

January 31, 2003

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

Dear Senator Courtney:

The Health Services Commission of the Department of Administrative Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), several interim modifications have been made to the May 14, 2001, Prioritized List of Health Services.

These changes do not include any alteration in the ranking of line items on the list, nor do they affect the total number of lines on the list, which remains at 736. Therefore, in accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachment A will supersede the previous definition of these lines.

These interim modifications include the placement of CPT-4 codes to indicate appropriate condition/treatment pairings previously not appearing on the list (131 changes) and the placement of new CPT-4 (239 changes) and Health Care Procedure Coding System (HCPCS) (31 changes) codes not previously appearing on the list. In addition, three changes relate to the deletion of obsolete CPT codes.

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 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 a CPT-4 codes that already appear elsewhere on the List to another line item. 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.

Beginning with this notification, changes will be made to the Prioritized List in order to implement the Health Insurance Portability and Accountability Act (HIPAA). This will include the addition of some CPT-4 and HCPCS codes that will take the place of the local codes (OMAP "unique codes") that currently appear on the List. This notification includes the addition of one CPT code and eight HCPCS codes for maternity services to line 55. Unique codes on lines 54, 55, 144, and 300 are also to be deleted, but in these cases the CPT-4 codes to which they crosswalk already appear on those lines. These changes related to HIPAA regulations have not been

approved by the Health Services Commission, but approval is expected at their March meeting. Consider this to be the final notification for these changes. If these changes should not be approved by the Commission in March, you will receive separate notification to that effect.

Commission approval of two more changes involving services related to smallpox are also expected in March. While a recommendation for these changes was made by the Health Outcomes Subcommittee at their December meeting, this item was mistakenly left off of the agenda for the January full Commission meeting. The treatment of smallpox was initially omitted from the Prioritized List implemented in February 1994 as the disease had been eradicated since 1977. The Health Outcomes Subcommittee believes that recent global developments warrant the inclusion of these services on the list should they become necessary. The treatment of smallpox is being added to line 207 until a new line can be created for it during the next biennial review. Complications of the vaccination for smallpox are being added to, and will remain on, line 148. The Commission considers all vaccinations to be ancillary and their coverage is dictated in accordance with the guidelines of the Advisory Commission on Immunization Practices (ACIP), which currently recommend Notice of smallpox vaccinations for "first responders" only. Again, consider these changes to go into effect with all others being given notice unless you receive a separate notice prior to their implementation date.

The changes appearing in Attachment A 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

Enclosure

cc: Health Services Commission
Lynn Read

ATTACHMENT A

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

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

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 1

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 62148 RETR BONE FLAP TO FIX SKULL

Diagnosis: TYPE I DIABETES MELLITUS

Treatment: MEDICAL THERAPY
Line: 2

ADD G0245 E&M FOR DM SENSORY NEUROPATHY+
ADD G0246 E&M FOR DM SENSORY NEUROPATHY+
ADD S9145 INSULIN PUMP INITIATION

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 10

ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment: SURGICAL TREATMENT
Line: 21

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

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

Treatment: EXCISION, MEDICAL THERAPY
Line: 23

ADD 44206 LAP PART COLECTOMY W/STOMA
ADD 44310 ILEOSTOMY/JEJUNOSTOMY
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT
Line: 24

ADD 34833 EXPOSE FOR ENDOPRSTH, ILIAC
ADD 34834 EXPOSE, ENDOPROSTH, BRACHIAL
ADD 34900 ENDOVASC ILIAC REPR W/GRAFT
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN

Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
Line: 31

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 61322 DECOMPRESSIVE CRANIOTOMY
ADD 61323 DECOMPRESSIVE LOBECTOMY
ADD 61343 INCISE SKULL (PRESS RELIEF)
ADD 61623 ENDOVASC TEMPORY VESSEL OCCL

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

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

Treatment: REMOVAL OF FOREIGN BODY
 Line: 32

ADD 31500 INSERT OF EMERGENCY AIRWAY

 Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS

Treatment: THROMBECTOMY/LIGATION
 Line: 39

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN
 ADD 37182 INSERT HEPATIC SHUNT (TIPS)

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

Treatment: CRANIOTOMY/CRANIECTOMY
 Line: 52

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
 ADD 62148 RETR BONE FLAP TO FIX SKULL

 Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT
 Line: 54

*DELETE FPS01 ANNUAL FAMILY PLANNING VISIT
 *DELETE FPS02 COMPREHENSIVE CONTRACEPTIVE COUNSELING

 Diagnosis: PREGNANCY

Treatment: MATERNITY CARE
 Line: 55

*ADD 59899 MATERNITY SERVICE (FOR LABOR MANAGEMENT ONLY)
 *ADD G9001 COORDINATED CARE FEE, INITIAL RATE
 *ADD G9002 COORDINATED CARE FEE, MAINTENANCE RATE
 *ADD G9005 COORDINATED CARE FEE, RISK ADJ MAINTENANCE
 *ADD G9006 COORDINATED CARE FEE, HOME MONITORING
 *ADD G9009 COORDINATED CARE FEE, RISK ADJ MAINT, LVL 3
 *ADD G9010 COORDINATED CARE FEE, RISK ADJ MAINT, LVL 4
 *ADD G9011 COORDINATED CARE FEE, RISK ADJ MAINT, LVL 5
 *ADD G9012 COORDINATED CARE FEE, RISK ADJ MAINT, OTHER
 *DELETE MCD01 TOTAL OB CARE, CLINIC SETTING
 *DELETE MCD02 TOTAL OB CARE, HOME SETTING
 *DELETE MCD03 LABOR MANAGEMENT ONLY
 *DELETE MCD04 MULTIPLE BIRTHS
 *DELETE MCM01 OB INITIAL NEEDS ASSESSMENT
 *DELETE MCM02 OB CASE MGMT, FULL SERVICE
 *DELETE MCM03 OB CASE MGMT, PARTIAL SERVICE
 *DELETE MCM04 OB HIGH RISK CASE MGMT (FULL)
 *DELETE MCM05 OB HIGH RISK CASE MGMT (PARTIAL)
 *DELETE MCM06 OB NUTRITIONAL COUNSELING
 *DELETE MCM07 OB HOME SERVICES

*APPROVED AT THE MARCH 6, 2003 HSC MEETING.

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 55 (CONT'D)

*DELETE MCM08 OBSOLETE CODE
*DELETE MCM09 OBSOLETE CODE

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL
WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL
PSEUDO-OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 78

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON
ADD 45340 SIG W/BALLOON DILATION
ADD 45386 COLONOSCOPE DILATE STRICTURE
ADD 49904 OMENTAL FLAP, EXTRA-ABDOM

Diagnosis: ADRENOGENITAL DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 86

ADD 54690 LAPAROSCOPY, ORCHIECTOMY

Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS
Treatment: SHUNT
Line: 87

ADD 61322 DECOMPRESSIVE CRANIOTOMY
ADD 61323 DECOMPRESSIVE LOBECTOMY
ADD 62160 NEUROENDOSCOPY ADD-ON
ADD 62161 DISSECT BRAIN W/SCOPE
ADD 62162 REMOVE COLLOID CYST W/SCOPE
ADD 62163 NEUROENDOSCOPY W/FB REMOVAL

Diagnosis: CORONARY ARTERY ANOMALY
Treatment: REIMPLANTATION OF CORONARY ARTERY
Line: 101

ADD 33508 ENDOSCOPIC VEIN HARVEST
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
Line: 109

ADD 36825 ARTERY-VEIN GRAFT
ADD 36830 ARTERY-VEIN GRAFT

*APPROVED AT THE MARCH 6, 2003 HSC MEETING.

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

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

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

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

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

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

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

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

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

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

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
Line: 126

ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT

Line: 127

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON

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

Line: 131

ADD 26665 TREAT THUMB FRACTURE

Diagnosis: FRACTURE OF SHAFT OF BONE, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 132

ADD 25310 TRANSPLANT FOREARM TENDON

Diagnosis: ARTERIAL ANEURYSM OF NECK
Treatment: REPAIR

Line: 136

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

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

Line: 139

ADD 225.1 BENIGN NEOPLASM OF CRANIAL NERVES
ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 61517 IMPLT BRAIN CHEMOTX ADD-ON
ADD 61623 ENDOVASC TEMPORY VESSEL OCCL
ADD 62160 NEUROENDOSCOPY ADD-ON
ADD 62163 NEUROENDOSCOPY W/FB REMOVAL
ADD 62164 REMOVE BRAIN TUMOR W/SCOPE
ADD 62165 REMOVE PITUIT TUMOR W/SCOPE

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See
Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 143

ADD 22845 INSERT SPINE FIXATION DEVICE
ADD 62350 IMPLANT SPINAL CANAL CATH
ADD 62351 IMPLANT SPINAL CANAL CATH
ADD 62355 REMOVE SPINAL CANAL CATHETER
ADD 62365 REMOVE SPINE INFUSION DEVICE
ADD 62367 ANALYZE SPINE INFUSION PUMP
ADD 62368 ANALYZE SPINE INFUSION PUMP
ADD 64421 INJECTION FOR NERVE BLOCK

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See
Guideline Note)

