



# Oregon

Theodore R. Kulongoski, Governor

## Health Services Commission

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January 30, 2004

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 October 1, 2003, 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 730. 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.

Attachment A documents the placement of CPT-4 codes to indicate appropriate condition/ treatment pairings previously not appearing on the list (406 changes) and the placement of new CPT-4 (103 changes) codes not previously appearing on the list. In addition, 37 changes relate to the deletion of obsolete CPT codes and five changes to correct errors. Nine changes represent the actual movement of conditions and their related treatments on the list (restless leg syndrome was moved from the dysfunction lines to a more appropriate line on sleep disorders and some dental visits were moved from the urgent care line to the prevention line) and two relate to changes in medical advancements (buprenorphine for opiate addiction). There are also changes to two guidelines noted in Attachment B.

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 CPT-4 codes that already appear elsewhere on the List to other line items. It is not expected that these changes will involve a financial impact as OMAP has been reimbursing for these services in the past. Additionally, most of these services are already included in the capitation rates for contracted managed care plans due to the methodology used by the independent actuary.

The annual changes to the CPT-4 coding system as defined by the American Medical Association are incorporated in this set of changes appearing in Attachment A. A change of note appearing as the last item in Attachment A is the redefinition of all 'treatable' cancer lines. The HSC heard testimony from oncologists on the vagueness of this description and is making a change that should provide some clarity and be more in line with the definition for the treatment of advanced cancers on line 693.

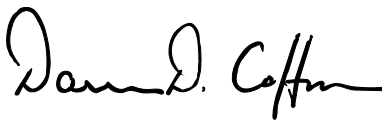
This notification includes additional changes made to the Prioritized List in order to implement the Health Insurance Portability and Accountability Act (HIPAA). Most of these relate to changes to line items related to the provision of mental health care and chemical dependency services. As noted before, CPT-4 and HCPCS codes are being added that will take the place of the local codes (OMAP "unique codes") that previously have appeared on the List. In addition it should be noted that the line for sexual dysfunction

(line 573) included in an attachment to the August 1, 2003 notification letter did not reflect the merging of the psychiatric and medical treatments for these conditions that was done as part of the last biennial review. A separate mailing went out to the contracted managed care plans dated August 21, 2003 as soon as this error was identified and the corrected definition of this line appears as Attachment C.

The changes appearing in Attachment A thru C are being forwarded to OMAP who, in consultation with an independent actuarial firm, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, OMAP will determine the effective date for these changes. 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, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004.

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Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY  
PROGRESSIVE GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4

ADD 36838 Distal revascularization and interval  
ligation (DRIL), upper extremity  
hemodialysis access

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Diagnosis: PNEUMOTHORAX AND HEMOTHORAX

Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY

Line: 5

ADD 32000 Thoracentesis; Puncture of pleural cavity  
for aspiration, initial or subsequent

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Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURISM

Treatment: SURGICAL TREATMENT

Line: 21

ADD 34805 Endovascular Repair of Abdominal Aortic  
Aneurysm using aorto-uniiliac or  
aorto-unifemoral prosthesis

ADD 35697 Reimplantation, visceral artery to  
infrarenal aortic prosthesis, each artery

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 23

ADD 43500 Gastrotomy; with exploration or foreign body  
removal

ADD 44615 Intestinal stricturoplasty with or without  
dilation, for intestinal obstruction

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Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

ADD 34805 Endovascular Repair of Abdominal Aortic  
Aneurysm using aorto-uniiliac or  
aorto-unifemoral prosthesis

ADD 35697 Reimplantation, visceral artery to  
infrarenal aortic prosthesis, each artery

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Diagnosis: HODGKIN'S DISEASE

Treatment: MEDICAL THERAPY, INCLUDING RADIATION THERAPY

Line: 27

ADD 79403 Radiopharmaceutical therapy, radiolabeled  
monoclonal antibody by intravenous infusion

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: ACUTE OSTEOMYELITIS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 35

DELETE	20960	Invalid code
ADD	21025	Excision of bone (eg, osteomyelitis or bone abscess), mandible

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Diagnosis: BIRTH CONTROL  
Treatment: CONTRACEPTION MANAGEMENT  
Line: 54

ADD	T1015	Clinic visit/encounter, all-inclusive
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Diagnosis: PREGNANCY  
Treatment: MATERNITY CARE  
Line: 55

ADD	59070	Transabdominal amnioinfusion, including ultrasound guidance
ADD	59072	Fetal umbilical cord occlusion, including ultrasound guidance
ADD	59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
ADD	59076	Fetal shunt placement, including ultrasound guidance
ADD	59866	Multifetal pregnancy reduction
DELETE	G9001	Coordinated care fee, initial rate
DELETE	G9002	Coordinated care fee, maintenance rate
DELETE	G9005	Invalid code
DELETE	G9006	Invalid code
DELETE	G9009	Coordinated care fee, risk adjusted maintenance, level 3
DELETE	G9010	Coordinated care fee, risk adjusted maintenance, level 4
DELETE	G9011	Coordinated care fee, risk adjusted maintenance, level 5
DELETE	G9012	Coordinated care fee, risk adjusted maintenance, other specified

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Diagnosis: SPINA BIFIDA  
Treatment: SURGICAL TREATMENT  
Line: 88

ADD	62180	Ventriculocisternostomy
ADD	62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular,
ADD	62192	Creation of shunt; subarachnoid/subdural-peritoneal, pleural,
ADD	62194	Replacement or irrigation, subarachnoid/subdural catheter
ADD	62200	Ventriculocisternostomy, third ventricle

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: SPINA BIFIDA

Treatment: SURGICAL TREATMENT

Line: 88 (CONT'D)

ADD	62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
ADD	62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular
ADD	62223	Creation of shunt; ventriculo-peritoneal, -pleural, -other terminus
ADD	62225	Replacement or irrigation, ventricular catheter
ADD	62230	Replacement or revision of CSF shunt, obstructed valve, or distal catheter in shunt system
ADD	62252	Reprogramming of programmable CSF shunt
ADD	62256	Removal of complete CSF system; without replacement
ADD	62258	Removal of complete CSF system; with replacement of similar or other shunt at same operation

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Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA

Treatment: SURGICAL TREATMENT

Line: 89

ADD Medical Therapy codes

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Diagnosis: RUMINATION DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 92

ADD	90816	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 20-30 minutes
ADD	90817	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 20-30 minutes, with E&M services
ADD	90818	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 45-50 minutes
ADD	90819	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 45-50 minutes, with E&M services
ADD	90823	Individual psychotherapy, interactive, inpatient hospital or residential care, 20-30 minutes
ADD	90824	Individual psychotherapy, interactive, inpatient hospital or residential care, 20-30 minutes, with E&M service
ADD	90826	Individual psychotherapy, interactive, inpatient hospital or residential care, 45-50 minutes

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: RUMINATION DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 92 (CONT'D)

