CHRONIC PANCREATITIS  
Treatment: SURGICAL THERAPY  
Line: 671

DELETE 48000 Placement of drains, peripancreatic, for acute pancreatitis  
ADD 48020 Removal of pancreatic calculus  
ADD 48120 Excision of lesion of pancreas

-----  
Diagnosis: MEDICAL CONDITIONS IN WHICH TREATMENT WILL NOT RESULT IN A 5% 5 YEAR SURVIVAL  
Treatment: MEDICAL AND SURGICAL TREATMENTS  
Line: 674

NOTE: This entire line is being deleted from the list. See the new statement of intent in Attachment B that clarifies the issues of what services the HSC believes hold more importance near the end of life.

-----  
Diagnosis: LYMPHEDEMA  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 694

DELETE 457.1 Acquired lymphedema  
ADD 97001 Physical therapy evaluation  
ADD 97002 Physical therapy re-evaluation  
ADD 97003 Occupational therapy evaluation  
ADD 97004 Occupational therapy re-evaluation

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-----  
Diagnosis: LYMPHEDEMA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 694 (CONT'D)

ADD 97110 Therapeutic procedure and exercises  
ADD 97124 Massage by physical therapy  
ADD 97140 Manual therapy techniques  
ADD 97530 Therapeutic activities, use of dynamic activities to improve  
function  
ADD 97760 Orthotics management and training

-----  
Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO  
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 701

DELETE 348.2 Benign intracranial hypertension

-----  
Diagnosis: GASTROINTESTINAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO  
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 704

ADD 569.43 Anal sphincter tear (healed) (old)

-----  
Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)

Treatment: COSMETIC DENTAL SERVICES

Line: 707

ADD 525.71 Osseointegration failure of dental implant  
ADD 525.72 Post-osseointegration biological failure of dental implant  
ADD 525.73 Post-osseointegration mechanical failure of dental implant  
ADD 525.79 Other endosseous dental implant failure  
ADD V53.4 Fitting and adjustment of orthodontic devices  
ADD V58.5 Orthodontics aftercare

## **ATTACHMENT B**

### **New Statement of Intent for Prioritized List of Health Services Approved August 23, 2007**

#### **COMFORT/PALLIATIVE CARE**

It is the intent of the Commission that comfort/palliative care treatments for patients with an illness with <5% expected 5 year survival be a covered service. Comfort/palliative care includes the provision of services or items that give comfort to and/or relieve symptoms for such patients. There is no intent to limit comfort/palliative care services according to the expected length of life (e.g., six months) for such patients, except as specified by Oregon Administrative Rules.

It is the intent of the Commission to not cover diagnostic or curative care for the primary illness or care focused on active treatment of the primary illness which are intended to prolong life or alter disease progression for patients with <5% expected 5 year survival.

Examples of comfort/palliative care include:

- 1) Medication for symptom control and/or pain relief .
- 2) In-home, day care services, and hospice services as defined by DMAP
- 3) Medical equipment (such as wheelchairs or walkers) determined to be medically appropriate for completion of basic activities of daily living
- 4) Medical supplies (such as bandages and catheters) determined to be medically appropriate for management of symptomatic complications or as required for symptom control.
- 5) Services under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health evaluation and counseling, and prescription medications.

Examples of services which are not intended to be covered as comfort/palliative care include:

- 1) Chemotherapy or surgical interventions with the primary intent to prolong life or alter disease progression
- 2) Medical equipment or supplies which will not benefit the patient for a reasonable length of time

## ATTACHMENT C

### New Guidelines for the Prioritized List of Health Services Approved June 28 and August 23, 2007

#### **GUIDELINE NOTE 54: VERTEBROPLASTY**

*Lines: 112, 474*

Vertebroplasty is included on these lines under the following criteria:

- 1) Must be performed within the first 6 weeks after fracture
  - a. Acute nature of fracture must be documented by MRI, Xray or other modality
- 2) None of the following may be present:
  - a. Coagulation disorder
  - b. Underlying vertebral infection
  - c. Severe cardiopulmonary disease
  - d. Extensive vertebral destruction (>50% of height)
  - e. Neurological symptoms related to spinal compression
  - f. Lack of surgical back up for emergency decompression
- 3) Must document
  - a. Disabling pain caused by non healing vertebral fracture
  - b. Vertebral height is not more than 50% collapsed
  - c. Procedure is not performed on a prophylactic basis
  - d. Risks of open surgical approach are greater than risks of percutaneous approach
  - e. Analgesic therapy fails to control pain or the risks of analgesic therapy outweigh the benefits

#### **GUIDELINE NOTE 55: WIRELESS CAPSULE ENDOSCOPY**

*Lines 194, 293*

- 1) Wireless capsule endoscopy is included on these lines for diagnosis of:
  - a. Obscure GI bleeding suspected to be of small bowel origin with iron deficiency anemia or documented GI blood loss
  - b. Suspected Crohn's disease with prior negative work up
- 2) Wireless capsule endoscopy is not included on these lines for:
  - a. Colorectal cancer screening
  - b. Confirmation of lesions of pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)
- 3) Wireless capsule endoscopy is only included on these lines when the following conditions have been met:
  - a. Prior studies must have been performed and been non-diagnostic
    - i. GI bleeding: upper and lower endoscopy
    - ii. Suspected Crohn's disease: upper and lower endoscopy, small bowel follow through
  - b. Radiological evidence of lack of stricture
  - c. Only covered once during any episode of illness
  - d. FDA approved devices must be used
  - e. Patency capsule should not be used prior to procedure