Treatment: MEDICAL THERAPY

Line: 144

*DELETE PHB01 OBSOLETE CODE
*DELETE PHB02 OBSOLETE CODE

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148

ADD 10140 DRAINAGE OF HEMATOMA/FLUID
ADD 26991 DRAINAGE OF PELVIS BURSA
ADD 27091 REMOVAL OF HIP PROSTHESIS
ADD 27486 REVISE/REPLACE KNEE JOINT
ADD 31613 REPAIR WINDPIPE OPENING
ADD 33208 INSERTION OF HEART PACEMAKER
ADD 33213 INSERTION OF PULSE GENERATOR
ADD 36145 PLACE CATHETER IN VEIN SHUNT
ADD 36819 AV FUSION BY BASILIC VEIN
ADD 36820 AV FUSION/FOREARM VEIN
ADD 36821 AV FUSION DIRECT ANY SITE
ADD 36833 AV FISTULA REVISION
ADD 36870 AV FISTULA REVISION, OPEN
ADD 43860 REVISE STOMACH-BOWEL FUSION
ADD 47802 FUSE LIVER DUCT & INTESTINE
*ADD 999.0 GENERALIZED VACCINIA AS COMPLICATION OF
MEDICAL CARE

Diagnosis: RESPIRATORY FAILURE

Treatment: MEDICAL THERAPY

Line: 161

ADD 31645 BRONCHOSCOPY, CLEAR AIRWAYS

Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

Line: 170

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 178

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD

*APPROVED AT THE MARCH 6, 2003 HSC MEETING.

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA (See Coding
Specification Below)

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 183

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

Line: 184

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note)

Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10
FOLLOW-UP VISITS OVER 3 MONTHS

Line: 186

ADD S9453 SMOKING CESSATION CLASS

Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS

Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND
HYPERKERATOSES OF FOOT

Line: 187

ADD G0245 E&M FOR DM SENSORY NEUROPATHY+
ADD G0246 E&M FOR DM SENSORY NEUROPATHY+
ADD G0247 DIABETIC FOOT CARE

Diagnosis: CANCER OF UTERUS, TREATABLE

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

Line: 196

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58293 VAG HYST W/URO REPAIR, COMPL
ADD 58294 VAG HYST W/ENTEROCELE, COMPL

Diagnosis: ULCERS, GI HEMORRHAGE

Treatment: SURGICAL TREATMENT

Line: 198

ADD 43201 ESOPH SCOPE W/SUBMUCOUS INJ
ADD 43236 UPPER GI SCOPE W/SUBMUC INJ

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: AGRANULOCYTOSIS
Treatment: BONE MARROW TRANSPLANTATION
Line: 201

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL &
OPHTHALMOLOGICAL COMPLICATIONS
Treatment: MEDICAL THERAPY
Line: 207

*ADD 050 SMALLPOX

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 210

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD
ADD 33508 ENDOSCOPIC VEIN HARVEST

Diagnosis: CHRONIC OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 212

ADD 28810 AMPUTATION TOE & METATARSAL

Diagnosis: MULTIPLE MYELOMA
Treatment: BONE MARROW TRANSPLANT
Line: 214

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: PHLEBITIS & THROMBOPHLEBITIS, DEEP
Treatment: MEDICAL THERAPY
Line: 215

ADD 37500 ENOSCOPY LIGATE PERF VEINS

*APPROVED AT THE MARCH 6, 2003 HSC MEETING.

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: NTRASPINAL AND INTRACRANIAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 218

ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
ADD	61322	DECOMPRESSIVE CRANIOTOMY
ADD	61323	DECOMPRESSIVE LOBECTOMY
ADD	62148	RETR BONE FLAP TO FIX SKULL
ADD	62160	NEUROENDOSCOPY ADD-ON
ADD	62163	NEUROENDOSCOPY W/FB REMOVAL

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

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

Line: 220

ADD	237.70	UNS NEUROFIBROMATOSIS
ADD	44206-	LAP PART COLECTOMY W/STOMA
	44208	
ADD	44210-	LAPARO TOTAL PROCTOCELECTOMY
	44212	
ADD	44701	INTRA COLON LAVAGE ADD-ON

Diagnosis: CANCER OF BREAST, TREATABLE

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

Line: 229

DELETE	38525	BIOPSY/REMOVAL, LYMPH NODES
DELETE	38530	BIOPSY/REMOVAL, LYMPH NODES
ADD	V45.71	ACQUIRED ABSENCE OF BREAST

Diagnosis: CANCER OF OVARY, TREATABLE

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

Line: 230

ADD	49419	INSERT ABDOM CATH FOR CHEMOTX
ADD	58925	REMOVAL OF OVARIAN CYST(S)

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS,
TREATABLE

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

Line: 233

ADD	58290	VAG HYST COMPLEX
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Diagnosis: CANCER OF BONES, TREATABLE