ADD	90827	Individual psychotherapy, interactive, inpatient hospital or residential care, 45-50 minutes, with E&M service
DELETE	99301	E&M, annual nursing facility assessment, minimal
DELETE	99302	E&M, annual nursing facility assessment, more complex
DELETE	99303	E&M, annual nursing facility assessment, most complex
DELETE	99311	E&M, subsequent nursing facility assessment, per day, minimal
DELETE	99312	E&M, subsequent nursing facility assessment, per day, more complex
DELETE	99313	E&M, subsequent nursing facility assessment, most complex
DELETE	99315	E&M, discharge day nursing facility assessment, less than 30 minutes
DELETE	99316	E&M, discharge day nursing facility assessment, more than 30 minutes
ADD	H2013	Psych health facility services, per diem

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Diagnosis: BILIARY ATRESIA

Treatment: LIVER TRANSPLANT

Line: 107

DELETE	47134	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor
ADD	47140	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; left lateral segment only
ADD	47141	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total left lobectomy
ADD	47142	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total right lobectomy

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Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 109

ADD	36825	Creation of AV fistula by other than direct AV anastomosis; autogenous graft
DELETE	62825	Invalid code

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT

Treatment: LIVER TRANSPLANT

Line: 110

DELETE	47134	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor
ADD	47140	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; left lateral segment only
ADD	47141	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total left lobectomy
ADD	47142	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total right lobectomy

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 113

ADD	29015	Application of Risser jacket, including head
ADD	29025	Application of turnbuckle cast
ADD	29040	Application of body cast, including head
ADD	29710	Removal of shoulder, hip, Minerva or Risser cast
ADD	29715	Removal of turnbuckle cast
ADD	29720	Repair of body cast
ADD	63101	Vertebral Corpectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (eg, for tumor or retropulsed bone fragments); thoracic, single segment
ADD	63102	Vertebral Corpectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (eg, for tumor or retropulsed bone fragments); lumbar, single segment
ADD	63103	Vertebral Corpectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: FRACTURE OF PELVIS, OPEN OR CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 114

ADD	29035	Application of body cast
ADD	29040	Application of body cast, including head
ADD	29044	Application of body cast, including one thigh
ADD	29046	Application of body cast, including both thighs
ADD	29305	Application of hip spica cast, one leg
ADD	29325	Application of hip spica cast, 1 1/2 spica or two legs
ADD	29710	Removal of shoulder, hip, Minerva or Risser cast
ADD	29720	Repair of body cast

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

Treatment: MEDICAL THERAPY

Line: 116

ADD	65780	Ocular surface reconstruction; amniotic membrane transplantation
ADD	65781	Ocular surface reconstruction; limbal stem cell allograft
ADD	65782	Ocular surface reconstruction; limbal conjunctival autograft
ADD	68371	Harvesting conjunctival allograft, living donor

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Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME

Treatment: BONE MARROW TRANSPLANT

Line: 118

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

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Diagnosis: HODGKIN'S DISEASE

Treatment: BONE MARROW TRANSPLANT

Line: 120

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

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 122

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

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Diagnosis: NON-HODGKIN'S LYMPHOMA

Treatment: MEDICAL THERAPY, INCLUDING CHEMOTHERAPY AND RADIATION THERAPY

Line: 123

ADD	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
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Diagnosis: NON-HODGKIN'S LYMPHOMAS

Treatment: BONE MARROW TRANSPLANT

Line: 124

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

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Diagnosis: THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 125

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

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Diagnosis: SHORT BOWEL SYNDROME

Treatment: INTESTINE/LIVER TRANSPLANT

Line: 128

DELETE	47134	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor
ADD	47140	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; left lateral segment only
ADD	47141	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total left lobectomy
ADD	47142	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total right lobectomy

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME

Treatment: MEDICAL THERAPY

Line: 129

ADD 31645 Bronchoscopy, with therapeutic aspiration of  
tracheobronchial tree, initial

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Diagnosis: FRACTURE OF JOINT, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 132

ADD 29035 Application of body cast  
ADD 29040 Application of body cast, including head  
ADD 29044 Application of body cast, including one thigh  
ADD 29046 Application of body cast, including both  
thighs  
ADD 29049 Application, cast; figure of eight  
ADD 29055 Application, cast; shoulder spica  
ADD 29058 Application, cast; plaster Velpeau  
ADD 29065 Application, cast; long arm  
ADD 29075 Application, cast; short arm  
ADD 29085 Application, cast; hand  
ADD 29086 Application, cast; finger  
ADD 29305 Application of hip spica cast; one leg  
ADD 29325 Application of hip spica cast, 1 1/2 spica or  
two legs  
ADD 29345 Application of long leg cast  
ADD 29355 Application of long leg cast brace, walker  
type  
ADD 29358 Application of long leg cast brace  
ADD 29365 Application of cylinder cast  
ADD 29405 Application of short leg cast  
ADD 29425 Application of short leg cast, walker  
ADD 29435 Application of patellar tendon bearing cast  
ADD 29440 Adding walker to previously applied cast  
ADD 29445 Application of rigid total contact leg cast  
ADD 29505 Application of long leg splint  
ADD 29515 Application of short leg splint  
ADD 29700 Removal or bivalving; gauntlet, boot or body  
cast  
ADD 29705 Removal or bivalving; full arm or full leg  
cast  
ADD 29710 Removal or bivalving; shoulder or hip spica,  
Minerva or Risser  
ADD 29720 Repair of spica, body cast or jacket  
ADD 29730 Windowing of cast  
ADD 29740 Wedging of cast

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Diagnosis: FRACTURE OF SHAFT OF BONE, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 133

ADD 29035 Application of body cast  
ADD 29040 Application of body cast, including head

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: FRACTURE OF SHAFT OF BONE, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 133 (CONT'D)

ADD	29044	Application of body cast, including one thigh
ADD	29046	Application of body cast, including both thighs
ADD	29049	Application, cast; figure of eight
ADD	29055	Application, cast; shoulder spica
ADD	29058	Application, cast; plaster Velpeau
ADD	29065	Application, cast; long arm
ADD	29075	Application, cast; short arm
ADD	29085	Application, cast; hand
ADD	29086	Application, cast; finger
ADD	29105	Application of long arm splint
ADD	29125	Application of short arm splint, static
ADD	29126	Application of short arm splint, dynamic
ADD	29130	Application of finger splint, static
ADD	29131	Application of finger splint, dynamic
ADD	29305	Application of hip spica cast; one leg
ADD	29325	Application of hip spica cast, 1 1/2 spica or two legs
ADD	29345	Application of long leg cast
ADD	29355	Application of long leg cast brace, walker type
ADD	29358	Application of long leg cast brace
ADD	29365	Application of cylinder cast
ADD	29405	Application of short leg cast
ADD	29425	Application of short leg cast, walker
ADD	29435	Application of patellar tendon bearing cast
ADD	29440	Adding walker to previously applied cast
ADD	29445	Application of rigid total contact leg cast
ADD	29505	Application of long leg splint
ADD	29515	Application of short leg splint
ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29705	Removal or bivalving; full arm or full leg cast
ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast
ADD	29740	Wedging of cast

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Diagnosis: OPEN FRACTURE OF EPIPHYSIS OF LOWER EXTREMITY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 134

ADD	29035	Application of body cast
ADD	29040	Application of body cast, including head
ADD	29044	Application of body cast, including one thigh
ADD	29046	Application of body cast, including both thighs