**ATTACHMENT C**

**New Guidelines for the Prioritized List of Health Services  
Approved June 28 and August 23, 2007**

**GUIDELINE NOTE 56: LYMPHEDEMA**

*Lines 296, 694*

Lymphedema treatments are included on these lines when medically appropriate. These services are to be provided by a licensed practitioner who is certified by, or participating in the certification or training process for, one of the accepted lymphedema training certifying organizations. The only accepted certifying organization at this time is LANA (Lymphology Association of North America; <http://www.clt-lana.org>).

ATTACHMENT D

Revised Guidelines for the Prioritized List of Health Services  
Approved June 28 and August 23, 2007

**GUIDELINE NOTE 10, HEART FAILURE**

*Lines 154, 172*

Ventricular assist devices are only covered as a bridge to transplant, not as destination therapy.

**GUIDELINE NOTE 18 COMFORT CARE**

*~~On Line 262~~*

~~Comfort care includes the provision of services or items that gives comfort and/or relieve symptoms to patients with a terminal illness.~~

~~This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. Examples of comfort care include:~~

- ~~1) Pain medication and/or pain management devices~~
- ~~2) In home and day care services and hospice services as defined by OMAP~~
- ~~3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)~~
- ~~4) Palliative services for specific symptom relief~~
- ~~5) Physician aid in dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications.~~

~~(NOTE: Services related to physician aid in dying are not priced as part of the list and only state funds will be used for their provision)~~

*[See New Statement of Intent for Comfort/Palliative Care in Attachment B]*

**ATTACHMENT E**

**HCPCS Codes Added to Lines with Mental Health and Chemical Dependency  
Diagnoses**

**Approved December 8, 2006 and August 23, 2007**

The following additions to the Prioritized List of Health Services were approved by the Health Services Commission on December 8, 2006 with the exception of those underlined under item #2, which were approved on August 23, 2007. Those changes approved in December were mistakenly left off of the notification letter for the interim modifications to the list that went into effect on January 1, 2007.

1. Add Procedure Code H2010 (Comprehensive Medication Services, per 15 min) to all mental health Diagnoses which allow for Procedure Code H0034 (Medication Training and Support, per 15 min). These include:

Line 142 ICD-9: 307.1  
Line 143 ICD-9: 313.89  
Line 159 ICD-9: 295, 298.4, 299.1, 299.9  
Line 160 ICD-9: 296.30-296.36, 298.0  
Line 161 ICD-9: 296.0-296.1, 296.4-296.8, 296.99, 301.13  
Line 184 ICD-9: 291.1, 303.9, 304, 305.0, 305.2-305.9  
Line 185 ICD-9: 296.2, 296.90, 298.0, 311  
Line 186 ICD-9: 297.3, 298.1-298.3, 298.9, 299.8  
Line 187 ICD-9: 314  
Line 241 ICD-9: 308  
Line 242 ICD-9: 309.21  
Line 263 ICD-9: 309.0, 309.1, 309.23-309.29, 309.3-309.4, 309.82, 309.83, 309.89, 309.9, v61.20, v62.82  
Line 264 ICD-9: 312.9, 313.81  
Line 265 ICD-9: 307.0, 307.2  
Line 301 ICD-9: 309.81, 995.52-995.54  
Line 302 ICD-9: 300.3  
Line 337 ICD-9: 300.01, 300.21-300.22  
Line 371 ICD-9: 312.0-312.2, 312.4, 312.8  
Line 372 ICD-9: 300.00, 300.02-300.09, 307.46, 313.0  
Line 373 ICD-9: 307.51, 307.54  
Line 384 ICD-9: 297.0-297.2, 297.8-297.9  
Line 417 ICD-9: 300.4-300.5  
Line 419 ICD-9: 301.83  
Line 420 ICD-9: 295.0, 301.22  
Line 424 ICD-9: 300.11  
Line 425 ICD-9: 307.7

**ATTACHMENT E**

**HCPCS Codes Added to Lines with Mental Health and Chemical Dependency  
Diagnoses**

**Approved December 8, 2006 and August 23, 2007**

Line 426 ICD-9: 313.2  
Line 427 ICD-9: 316  
Line 453 ICD-9: 307.5, 307.54, 307.59  
Line 454 ICD-9: 300.10, 300.12-300.15, 300.6  
Line 455 ICD-9: 290, 291.2, 292.82-292.84, 293.8, 294, 299.00, 299.10,  
299.8, 310.1  
Line 467 ICD-9: 307.3  
Line 502 ICD-9: 300.81-300.82, 307.80, 307.89, 625.4  
Line 520 ICD-9: 300.23, 300.29  
Line 545 ICD-9: 312.31-312.39  
Line 590 ICD-9: 300.10, 300.16, 300.19, 301.51  
Line 591 ICD-9: 300.7, 300.9, 306  
Line 592 ICD-9: 300.11  
Line 609 ICD-9: 307.52  
Line 638 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  
Line 639 ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9  
Line 682 ICD-9: 301.7