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

Line: 235

ADD	24363	REPLACE ELBOW JOINT
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**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM &
MESENTERY, TREATABLE

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

Line: 237

ADD 49201 REMOVAL OF ABDOMINAL LESION

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX,

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

Line: 238

ADD 43450 DILATE ESOPHAGUS

ADD 69502 MASTOIDECTOMY

Diagnosis: PORTAL VEIN THROMBOSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 239

ADD 37182 INSERT HEPATIC SHUNT (TIPS)

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE

Treatment: MEDICAL THERAPY

Line: 244

ADD 46706 REPAIR OF ANAL FISTULA W/GLUE

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES

Treatment: THROMBOENDARTERECTOMY

Line: 249

ADD 61680 INTRACRANIAL VESSEL SURGERY

ADD 61795 BRAIN SURGERY USING COMPUTER

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 251

ADD 36825 ARTERY-VEIN GRAFT

ADD 36830 ARTERY-VEIN GRAFT

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

Treatment: MEDICAL THERAPY

Line: 253

ADD 43226 ESOPH ENDOSCOPY, DILATION

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: DIVERTICULITIS OF COLON
Treatment: COLON RESECTION, MEDICAL THERAPY
Line: 260

ADD 33238 LAPAROSCOPE PROC, INTESTINE
ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44701 INTRA COLON LAVAGE ADD-ON
ADD 45335 SIGMOIDOSCOPY & DECOMPRESS
ADD 45381 COLONOSCOPE, SUBMUCOUS INJ

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS
Treatment: DRAINAGE OF PANCREATIC CYST
Line: 261

ADD 64680 INJECTION TREATMENT OF NERVE

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL
INFARCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 265

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD
ADD 33508 ENDOSCOPIC VEIN HARVEST
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN
ADD G0290 STENT FOR ONE CORONARY ARTERY
ADD G0291 STENT FOR ADDL CORONARY ARTERY

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS:
Treatment: COMFORT CARE (See Guideline Note)
Line: 266

ADD 64416 N BLOCK CONT INFUSE, B PLEX
ADD 64447 N BLOCK INJ FEM, SINGLE
ADD 64448 N BLOCK INJ FEM, CONT INF

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU,
CERVICAL CONDYLOMA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 272

ADD 57461 CONZ OF CERVIX W/SCOPE, LEEP
ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

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

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

Line: 273

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: CANCER OF PROSTATE GLAND, TREATABLE

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

Line: 276

ADD 55866 LAPARO RADICAL PROSTATECTOMY

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, TREATABLE;
CARCINOID SYNDROME

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

Line: 277

ADD 62165 REMOVE PITUIT TUMOR W/SCOPE

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, TREATABLE

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

Line: 278

ADD 50546 LAPAROSCOPY, NEPHRECTOMY
ADD 50548 LAPARO-ASST REMOVE K/URETER

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE

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

Line: 280

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 61517 IMPLT BRAIN CHEMOTX ADD-ON
ADD 61616 RESECT/EXCISE LESION, SKULL
ADD 62148 RETR BONE FLAP TO FIX SKULL
ADD 62164 REMOVE BRAIN TUMOR W/SCOPE
ADD 62165 REMOVE PITUIT TUMOR W/SCOPE

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: STROKE
Treatment: MEDICAL THERAPY
Line: 287

ADD 61680 INTRACRANIAL VESSEL SURGERY
ADD 61795 BRAIN SURGERY USING COMPUTER

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION
OF INTESTINE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 296

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON
ADD 45335 SIGMOIDOSCOPY & DECOMPRESS
ADD 45340 SIG W/BALLOON DILATION
ADD 45381 COLONOSCOPE, SUBMUCOUS INJ
ADD 45386 COLONOSCOPE DILATE STRICTURE

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 299

ADD 10140 DRAINAGE OF HEMATOMA/FLUID
ADD 10160 PUNCTURE DRAINAGE OF LESION
ADD 31613 REPAIR WINDPIPE OPENING

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not
priced as part of the list.)
Treatment: INDUCED ABORTION
Line: 300

ADD 59812 TREATMENT: OF MISCARRIAGE
*DELETE TAS01 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS02 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS03 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS04 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS05 THERAPEUTIC ABORTION, ASC
*DELETE TAS06 THERAPEUTIC ABORTION, ASC
*DELETE TAS07 THERAPEUTIC ABORTION, ASC
*DELETE TAS08 THERAPEUTIC ABORTION, ASC

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER
Treatment: COCHLEAR IMPLANT
Line: 303