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: OPEN FRACTURE OF EPIPHYSIS OF LOWER EXTREMITY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 134 (CONT'D)

ADD	29305	Application of hip spica cast; one leg
ADD	29325	Application of hip spica cast, 1 1/2 spica or two legs
ADD	29345	Application of long leg cast
ADD	29355	Application of long leg cast brace, walker type
ADD	29358	Application of long leg cast brace
ADD	29365	Application of cylinder cast
ADD	29505	Application of long leg splint
ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29705	Removal or bivalving; full arm or full leg cast
ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast

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Diagnosis: ARTERIAL ANEURISM OF NECK

Treatment: REPAIR

Line: 136

ADD	37205	Transcatheter placement of an intravascular stent, (non-coronary vessel), percutaneous; initial vessel
ADD	37206	Transcatheter placement of an intravascular stent, (non-coronary vessel), percutaneous; each additional vessel
ADD	37207	Transcatheter placement of an intravascular stent, (non-coronary vessel), open; initial vessel
ADD	37208	Transcatheter placement of an intravascular stent, (non-coronary vessel), open; each additional vessel

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Diagnosis: BENIGN NEOPLASM OF BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY

Line: 139

ADD	61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
ADD	61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, maxillectomy and/or orbital exenteration

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: BENIGN NEOPLASM OF BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY

Line: 139 (CONT'D)

- ADD 61582 Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal
- ADD 61583 Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
- ADD 61584 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and /or temporal lobes; without orbital exenteration
- ADD 61585 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and /or temporal lobes; with orbital
- ADD 61586 Bicoronal, transzygomatic and /or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
- ADD 61590 Infratemporal pre-auricular approach to middle cranial fossa, with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
- ADD 61591 Infratemporal post-auricular approach to middle cranial fossa including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal
- ADD 61592 Orbitocranial zygomatic approach to middle cranial fossa including osteotomy of zygoma, craniotomy, extra or intradural elevation of temporal lobe
- ADD 61595 Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
- ADD 61596 Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: BENIGN NEOPLASM OF BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY

Line: 139 (CONT'D)

ADD 61597 Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral bodies, decompression of vertebral artery, with or without

ADD 61598 Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus

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

Treatment: MEDICAL THERAPY

Line: 144

ADD 90802 Interactive psychiatric assessment, child

DELETE BA008 Psychiatric assessment, child

DELETE BA009 Psychological assessment, child

DELETE BA010 Mental health assessment, child

DELETE BA135 Acute care non-hospital for psychotic

DELETE BA310 Outpatient A&D assessment

DELETE BA371 Invalid code

DELETE BA382 Psychological testing for methadone

ADD H0001 A&D assessment

ADD H0002 MH assessment for admission to tx program

ADD H0031 Mental health assessment by non-physician

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Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 145

ADD H2013 Psych health facility services, per diem

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Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 146

ADD 90816 Individual psychotherapy, insight oriented, inpatient hospital or residential care, 20-30 minutes

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 146 (CONT'D)

ADD	90817	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 20-30 minutes, with E&M services
ADD	90818	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 45-50 minutes
ADD	90819	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 45-50 minutes, with E&M services
ADD	90823	Individual psychotherapy, interactive, inpatient hospital or residential care, 20-30 minutes
ADD	90824	Individual psychotherapy, interactive, inpatient hospital or residential care, 20-30 minutes, with E&M service
ADD	90826	Individual psychotherapy, interactive, inpatient hospital or residential care, 45-50 minutes
ADD	90827	Individual psychotherapy, interactive, inpatient hospital or residential care, 45-50 minutes, with E&M service
ADD	H2013	Psych health facility services, per diem

---

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148

DELETE	26931	Invalid code
ADD	33233	Removal of permanent pacemaker pulse
ADD	33235	Removal of transvenous pacemaker electrode; dual lead system
DELETE	50640	Invalid code

---

Diagnosis: CONGENITAL TRICUSPID ATRESIA AND STENOSIS

Treatment: REPAIR

Line: 152

ADD	92992	Atrial septectomy or septostomy; transvenous method, balloon
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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA

Treatment: SHUNT/REPAIR

Line: 155

- ADD 33530 Reoperation, coronary bypass procedure or valve procedure, more than one month after original procedure
  - ADD 33918 Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries; without CP bypass
  - ADD 33919 Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries; with CP bypass
  - ADD 33920 Repair of pulmonary atresia with VSD by construction or replacement of conduit from right or left ventricle to pulmonary artery
- 

Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 162

- ADD H2013 Psych health facility services, per diem
- 

Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 163

- ADD H2013 Psych health facility services, per diem
- 

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 164

- ADD H2013 Psych health facility services, per diem
- 

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 165

- ADD 65780 Ocular surface reconstruction; amniotic membrane transplantation
  - ADD 65781 Ocular surface reconstruction; limbal stem cell allograft
  - ADD 65782 Ocular surface reconstruction; limbal conjunctival autograft
  - ADD 68371 Harvesting conjunctival allograft, living donor
-

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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

Treatment: MEDICAL THERAPY, DIALYSIS

Line: 166

ADD 36838 Distal revascularization and interval  
ligation (DRIL), upper extremity  
hemodialysis access

-----  
Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

Line: 169

DELETE 61130 Invalid code  
ADD 61516 Craniectomy, trephination, bone flap  
craniotomy; for excision or fenestration of  
cyst, supratentorial

-----  
Diagnosis: END-STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 178

ADD 36838 Distal revascularization and interval  
ligation (DRIL), upper extremity  
hemodialysis access

-----  
Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER

Treatment: LIVER TRANSPLANT

Line: 179

DELETE 47134 Donor hepatectomy, with preparation and  
maintenance of allograft; partial, from  
living donor  
ADD 47140 Donor hepatectomy, with preparation and  
maintenance of allograft; partial, from  
living donor; left lateral segment only  
ADD 47141 Donor hepatectomy, with preparation and  
maintenance of allograft; partial, from  
living donor; total left lobectomy  
ADD 47142 Donor hepatectomy, with preparation and  
maintenance of allograft; partial, from  
living donor; total right lobectomy

-----  
Diagnosis: FRACTURE OF HIP, CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 180

ADD 29035 Application of body cast  
ADD 29040 Application of body cast, including head  
ADD 29044 Application of body cast, including one thigh  
ADD 29046 Application of body cast, including both  
thighs

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: FRACTURE OF HIP, CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 180 (CONT'D)

ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast

---

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA

Treatment: BONE MARROW TRANSPLANT

Line: 182

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

---

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

Line: 183

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

---

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

Treatment: MEDICAL THERAPY

Line: 184

ADD	90802	Interactive psychiatric assessment, child
DELETE	BA108	Psychiatric assessment, adult
DELETE	BA109	Psychological assessment, adult
DELETE	BA110	Mental health assessment, adult
DELETE	BA150	Mental health assessment for JOBS program
DELETE	BA310	Outpatient A&D assessment
DELETE	BA371	Invalid code
DELETE	BA382	Psychological testing for methadone
ADD	H0001	A&D assessment
ADD	H0002	MH assessment for admission to tx program
ADD	H0031	Mental health assessment by non-physician

---

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 187

ADD	J3490	Buprenorphine
ADD	T1502	Administration of buprenorphine
ADD	H2013	Psych health facility services, per diem