2. Add Procedure Code H2033 (Multisystemic Therapy for Juveniles, per 15 min) to all mental health Diagnoses which allow for Procedure Code 90847 (Family Psychotherapy (conjoint psychotherapy) (with patient present)). These include:

Line 184 ICD-9: 291.1, 303.9, 304, 305.0, 305.2-305.9  
Line 241 ICD-9: 308  
Line 242 ICD-9: 309.21  
Line 263 ICD-9: 309.0, 309.1, 309.23-309.29, 309.3-309.4, 309.82,  
309.83, 309.89, 309.9, v61.20, v62.82  
Line 264 ICD-9: 312.9, 313.81  
Line 371 ICD-9: 312.0-312.2, 312.4, 312.8  
Line 372 ICD-9: 300.00, 300.02-300.09, 307.46, 313.0  
Line 417 ICD-9: 300.4-300.5  
Line 419 ICD-9: 301.83  
Line 426 ICD-9: 313.2  
Line 502 ICD-9: 300.81-300.82, 307.80, 307.89, 625.4  
Line 520 ICD-9: 300.23, 300.29

ATTACHMENT E

**HCPCS Codes Added to Lines with Mental Health and Chemical Dependency  
Diagnoses**

**Approved December 8, 2006 and August 23, 2007**

Line 547\* ICD-9: 302.7,607.84

Line 590 ICD-9: 300.10, 300.16, 300.19, 301.51

Line 591 ICD-9: 300.7, 300.9, 306

Line 638 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

Line 639 ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9

\*Only pair with CPT code 90847.

3. Add Procedure Codes H0018 [Behavioral Health; Short Term, residential (non-hospital residential treatment program) without room and board, per diem], H0019 [Behavioral Health; residential (Hospital residential Treatment Program) without room and board, per diem], H0045 (Respite care services, not in the home, per diem) and T1005 (Respite care services, up to 15 min) to pair with Obsessive Compulsive Disorder diagnosis, Panic Disorder, Anxiety Disorder, and Psychological Factors Aggravating Physical Condition.

Line 242 ICD-9: 309.21

Line 302 ICD-9: 300.3

Line 337 ICD-9: 300.01, 300.21-300.22

Line 372 ICD-9: 300.00, 300.02-300.09, 307.46, 313.0

Line 427 ICD-9: 316

4. Add H2013 (Psychiatric health facility service, per diem) to pair with Anxiety Disorders and Psychological Factors Aggravating Physical Condition

Line 242 ICD-9: 309.21

Line 372 ICD-9: 300.00, 300.02-300.09, 307.46, 313.0

Line 427 ICD-9: 316

**ATTACHMENT F**

**Addition of Health and Behavior Assessment and Intervention  
CPT Codes to Chronic Disease Lines  
Approved August 23, 2007**

The 96150-96154 series of codes for health and behavior assessment and intervention were added to multiple lines, including chronic disease lines, cancer lines, and others. The following table indicates the line placements for these codes.

**Table F1**

<b>Addition of CPT codes 96150-96154</b>	
<b>Lines</b>	<b>Condition type</b>
2, 44, 107, 117, 120, 139, 156, 165, 172, 173, 174, 188, 189, 198, 206, 211, 250, 251, 254, 256, 259, 261, 265, 266, 269, 280, 281, 292, 293, 304, 310-314, 316, 319, 320, 327, 329, 335, 336, 338, 345, 347, 350, 358, 369, 374, 376, 390, 395, 423, 432, 438, 440-442, 450, 458, 459, 461, 465, 466, 475, 477, 478, 483, 484, 487, 493, 499, 501, 503, 510, 511, 515, 522, 529	Chronic disease
4, 163, 175, 246, 247	Renal dialysis
14, 35, 130, 167, 168, 171, 202, 203, 208, 305, 306, 379, 381, 445	Chronic infections (TB, HIV, etc.)
27, 33, 118, 122, 134, 137-138, 190-193, 209, 224-226, 228-234, 270-277, 326, 346, 488-491	Cancer
40, 162, 196	Burns
54	Maternity care
106, 108, 109, 124, 127, 154, 176, 197, 433-436	Organ transplant
112, 140, 214, 324	Spinal cord injury/abscess
1, 31, 51, 136, 283, 284, 455, 467	Injuries to the nervous system (concussion, stroke, etc.)
620	Medical obesity
216, 333, 446, 447	Disability lines
237-238,322	Amputation of limb
182	Tobacco dependence
218, 297, 457	TAB/SAB related
262	Terminal illness
<b>Addition of CPT code 96154 only (Family assessment/intervention)</b>	
<b>Lines</b>	<b>Condition type</b>
59, 60, 63-70, 74, 77, 78, 80, 83, 84, 86, 87, 94-99, 101-106, 201	Newborn issues requiring parental training/assessment