ADD 92601- COCHLEAR IMPLT F/UP EXAM <7
92617

*APPROVED AT THE MARCH 6, 2003 HSC MEETING

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

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

Treatment: SINGLE FOCAL SURGERY

Line: 307

ADD 61885 IMPLANT NEUROSTIM ONE ARRAY
ADD 64573 IMPLANT NEUROELECTRODES

Diagnosis: TYPE II DIABETES MELLITUS

Treatment: MEDICAL THERAPY

Line: 314

ADD G0245 E&M FOR DM SENSORY NEUROPATHY+
ADD G0246 E&M FOR DM SENSORY NEUROPATHY+
ADD S9145 INSULIN PUMP INITIATION

Diagnosis: CARDIAC ARRHYTHMIAS

Treatment: MEDICAL THERAPY, PACEMAKER

Line: 323

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD

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: 335

ADD 237.70 UNS NEUROFIBROMATOSIS
ADD 26474 FUSION OF FINGER TENDONS
ADD 27705 INCISION OF TIBIA
DELETE 28306 INCISION OF METATARSAL
ADD 29899 ANKLE ARTHROSCOPY/SURGERY
ADD 61343 INCISE SKULL (PRESS RELIEF)
ADD 62161 DISSECT BRAIN W/SCOPE
ADD 62162 REMOVE COLLOID CYST W/SCOPE

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

Treatment: SURGICAL TREATMENT

Line: 344

ADD 20694 REMOVE BONE FIXATION DEVICE

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 347

ADD 35450 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 348

ADD 69910 REMOVE INNER EAR & MASTOID

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 353

ADD 27598 AMPUTATE LOWER LEG AT KNEE
ADD 28810 AMPUTATION TOE & METATARSAL

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 354

ADD 20000 INCISION OF ABSCESS
ADD 27603 DRAIN LOWER LEG LESION

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
Line: 361

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS;
HYDROURETER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 368

ADD 50740 FUSION OF URETER & KIDNEY

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 370

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRTIS, OSTEOCHONDRITIS
DISSECANS, AND ASEPTIC NECROSIS OF BONE
Treatment: ARTHROPLASTY/RECONSTRUCTION
Line: 373

ADD 25000 INCISION OF TENDON SHEATH
ADD 27187 REINFORCE HIP BONES
ADD 28090 REMOVAL OF FOOT LESION
ADD 29899 ANKLE ARTHROSCOPY/SURGERY
ADD 836.3 DISLOCATION OF PATELLA, CLOSED

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: DEEP OPEN WOUNDS

Treatment: REPAIR

Line: 378

ADD 26951 AMPUTATION OF FINGER/THUMB
ADD 27603 DRAIN LOWER LEG LESION
ADD 64416 N BLOCK CONT INFUSE, B PLEX
ADD 64446 N BLK INJ, SCIATIC, CONT INF
ADD 64447 N BLOCK INJ FEM, SINGLE
ADD 64448 N BLOCK INJ FEM, CONT INF

Diagnosis: CLEFT PALATE WITH CLEFT LIP

Treatment: EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS

Line: 380

ADD 42215 RECONSTRUCT CLEFT PALATE
ADD 42281 INSERTION, PALATE PROSTHESIS

Diagnosis: PRIMARY AND OTHER ANGLE-CLOSURE GLAUCOMA

Treatment: IRIDECTOMY, LASER SURGERY

Line: 397

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS

Treatment: INTRAOCULAR LENS

Line: 405

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: CATARACT

Treatment: EXTRACTION OF CATARACT

Line: 412

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON
ADD 67036 REMOVAL OF INNER EYE FLUID

Diagnosis: AFTER CATARACT

Treatment: DISCISSION, LENS CAPSULE

Line: 413

ADD 66985 INSERT LENS PROSTHESIS
ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON
ADD 92012 EYE EXAM ESTABLISHED PAT
ADD 92014 EYE EXAM, ESTABLISHED PATIENT

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA

Treatment: KERATOPLASTY

Line: 414

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE

Treatment: VITRECTOMY, LASER SURGERY

Line: 415

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS
Treatment: RETINAL REPAIR, VITRECTOMY
Line: 420

ADD 66990 OPTHALMIC ENDOSCOPE ADD-ON

Diagnosis: VITREOUS HEMORRHAGE
Treatment: VITRECTOMY
Line: 421

ADD 67038 STRIP RETINAL MEMBRANE
ADD 67038 STRIP RETINAL MEMBRANE
ADD 67210 TREATMENT OF RETINAL LESION

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,
FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 435

ADD 58146 MYOMECTOMY ABDOM COMPLEX
ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58545 LAPAROSCOPIC MYOMECTOMY
ADD 58546 LAPARO-MYOMECTOMY, COMPLEX
DELETE 58551 LAPAROSCOPY, REMOVE MYOMA