---

Diagnosis: MAJOR DEPRESSION, SINGLE EPISODE OR MILD

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 188

ADD	90816	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 20-30 minutes
ADD	90817	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 20-30 minutes, with E&M services
ADD	90818	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 45-50 minutes
ADD	90819	Individual psychotherapy, insight oriented, inpatient hospital or residential care, 45-50 minutes, with E&M services
ADD	90823	Individual psychotherapy, interactive, inpatient hospital or residential care, 20-30 minutes
ADD	90824	Individual psychotherapy, interactive, inpatient hospital or residential care, 20-30 minutes, with E&M service
ADD	90826	Individual psychotherapy, interactive, inpatient hospital or residential care, 45-50 minutes
ADD	90827	Individual psychotherapy, interactive, inpatient hospital or residential care, 45-50 minutes, with E&M service
ADD	H2013	Psych health facility services, per diem

---

Diagnosis: OTHER PSYCHOTIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 189

ADD	H2013	Psych health facility services, per diem
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Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANT

Line: 200

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

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

-----  
Diagnosis: CHRONIC OSTEOMYELITIS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 211

DELETE 20960 Invalid code  
DELETE 20960 Invalid code

-----  
Diagnosis: MULTIPLE MYELOMA  
Treatment: BONE MARROW TRANSPLANT  
Line: 213

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

-----  
Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, ETC  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 219

DELETE 333.99 Restless legs syndrome

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

ADD 15738 Muscle, myocutaneous, or fasciocutaneous  
flap; lower extremity  
ADD 15740 Flap; island pedicle  
ADD 15750 Flap; neurovascular pedicle  
ADD 15756 Free muscle or myocutaneous flap with  
microvascular anastomosis  
ADD 15758 Free fascial flap with microvascular  
anastomosis

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

ADD 58940 Oophorectomy, partial or total, unilateral  
or bilateral

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

DELETE 17002 Invalid code  
ADD 63101 Vertebral Corpectomy, partial or complete,  
ADD 63102 Vertebral Corpectomy, partial or complete,

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CANCER OF BONES, TREATABLE

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

Line: 234 (CONT'D)

ADD 63103 Vertebral Corpectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment

---

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

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

Line: 237

DELETE 42880 Invalid code

---

Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 244

ADD 90849 Multiple family group therapy  
ADD 90862 Pharmacologic management  
DELETE 99301 E&M, annual nursing facility assessment, minimal  
DELETE 99302 E&M, annual nursing facility assessment, more complex  
DELETE 99303 E&M, annual nursing facility assessment, most complex  
DELETE 99311 E&M, subsequent nursing facility assessment, per day, minimal  
DELETE 99312 E&M, subsequent nursing facility assessment, per day, more complex  
DELETE 99313 E&M, subsequent nursing facility assessment, most complex  
DELETE 99315 E&M, discharge day nursing facility assessment, less than 30 minutes  
DELETE 99316 E&M, discharge day nursing facility assessment, more than 30 minutes  
ADD H2013 Psych health facility services, per diem

---

Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 245

ADD 90849 Multiple family group therapy  
ADD 90862 Pharmacologic management

---

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 249

ADD 36838 Distal revascularization and interval  
ligation (DRIL), upper extremity  
hemodialysis access

---

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 250

ADD 36838 Distal revascularization and interval  
ligation (DRIL), upper extremity  
hemodialysis access

---

Diagnosis: SUBSTANCE INDUCED DELIRIUM

Treatment: MEDICAL THERAPY

Line: 263

DELETE 90887 Interpretation of results to family  
DELETE H0004 Behavioral health counseling, per 15 minutes  
DELETE H0005 A&D services, group counseling  
DELETE T1006 A&D services, family counseling  
DELETE T1013 sign language or interpretation service,  
each 15 minutes  
ADD H2013 Psych health facility services, per diem

---

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 265

ADD 64449 Injection, anesthetic agent; lumbar plexus,  
continuous infusion by catheter including  
daily management for anesthetic agent  
administration  
ADD 64517 Injection, anesthetic agent; superior  
hypogastric plexus  
ADD 64680 Destruction by neurolytic agent, with or  
without radiologic monitoring: celiac plexus  
ADD 64681 Destruction by neurolytic agent, with or  
without radiologic monitoring: superior  
hypogastric plexus

---

Diagnosis: ADJUSTMENT DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 266

ADD 90849 Multiple family group therapy  
ADD 90862 Pharmacologic management

---

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: OPPOSITIONAL DEFIANT DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 267

ADD	99241	Office consultation, brief
ADD	99242	Office consultation, limited
ADD	99243	Office consultation, moderate
ADD	99244	Office consultation, expanded
ADD	99245	Office consultation, extensive
DELETE	H0035	Mental health partial hospitalization, less than 24 hours

---

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 268

ADD	99241	Office consultation, brief
ADD	99242	Office consultation, limited
ADD	99243	Office consultation, moderate
ADD	99244	Office consultation, expanded
ADD	99245	Office consultation, extensive
DELETE	H0035	Mental health partial hospitalization, less than 24 hours

---

Diagnosis: CANCER OF THE CERVIX, TREATABLE

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

Line: 274

ADD	58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less
ADD	58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less
ADD	58553	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250
ADD	58554	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250

---

Diagnosis: CANCER OF PROSTATE GLAND, TREATABLE

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

Line: 276

DELETE	52340	Invalid code
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Diagnosis: TERMINATION OF PREGNANCY

Treatment: INDUCED ABORTION

Line: 300

DELETE	58611	Ligation/transection of fallopian tube done at time of C-section or abdominal surgery
DELETE	59866	Multifetal pregnancy reduction

---

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: PREVENTIVE DENTAL SERVICES

Treatment: CLEANING AND FLOURIDE

Line: 301

ADD D0140 Limited/problem focused dental exam

ADD D0170 Dental exam for re-evaluation

---

Diagnosis: POSTTRAUMATIC STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 304

ADD H2013 Psych health facility services, per diem

---

Diagnosis: OBSESSIVE COMPULSIVE DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 305

ADD 99241 Office consultation, brief

ADD 99242 Office consultation, limited

ADD 99243 Office consultation, moderate

ADD 99244 Office consultation, expanded

ADD 99245 Office consultation, extensive

DELETE H0035 Mental health partial hospitalization, less than 24 hours

---

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITH MENTION OF IMPAIRMENT OF CONSCIOUSNESS

Treatment: SINGLE FOCAL SURGERY

Line: 307

ADD 61537 Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery

ADD 61540 Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery

ADD 61566 Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy

ADD 61567 Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery

DELETE 61862 Twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of one neurostimulator electrode array in subcortical site; with use of intraoperative microelectrode recording

ADD 61863 Twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of neurostimulator electrode array in subcortical site; without use of intraoperative microelectrode recording; first array

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

-----  
Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITH MENTION OF  
IMPAIRMENT OF CONSCIOUSNESS

Treatment: SINGLE FOCAL SURGERY

Line: 307 (CONT'D)

ADD	61864	Twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of neurostimulator electrode array in subcortical site; without use of intraoperative microelectrode recording; each additional array
ADD	61867	Twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of neurostimulator electrode array in subcortical site; with use of intraoperative microelectrode recording; first array
ADD	61868	Twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of neurostimulator electrode array in subcortical site; with use of intraoperative microelectrode recording; each additional array

-----  
Diagnosis: ATELECTASIS

Treatment: MEDICAL THERAPY

Line: 320

ADD	31646	Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent
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Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Guideline Note)

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

Line: 336

DELETE	25330	Invalid code
DELETE	25331	Invalid code

-----  
Diagnosis: PANIC DISORDER, AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 340

DELETE	99301	E&M, annual nursing facility assessment, minimal
DELETE	99302	E&M, annual nursing facility assessment, more complex
DELETE	99303	E&M, annual nursing facility assessment, most complex
DELETE	99311	E&M, subsequent nursing facility assessment, per day, minimal
DELETE	99312	E&M, subsequent nursing facility assessment, per day, more complex
DELETE	99313	E&M, subsequent nursing facility assessment, most complex

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: PANIC DISORDER, AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 340 (CONT'D)

DELETE	99315	E&M, discharge day nursing facility assessment, less than 30 minutes
DELETE	99316	E&M, discharge day nursing facility assessment, more than 30 minutes
ADD	H2013	Psych health facility services, per diem

---

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 348

ADD	35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery
ADD	37205	Transcatheter placement of an intravascular stent, (non-coronary vessel), percutaneous; initial vessel
ADD	37206	Transcatheter placement of an intravascular stent, (non-coronary vessel), percutaneous; each additional vessel
ADD	37207	Transcatheter placement of an intravascular stent, (non-coronary vessel), open; initial vessel
ADD	37208	Transcatheter placement of an intravascular stent, (non-coronary vessel), open; each additional vessel

---

Diagnosis: CANCER OF SKIN, NON-MELANOMA, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 349

ADD	11301	Shaving of epidermal or dermal lesion, single lesion, trunks, arms or legs; diameter 0.6 to 1.0 cm
ADD	11302	Shaving of epidermal or dermal lesion, single lesion, trunks, arms or legs; diameter 1.1 to 2.0 cm
ADD	11303	Shaving of epidermal or dermal lesion, single lesion, trunks, arms or legs; diameter greater than 2.0 cm
ADD	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; diameter 0.5 cm or less
ADD	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; diameter 0.6 to 1.0cm
ADD	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; diameter 1.1 to 2.0 cm
ADD	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; diameter greater than 2.0 cm

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CANCER OF SKIN, NON-MELANOMA, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 349 (CONT'D)

ADD	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips; diameter 0.5 cm or less
ADD	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips; diameter 0.6 to 1.0cm
ADD	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips; diameter 1.1 to 2.0 cm
ADD	11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips; diameter greater than 2.0 cm

---

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 355

ADD	23030	Incision and drainage, shoulder area, deep abscess or hematoma
ADD	23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
ADD	26990	Incision and Drainage, pelvis or hip joint area; deep abscess or hematoma
ADD	56740	Excision of Bartholin gland or cyst

---

Diagnosis: DENTAL CARIES (PERIAPICAL INFECTION)

Treatment: SURGERY

Line: 358

DELETE	21205	Invalid code
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Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)

Treatment: URGENT AND EMERGENT DENTAL SERVICES

Line: 359

DELETE	D0140	Limited/problem focused dental exam
DELETE	D0170	Dental exam for re-evaluation

---

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS

Treatment: MEDICAL THERAPY, BURN TREATMENT

Line: 365

DELETE	16042	Invalid code
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Diagnosis: URETERAL OBSTRUCTION OR STRICTURE; HYDRONEPHROSIS; HYDROURETER

Treatment: SURGICAL AND MEDICAL THERAPY

Line: 369

ADD	51535	Cystotomy for excision, incision or repair of ureterocele
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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CONGENITAL HYDRONEPHROSIS

Treatment: NEPHRECTOMY/REPAIR

Line: 370

ADD 51535 Cystotomy for excision, incision or repair  
of ureterocele

---

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 371

ADD 35510 Bypass graft, with vein, carotid-brachial  
ADD 35512 Bypass graft, with vein, subclavian-brachial  
ADD 35522 Bypass graft, with vein, axillary-brachial  
ADD 35525 Bypass graft, with vein, brachial-brachial

---

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 376

ADD 99241 Office consultation, brief  
ADD 99242 Office consultation, limited  
ADD 99243 Office consultation, moderate  
ADD 99244 Office consultation, expanded  
ADD 99245 Office consultation, extensive  
DELETE H0035 Mental health partial hospitalization, less  
than 24 hours

---

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER;  
ANXIETY DISORDER, UNSPECIFIED

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 377

ADD 90849 Multiple family group therapy  
ADD 90862 Pharmacologic management  
DELETE H0035 Mental health partial hospitalization, less  
than 24 hours

---

Diagnosis: BULIMIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 378

ADD H2013 Psych health facility services, per diem

---

Diagnosis: DEEP OPEN WOUND

Treatment: REPAIR, SURGICAL TREATMENT

Line: 380

ADD 26990 Incision and Drainage, pelvis or hip joint  
area; deep abscess or hematoma  
ADD 57200 Colporrhaphy, suture of injury of vagina

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CLEFT PALATE

Treatment: REPAIR & PALATOPLASTY, ORTHODONTICS

Line: 383

DELETE	D7110	Extraction - single tooth
ADD	D7111	Extraction, coronal remnants - deciduous
DELETE	D7120	Extraction - each additional tooth
ADD	D7140	Extraction, erupted tooth or exposed root

---

Diagnosis: PARANOID DELUSIONAL DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 392

ADD	H2013	Psych health facility services, per diem
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Diagnosis: GLAUCOMA

Treatment: MEDICAL THERAPY

Line: 398

ADD	76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal
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Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 405

ADD	65780	Ocular surface reconstruction; amniotic membrane transplantation
ADD	65781	Ocular surface reconstruction; limbal stem cell allograft
ADD	65782	Ocular surface reconstruction; limbal conjunctival autograft
ADD	68371	Harvesting conjunctival allograft, living donor

---

Diagnosis: CORNEAL ULCER; SUPERFICIAL INJURY OF THE EYE AND ADNEXA

Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY

Line: 408

ADD	65780	Ocular surface reconstruction; amniotic membrane transplantation
ADD	65781	Ocular surface reconstruction; limbal stem cell allograft
ADD	65782	Ocular surface reconstruction; limbal conjunctival autograft
ADD	68371	Harvesting conjunctival allograft, living donor

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Diagnosis: CATARACT

Treatment: EXTRACTION OF CATARACT

Line: 414

DELETE	743.30	Congenital cataract
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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA

Treatment: KERATOPLASTY

Line: 416

ADD	65780	Ocular surface reconstruction; amniotic membrane transplantation
ADD	65781	Ocular surface reconstruction; limbal stem cell allograft
ADD	65782	Ocular surface reconstruction; limbal conjunctival autograft
ADD	68371	Harvesting conjunctival allograft, living donor

---

Diagnosis: CHRONIC DEPRESSION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 425