Diagnosis: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY
Line: 437

ADD 51700 IRRIGATION OF BLADDER
ADD 54700 DRAINAGE OF SCROTUM

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY
SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding
Specification Below)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 438

ADD 51702 INSERT TEMP BLADDER CATH
ADD 51703 INSERT BLADDER CATH, COMPLEX
ADD 53450 REVISION OF URETHRA

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE
LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY
CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED
GOALS)
Line: 450

ADD 237.70 UNS NEUROFIBROMATOSIS

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY
 CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

Line: 451

ADD 237.70 UNS NEUROFIBROMATOSIS

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 463

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 466

ADD 27244 TREAT THIGH FRACTURE

Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 468

ADD 26676 PIN HAND DISLOCATION

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES

Treatment: BONE MARROW TRANSPLANT

Line: 469

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: ACUTE SINUSITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 479

ADD 31256 EXPLORATION MAXILLARY SINUS

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note)

Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY

Line: 480

ADD 58146 MYOMECTOMY ABDOM COMPLEX
ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58545 LAPAROSCOPIC MYOMECTOMY
ADD 58546 LAPARO-MYOMECTOMY, COMPLEX
DELETE 58551 LAPAROSCOPY, REMOVE MYOMA
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX
ADD 58561 HYSTEROSCOPY, REMOVE MYOMA

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: DISLOCATION / DEFORMITY KNEE & HIP

Treatment: SURGICAL TREATMENT

Line: 481

ADD 29873 KNEE ARTHROSCOPY/SURGERY

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

Treatment: SURGICAL TREATMENT

Line: 482

DELETE 27599 LEG SURGERY PROCEDURE

ADD 27705 INCISION OF TIBIA

DELETE 28306 INCISION OF METATARSAL

Diagnosis: FECAL IMPACTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 491

ADD 44206- LAP PART COLECTOMY W/STOMA
44208

ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: ENDOMETRIOSIS (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 496

ADD 49200 REMOVAL OF ABDOMINAL LESION

ADD 49201 REMOVAL OF ABDOMINAL LESION

ADD 58290 VAG HYST COMPLEX

ADD 58291 VAG HYST INCL T/O, COMPLEX

ADD 58292 VAG HYST T/O & REPAIR, COMPL

ADD 58552 LAPARO-VAG HYST INCL T/O

ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)

Treatment: OPEN OR CLOSED REDUCTION

Line: 503

ADD 26650 TREATMENT OF THUMB FRACTURE

ADD 27766 TREATMENT OF ANKLE FRACTURE

Diagnosis: ESOPHAGEAL VARICES

Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY

Line: 505

ADD 43201 ESOPH SCOPE W/SUBMUCOUS INJ

ADD 43236 UPPER GI SCOPE W/SUBMUC INJ

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR & NOSE

Treatment: REMOVAL OF FOREIGN BODY

Line: 510

ADD 69210 REMOVE IMPACTED EAR WAX

ADD G0268 REMOVE CERUMEN FOR AUDIO TEST

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

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

Line: 512

ADD 92601- COCHLEAR IMPLT F/UP EXAM <7
92617

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

Treatment: REPAIR

Line: 516

ADD 26418 REPAIR FINGER TENDON
ADD 26474 FUSION OF FINGER TENDONS
ADD 840.6 OTHER DISLOCATION OF KNEE, OPEN

Diagnosis: DISORDERS OF SHOULDER

Treatment: REPAIR/RECONSTRUCTION

Line: 517

ADD 29827 ARTHROSCOPIC ROTATOR CUFF REPR
DELETE 840.6 OTHER DISLOCATION OF KNEE, OPEN
ADD 29873 KNEE ARTHROSCOPY/SURGERY

Diagnosis: MALUNION & NONUNION OF FRACTURE

Treatment: SURGICAL TREATMENT

Line: 519

ADD 25628 TREAT WRIST BONE FRACTURE

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note)

Treatment: SURGICAL REPAIR

Line: 523

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58293 VAG HYST W/URO REPAIR, COMPL
ADD 58294 VAG HYST W/ENTEROCELE, COMPL
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 525

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS

Treatment: MEDICAL THERAPY, INJECTIONS

Line: 526

ADD 11042 DEBRIDE SKIN/TISSUE
ADD 25000 INCISION OF TENDON SHEATH

Diagnosis: PERIPHERAL NERVE ENTRAPMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 544

ADD 28035 DECOMPRESSION OF TIBIA NERVE

Diagnosis: RECTAL PROLAPSE

Treatment: PARTIAL COLECTOMY

Line: 545

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44701 INTRA COLON LAVAGE ADD-ON
ADD 45130 EXCISION OF RECTAL PROLAPSE
ADD 45135 EXCISION OF RECTAL PROLAPSE