ADD	90849	Multiple family group therapy
ADD	90862	Pharmacologic management
DELETE	H0035	Mental health partial hospitalization, less than 24 hours

---

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS;  
INTOXICATION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 426

ADD	H2013	Psych health facility services, per diem
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Diagnosis: BORDERLINE PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 427

DELETE	90820	Invalid code
DELETE	99301	E&M, annual nursing facility assessment, minimal
DELETE	99302	E&M, annual nursing facility assessment, more complex
DELETE	99303	E&M, annual nursing facility assessment, most complex
DELETE	99311	E&M, subsequent nursing facility assessment, per day, minimal
DELETE	99312	E&M, subsequent nursing facility assessment, per day, more complex
DELETE	99313	E&M, subsequent nursing facility assessment, most complex
DELETE	99315	E&M, discharge day nursing facility assessment, less than 30 minutes
DELETE	99316	E&M, discharge day nursing facility assessment, more than 30 minutes
ADD	H2013	Psych health facility services, per diem

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: IDENTITY DISORDER  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 428

ADD H2013 Psych health facility services, per diem

-----  
Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 429

DELETE 99301 E&M, annual nursing facility assessment,  
minimal  
DELETE 99302 E&M, annual nursing facility assessment,  
more complex  
DELETE 99303 E&M, annual nursing facility assessment,  
most complex  
DELETE 99311 E&M, subseq nursing facility assess, minimal  
DELETE 99312 E&M, subseq nursing facility assess, moderate  
DELETE 99313 E&M, subseq nursing facility assess, complex  
DELETE 99315 E&M, discharge day nursing facility  
assessment, less than 30 minutes  
DELETE 99316 E&M, discharge day nursing facility  
assessment, more than 30 minutes  
ADD H2013 Psych health facility services, per diem

-----  
Diagnosis: SUPERFICIAL INJURIES WITH INFECTION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 431

ADD 10121 Incision and removal of foreign body of SC  
tissues, complicated

-----  
Diagnosis: CONVERSION DISORDER, CHILD  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 433

ADD 99241 Office consultation, brief  
ADD 99242 Office consultation, limited  
ADD 99243 Office consultation, moderate  
ADD 99244 Office consultation, expanded  
ADD 99245 Office consultation, extensive

-----  
Diagnosis: FUNCTIONAL ENCOPRESIS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 434

ADD H2013 Psych health facility services, per diem.

-----  
Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE;  
ELECTIVE MUTISM  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 435

ADD 90849 Multiple family group therapy  
ADD 90862 Pharmacologic management

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 436

ADD	99241	Office consultation, brief
ADD	99242	Office consultation, limited
ADD	99243	Office consultation, moderate
ADD	99244	Office consultation, expanded
ADD	99245	Office consultation, extensive

---

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 440

ADD	52310	Cystourethrostomy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder; simple
ADD	53430	Urethroplasty, reconstruction of female urethra
ADD	53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence
ADD	53440	Sling operation for correction of male urinary incontinence
ADD	53442	Removal or revision of sling for male urinary incontinence
ADD	53444	Insertion of tandem cuff
ADD	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir and cuff
ADD	53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir and
ADD	53447	Removal and replacement of inflatable urethral/bladder neck sphincter, including pump, reservoir and cuff, at the same operative session
ADD	53448	Removal and replacement of inflatable urethral/bladder neck sphincter, including pump, reservoir and cuff, through an infected operative field, at the same
ADD	53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir and
ADD	53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy
DELETE	53640	Invalid code

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: HEREDITARY IMMUNE DEFICIENCY

Treatment: BONE MARROW TRANSPLANT

Line: 445

DELETE G0265 CRYOPRESERVATION, FREEZING AND STORAGE

DELETE G0266 THAWING AND EXPANSION OF FROZEN CELLS

-----  
Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 446

DELETE G0265 CRYOPRESERVATION, FREEZING AND STORAGE

DELETE G0266 THAWING AND EXPANSION OF FROZEN CELLS

-----  
Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE INDEP

Treatment: MEDICAL THERAPY

Line: 455

DELETE 333.99 Restless legs syndrome

-----  
Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION

Treatment: MEDICAL THERAPY

Line: 456

DELETE 333.99 Restless legs syndrome

-----  
Diagnosis: EATING DISORDER NOS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 462

ADD H2013 Psych health facility services, per diem

-----  
Diagnosis: DISSOCIATIVE DISORDERS: DEPERSONALIZATION DISORDER;  
MULTIPLE PERSONALITY DISORDER; ETC

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 463

ADD 90816 Individual psychotherapy, insight oriented,  
inpatient hospital or residential care,

ADD 90817 Individual psychotherapy, insight oriented,  
inpatient hospital or residential care,

ADD 90818 Individual psychotherapy, insight oriented,  
inpatient hospital or residential care,

ADD 90819 Individual psychotherapy, insight oriented,  
inpatient hospital or residential care,

ADD 90823 Individual psychotherapy, interactive,  
inpatient hospital or residential care,

ADD 90824 Individual psychotherapy, interactive,  
inpatient hospital or residential care,

ADD 90826 Individual psychotherapy, interactive,  
inpatient hospital or residential care,

ADD 90827 Individual psychotherapy, interactive,  
inpatient hospital or residential care,

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 464

DELETE	90810	Individual psychotherapy, interactive, 20-30 minutes
DELETE	90811	Individual psychotherapy, interactive, 20-30 minutes, with E&M service
DELETE	90812	Individual psychotherapy, interactive, 45-50 minutes
DELETE	90813	Individual psychotherapy, interactive, 45-50 minutes, with E&M service
DELETE	90857	Interactive group psychotherapy
ADD	H2013	Psych health facility services, per diem

---

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 469

ADD	29049	Application, cast; figure of eight
ADD	29055	Application, cast; shoulder spica
ADD	29058	Application, cast; plaster Velpeau
ADD	29065	Application, cast; long arm
ADD	29075	Application, cast; short arm
ADD	29085	Application, cast; hand
ADD	29086	Application, cast; finger
ADD	29105	Application of long arm splint
ADD	29125	Application of short arm splint, static
ADD	29126	Application of short arm splint, dynamic
ADD	29130	Application of finger splint, static
ADD	29131	Application of finger splint, dynamic
ADD	29305	Application of hip spica cast; one leg
ADD	29325	Application of hip spica cast, 1 1/2 spica or two legs
ADD	29345	Application of long leg cast
ADD	29355	Application of long leg cast brace, walker type
ADD	29358	Application of long leg cast brace
ADD	29365	Application of cylinder cast
ADD	29405	Application of short leg cast
ADD	29425	Application of short leg cast, walker
ADD	29435	Application of patellar tendon bearing cast
ADD	29440	Adding walker to previously applied cast
ADD	29445	Application of rigid total contact leg cast
ADD	29505	Application of long leg splint
ADD	29515	Application of short leg splint
ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29705	Removal or bivalving; full arm or full leg cast

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 469 (CONT'D)

ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast
ADD	29740	Wedging of cast

---

Diagnosis: CLOSED FRACTURE OF PHYSIS OF LOWER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 470

ADD	29305	Application of hip spica cast; one leg
ADD	29325	Application of hip spica cast, 1 1/2 spica or two legs
ADD	29345	Application of long leg cast
ADD	29355	Application of long leg cast brace, walker type
ADD	29358	Application of long leg cast brace
ADD	29365	Application of cylinder cast
ADD	29405	Application of short leg cast
ADD	29425	Application of short leg cast, walker
ADD	29435	Application of patellar tendon bearing cast
ADD	29440	Adding walker to previously applied cast
ADD	29445	Application of rigid total contact leg cast
ADD	29505	Application of long leg splint
ADD	29515	Application of short leg splint
ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29705	Removal or bivalving; full arm or full leg cast
ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast
ADD	29740	Wedging of cast

---

Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 471

ADD	29049	Application, cast; figure of eight
ADD	29055	Application, cast; shoulder spica
ADD	29058	Application, cast; plaster Velpeau
ADD	29065	Application, cast; long arm
ADD	29075	Application, cast; short arm
ADD	29085	Application, cast; hand
ADD	29086	Application, cast; finger
ADD	29105	Application of long arm splint
ADD	29125	Application of short arm splint, static

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 471 (CONT'D)

ADD	29126	Application of short arm splint, dynamic;
ADD	29130	Application of finger splint, static
ADD	29131	Application of finger splint, dynamic
ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29705	Removal or bivalving; full arm or full leg cast
ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast
ADD	29740	Wedging of cast

---

Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;  
CONGENITAL ANOMALIES OF THE EYE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 473

ADD	65780	Ocular surface reconstruction; amniotic membrane transplantation
ADD	65781	Ocular surface reconstruction; limbal stem cell allograft
ADD	65782	Ocular surface reconstruction; limbal conjunctival autograft
ADD	68371	Harvesting conjunctival allograft, living donor

---

Diagnosis: STEREOTYPY/HABIT DISORDER & SELF-ABUSIVE BEHAVIOR DUE TO  
NEUROLOGICAL DYSFUNCTION

Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL  
MODIFICATION

Line: 478

ADD	H2013	Psych health facility services, per diem
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Diagnosis: BULLOUS DERMATOSES OF THE SKIN

Treatment: MEDICAL THERAPY

Line: 479

ADD	65780	Ocular surface reconstruction; amniotic membrane transplantation
ADD	65781	Ocular surface reconstruction; limbal stem cell allograft
ADD	65782	Ocular surface reconstruction; limbal conjunctival autograft
ADD	68371	Harvesting conjunctival allograft, living donor

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 480

ADD 21235 Graft; ear cartilage, autogenous, to nose  
or ear (includes obtaining graft)

-----  
Diagnosis: DISLOCATION/DEFORMITY KNEE AND HIP

Treatment: SURGICAL TREATMENT

Line: 483

ADD 29305 Application of hip spica cast; one leg  
ADD 29325 Application of hip spica cast, 1 1/2 spica or  
two legs  
ADD 29345 Application of long leg cast  
ADD 29355 Application of long leg cast brace, walker  
type  
ADD 29358 Application of long leg cast brace  
ADD 29365 Application of cylinder cast  
ADD 29405 Application of short leg cast  
ADD 29425 Application of short leg cast, walker  
ADD 29435 Application of patellar tendon bearing cast  
ADD 29440 Adding walker to previously applied cast  
ADD 29445 Application of rigid total contact leg cast  
ADD 29505 Application of long leg splint  
ADD 29515 Application of short leg splint  
ADD 29590 Denis-Browne splint strapping  
ADD 29700 Removal or bivalving; gauntlet, boot or body  
cast  
ADD 29705 Removal or bivalving; full arm or full leg  
cast  
ADD 29710 Removal or bivalving; shoulder or hip spica,  
Minerva or Risser  
ADD 29720 Repair of spica, body cast or jacket  
ADD 29730 Windowing of cast  
ADD 29740 Wedging of cast

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

Treatment: SURGICAL TREATMENT

Line: 484

ADD 29049 Application, cast; figure of eight  
ADD 29055 Application, cast; shoulder spica  
ADD 29058 Application, cast; plaster Velpeau  
ADD 29075 Application, cast; short arm  
ADD 29085 Application, cast; hand  
ADD 29086 Application, cast; finger  
ADD 29105 Application of long arm splint  
ADD 29125 Application of short arm splint, static  
ADD 29126 Application of short arm splint, dynamic  
ADD 29130 Application of finger splint, static

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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

Treatment: SURGICAL TREATMENT

Line: 484 (CONT'D)

ADD	29131	Application of finger splint, dynamic
ADD	29345	Application of long leg cast
ADD	29355	Application of long leg cast brace, walker type
ADD	29358	Application of long leg cast brace
ADD	29365	Application of cylinder cast
ADD	29405	Application of short leg cast
ADD	29425	Application of short leg cast, walker
ADD	29435	Application of patellar tendon bearing cast
ADD	29440	Adding walker to previously applied cast
ADD	29445	Application of rigid total contact leg cast
ADD	29450	Application of clubfoot cast with molding or manipulation, short or long leg
ADD	29505	Application of long leg splint
ADD	29515	Application of short leg splint
ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29705	Removal or bivalving; full arm or full leg cast
ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast
ADD	29740	Wedging of cast
ADD	29750	Wedging of clubfoot cast

---

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 485

ADD	20930	Allograft for Spine Surgery, morselized
ADD	20931	Allograft for spine surgery, structural
ADD	20936	Autograft for spine surgery, local, obtained from same incision
ADD	20937	Autograft for spine surgery, morselized, obtained from separate incision
ADD	20938	Autograft for spine surgery, structural, obtained from separate incision
ADD	22325	Open treatment and/or reduction of vertebral fractures/dislocations, posterior approach, one segment, lumbar
ADD	22326	Open treatment and/or reduction of vertebral fractures/dislocations, posterior approach, one segment, cervical
ADD	22327	Open treatment and/or reduction of vertebral fractures/dislocations, posterior approach, one segment, thoracic

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 485 (CONT'D)

- ADD 22328 Open treatment and/or reduction of vertebral fractures/dislocations, posterior approach, each additional segment
  - ADD 22532 Arthodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic
  - ADD 22533 Arthodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar
  - ADD 22534 Arthodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional segment
  - 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 segments
  - ADD 29035 Application of body cast
  - ADD 29040 Application of body cast, including head
  - ADD 29044 Application of body cast, including one thigh
  - ADD 29046 Application of body cast, including both thighs
  - ADD 29700 Removal or bivalving; gauntlet, boot or body cast
  - ADD 29710 Removal or bivalving; shoulder or hip spica, Minerva or Risser
  - ADD 29720 Repair of spica, body cast or jacket
- 

Diagnosis: FRACTURE OF JOINT, CLOSED, EXCEPT HIP

Treatment: OPEN OR CLOSED REDUCTION

Line: 486

- ADD 23665 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
- ADD 23670 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external
- ADD 24635 Open treatment of Monteggia type fracture dislocation at elbow, with or without internal or external fixation
- ADD 25560 Closed treatment of radial and ulnar shaft fractures; without manipulation

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: FRACTURE OF JOINT, CLOSED, EXCEPT HIP

Treatment: OPEN OR CLOSED REDUCTION

Line: 486 (CONT'D)