Diagnosis: UNCOMPLICATED HERNIA

Treatment: REPAIR

Line: 546

ADD 49495 REPAIR INGUINAL HERNIA, INIT

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 547

ADD 50542 LAPARO ABLATE RENAL MASS
ADD 50543 LAPARO PARTIAL NEPHRECTOMY
ADD 50562 RENAL SCOPE W/TUMOR RESECT

Diagnosis: URINARY INCONTINENCE (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 550

ADD 20922 REMOVAL OF FASCIA FOR GRAFT

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

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

Line: 554

ADD 44206- LAP PART COLECTOMY W/STOMA
44208

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

Line: 555

ADD 47562 LAPAROSCOPIC CHOLECTYSTECTOMY

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

Line: 556

ADD 48140 PARTIAL REMOVAL OF PANCREAS

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 560

ADD 12051 LAYER CLOSURE OF WOUND(S)
ADD 20610 DRAIN/INJECT, JOINT/BURSA
ADD 21046- REMOVE MANDIBLE CYST COMPLEX
21049

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Note); ANAL FISTULA

Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL

Line: 567

ADD 46706 REPAIR OF ANAL FISTULA W/GLUE

Diagnosis: DYSMENORRHEA (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 576

ADD 58290 VAG HYST COMPLEX
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: DEFORMITIES OF UPPER BODY & ALL LIMBS

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

Line: 579

ADD 21742 REPAIR STERNUM/NUSS W/O SCOPE
ADD 21743 REPAIR STERNUM/NUSS W/SCOPE
ADD 27590 AMPUTATE LEG AT THIGH
ADD 27705 INCISION OF TIBIA

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 582

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
DELETE 58551 LAPAROSCOPY, REMOVE MYOMA
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC
IMPAIRMENT (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 601

ADD 64416 N BLOCK CONT INFUSE, B PLEX
ADD 64446 N BLK INJ, SCIATIC, CONT INF
ADD 64447 N BLOCK INJ FEM, SINGLE
ADD 64448 N BLOCK INJ FEM, CONT INF

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT
Line: 613

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: CONGENITAL DEFORMITIES OF KNEE
Treatment: ARTHROSCOPIC REPAIR
Line: 630

ADD 29873 KNEE ARTHROSCOPY/SURGERY

Diagnosis: MORBID OBESITY
Treatment: GASTROPLASTY
Line: 646

ADD 44238- LAPAROSCOPE PROC, INTESTINE
44239

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I
Treatment: MEDICAL THERAPY
Line: 651

ADD 27590 AMPUTATE LEG AT THIGH

Diagnosis: CORNS AND CALLUSES
Treatment: MEDICAL THERAPY
Line: 679

ADD S0390 ROUTINE FOOT CARE

**Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved
by the Health Services Commission January 23, 2003. (Cont'd)**

 Diagnosis: GANGLION
 Treatment: EXCISION
 Line: 687

ADD 20612 ASPIRATE/INJ GANGLION CYST

 Diagnosis: CANCER OF VARIOUS SITES WITH DISTANT METASTASES WHERE
 TREATMENT WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL
 Treatment: CURATIVE MEDICAL AND SURGICAL TREATMENT
 Line: 699

ADD 61517 IMPLT BRAIN CHEMOTX ADD-ON

 Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR
 NO TREATMENT NECESSARY
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Line: 720

ADD 17000 DESTRUCTION OF FACIAL LESION
 ADD 17003 DESTROY LESIONS, 2-14

 Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS
 OR NO TREATMENT NECESSARY
 Treatment: EVALUATION
 Line: 725

ADD 21742 REPAIR STERNUM/NUSS W/O SCOPE
 ADD 21743 REPAIR STERNUM/NUSS W/SCOPE

 Diagnosis: TUBAL DYSFUNCTION AND OTHER CAUSES OF INFERTILITY
 Treatment: IN-VITRO FERTILIZATION, GIFT
 Line: 733

ADD S4013 GIFT
 ADD S4014 ZIFT
 ADD S4017 INCOMPLETE FERTILIZATION CYCLE
 ADD S4023 DONOR EGG CYCLE INCOMPLETE
 ADD S4037 CRYOPRESERVE EMBRYO TRANSER
 ADD S4040 MONITOR & STORE PRESERVED EMBRYOS

 THE FOLLOWING CHANGES ARE BEING MADE TO ALL LINES THAT INCLUDE MEDICAL
 THERAPY AS TREATMENT: (SEE TABLE 1). THESE CODES ALREADY APPEAR AS
 PART OF RANGES OF CODES ON THESE LINES AND THEREFORE NO CHANGES TO
 THE LIST ARE NECESSARY AS A RESULT. ALL CODES BEING DELETED ARE NO
 LONGER VALID. AS NEW CPT CODES 99026 AND 99027 ARE NOT BEING ADDED,
 CHANGE RANGE "99025-99054" ON THESE LINES TO "99025,99050-99054".

DELETE 92525 EVAL OF SWALLOWING FUNCTION
 DELETE 92598 MODIFY COMMUNICATION DEVICE
 DELETE 92599 UNLISTED ENT PROCEDURE
 ADD 92605-92609 EVAL/THERAPY FOR COMMUNICATION DEVICE
 ADD 92610-92617 EVAL OF SWALLOWING FUNCTION
 ADD 92700 UNLISTED ENT PROCEDURE
 ADD 93580 TRANSCATH CLOSURE OF ASD
 ADD 93581 TRANSCATH CLOSURE OF VSD

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003. (Cont'd)

CONT' D

DELETE	94650	IPPB TREATMENT, INITIAL
DELETE	94651	IPPB TREATMENT, SUBSEQUENT
DELETE	94652	IPPB TREATMENT, NEWBORN
DELETE	94665	AEROSOL/VAPOR INHALATOR, SUBSEQ
ADD	95990	SPINE/BRAIN PUMP REFILL & MAIN
ADD	96920	LASER RX, SKIN <250 SQ CM
ADD	96921	LASER RX, SKIN 250-500 SQ CM
ADD	96922	LASER RX, SKIN 250-500 SQ CM
ADD	99293	PED CRITICAL CARE, INITIAL
ADD	99294	PED CRITICAL CARE, SUBSEQUENT
ADD	99299	IC, LBW INFANT 1500-2500 GM

**Table 1.
Line Items on 10/1/01 List Which Include Medical Therapy as Treatment**

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
1	42	78	129	175	221	260	310
2	43	79	130	176	222	261	311
3	44	80	131	177	223	262	312
4	45	81	132	178	224	263	313
5	46	82	133	179	225	265	314
6	47	83	134	181	226	266	315
7	48	84	135	182	227	271	316
8	49	85	137	185	228	272	317
9	50	86	138	192	229	273	318
10	51	88	139	193	230	274	319
11	52	90	141	194	232	275	320
14	53	91	142	195	233	276	322
15	54	96	143	196	234	277	323
16	55	97	144	197	235	278	324
17	56	98	148	198	236	279	325
18	57	99	150	199	237	280	326
19	58	100	151	200	238	282	328
20	59	102	152	201	239	283	329
21	60	103	153	202	240	284	330
23	61	104	154	203	241	285	331
24	62	105	155	204	242	286	332
25	63	106	156	205	243	287	333
26	64	108	157	206	244	288	335
27	65	111	158	207	247	291	336
28	66	112	159	208	248	292	337
30	67	113	160	209	249	294	338
31	68	114	161	210	250	295	340
32	69	115	165	211	251	296	341
34	70	116	166	212	252	297	342
35	71	117	167	213	253	298	343
36	72	119	168	215	254	299	344
37	73	121	169	216	255	300	345
38	74	123	171	217	256	302	346
39	75	126	172	218	257	306	347
40	76	127	173	219	258	308	348
41	77	128	174	220	259	309	349

Table 1. (Cont'd)
Line Items on 10/1/01 List Which Include Medical Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
350	395	445	489	536	586	631	677
351	396	446	490	538	587	632	678
352	397	448	491	540	588	634	679
353	398	449	492	543	589	635	680
354	400	450	493	544	590	636	681
355	401	451	494	545	591	637	683
356	402	452	495	546	594	638	685
360	403	453	496	547	595	640	686
362	404	454	497	548	596	641	687
363	405	455	498	549	597	643	688
364	406	456	499	550	598	644	689
365	407	457	500	551	600	645	690
366	408	461	501	553	601	647	691
367	410	462	502	554	602	648	692
368	411	463	503	555	603	649	693
369	412	465	504	556	604	650	694
370	414	466	505	557	605	651	695
371	415	467	506	558	606	652	697
372	416	468	509	559	609	653	698
373	417	470	510	561	610	654	699
377	418	471	511	563	611	655	700
378	419	472	516	564	612	656	702
379	420	474	517	565	613	657	703
380	421	476	518	566	614	658	705
381	428	477	519	567	618	659	708
382	429	478	520	570	619	660	710
383	430	479	521	572	620	661	711
384	435	480	522	573	621	666	712
385	436	481	523	575	622	667	715
386	437	482	526	576	623	669	716
387	438	483	529	579	624	670	718
388	439	484	530	580	625	672	719
389	441	485	532	582	626	673	720
391	442	486	533	583	627	674	734
392	443	487	534	584	628	675	735
394	444	488	535	585	629	676	