ADD	25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
ADD	25575	Open treatment of radial and ulnar shaft fractures, with internal or external fixation; of radius AND ulna
ADD	29035	Application of body cast
ADD	29040	Application of body cast, including head
ADD	29044	Application of body cast, including one thigh
ADD	29046	Application of body cast, including both thighs
ADD	29049	Application, cast; figure of eight
ADD	29055	Application, cast; shoulder spica
ADD	29058	Application, cast; plaster Velpeau
ADD	29075	Application, cast; short arm
ADD	29085	Application, cast; hand
ADD	29086	Application, cast; finger
ADD	29105	Application of long arm splint
ADD	29125	Application of short arm splint, static
ADD	29126	Application of short arm splint, dynamic
ADD	29130	Application of finger splint, static
ADD	29131	Application of finger splint, dynamic
ADD	29305	Application of hip spica cast; one leg
ADD	29325	Application of hip spica cast, 1 1/2 spica or two legs
ADD	29345	Application of long leg cast
ADD	29355	Application of long leg cast brace, walker type
ADD	29358	Application of long leg cast brace
ADD	29365	Application of cylinder cast
ADD	29405	Application of short leg cast
ADD	29425	Application of short leg cast, walker
ADD	29435	Application of patellar tendon bearing cast
ADD	29440	Adding walker to previously applied cast
ADD	29445	Application of rigid total contact leg cast
ADD	29505	Application of long leg splint
ADD	29515	Application of short leg splint
ADD	29700	Removal or bivalving; gauntlet, boot or body cast
ADD	29705	Removal or bivalving; full arm or full leg cast
ADD	29710	Removal or bivalving; shoulder or hip spica, Minerva or Risser
ADD	29720	Repair of spica, body cast or jacket
ADD	29730	Windowing of cast
ADD	29740	Wedging of cast

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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER;  
PREMENSTRUAL TENSION SYNDROMES

Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT

Line: 514

ADD H2013 Psych health facility services, per diem

---

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

Treatment: REPAIR

Line: 516

ADD 29065 Application, cast; long arm  
ADD 29075 Application, cast; short arm  
ADD 29085 Application, cast; hand  
ADD 29086 Application, cast; finger  
ADD 29105 Application of long arm splint  
ADD 29125 Application of short arm splint, static  
ADD 29126 Application of short arm splint, dynamic  
ADD 29130 Application of finger splint, static  
ADD 29131 Application of finger splint, dynamic  
ADD 29200 Strapping: thorax  
ADD 29220 Strapping: low back  
ADD 29240 Strapping: shoulder  
ADD 29260 Strapping: elbow or wrist  
ADD 29280 Strapping: hand or finger  
ADD 29520 Strapping: hip  
ADD 29530 Strapping: knee  
ADD 29700 Removal or bivalving; gauntlet, boot or body cast

---

Diagnosis: INTERNAL DERANGEMENT OF KNEE, GRADE II AND III

Treatment: REPAIR, MEDICAL THERAPY

Line: 518

ADD 29345 Application of long leg cast  
ADD 29355 Application of long leg cast brace, walker type  
ADD 29358 Application of long leg cast brace  
ADD 29365 Application of cylinder cast  
ADD 29405 Application of short leg cast  
ADD 29425 Application of short leg cast, walker  
ADD 29435 Application of patellar tendon bearing cast  
ADD 29440 Adding walker to previously applied cast  
ADD 29445 Application of rigid total contact leg cast  
ADD 29505 Application of long leg splint

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: INTERNAL DERANGEMENT OF KNEE, GRADE II AND III

Treatment: REPAIR, MEDICAL THERAPY

Line: 518 (CONT'D)

ADD 29530 Strapping: knee  
ADD 29705 Removal or bivalving; full arm or full leg  
cast  
ADD 29730 Windowing of cast  
ADD 29740 Wedging of cast

---

Diagnosis: MALUNION AND NON-UNION OF FRACTURE

Treatment: SURGICAL TREATMENT

Line: 519

ADD 20902 Bone graft any donor area, major or large

---

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note)

Treatment: SURGICAL REPAIR

Line: 521

ADD 57106 Vaginectomy, partial removal of vagina wall  
DELETE 57108 Invalid code

---

Diagnosis: URINARY INCONTINENCE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 529

DELETE 559.81 Invalid code

---

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT

Treatment: PTOSIS REPAIR

Line: 534

ADD 67912 Correction of lagophthalmos, with  
implantation of upper eyelid lid load (eg,  
gold weight)

---

Diagnosis: SIMPLE AND SOCIAL PHOBIAS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 535

ADD 90849 Multiple family group therapy  
ADD 90862 Pharmacologic management

---

Diagnosis: CLOSED FRACTURE OF GREAT TOE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 555

ADD 29550 Strapping: toes

---

Diagnosis: IMPULSE DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 561

ADD 99241 Office consultation, brief  
ADD 99242 Office consultation, limited

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: IMPULSE DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 561 (CONT'D)

ADD	99243	Office consultation, moderate
ADD	99244	Office consultation, expanded
ADD	99245	Office consultation, extensive
DELETE	H0035	Mental health partial hospitalization, less than 24 hours

---

Diagnosis: BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 562

ADD	63101	Vertebral Corpectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (eg, for tumor or retropulsed bone fragments); thoracic, single segment
ADD	63102	Vertebral Corpectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (eg, for tumor or retropulsed bone fragments); lumbar, single segment
ADD	63103	Vertebral Corpectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve roots (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment

---

Diagnosis: SEXUAL DYSFUNCTION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 563

ADD	90849	Multiple family group therapy
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Diagnosis: PELVIC PAIN SYNDROME; DYSPAREUNIA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 575

ADD	64517	Injection, anesthetic agent; superior hypogastric plexus
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Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 594

ADD	64449	Injection, anesthetic agent; lumbar plexus, continuous infusion by catheter including daily management for anesthetic agent administration
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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 594 (CONT'D)

DELETE	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
DELETE	64530	Injection, anesthetic agent; celiac plexus

---

Diagnosis: CANCER OF LIVER AND BILE DUCTS

Treatment: LIVER TRANSPLANT

Line: 601

DELETE	47134	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor
ADD	47140	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; left lateral segment only
ADD	47141	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total left lobectomy
ADD	47142	Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor; total right lobectomy

---

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUE

Treatment: MEDICAL THERAPY

Line: 604

DELETE	D7430	Invalid code
DELETE	D7431	Invalid code
ADD	D7450	Remove benign odontogenic cyst/tumor < 1.25
ADD	D7451	Remove benign odontogenic cyst/tumor > 1.25
ADD	D7460	Remove benign nonodontogenic cyst/tumor < 1.25 cm

---

Diagnosis: FACTITIOUS DISORDERS

Treatment: CONSULTATION

Line: 608

ADD	H2013	Psych health facility services, per diem
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Diagnosis: HYPRCHONDRIASIS; SOMATOFORM DISORDER, NOS AND UNDIFFERENTIATED

Treatment: CONSULTATION

Line: 609

ADD	H2013	Psych health facility services, per diem
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**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: CONVERSION DISORDER, ADULT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 610

ADD 99241 Office consultation, brief  
ADD 99242 Office consultation, limited  
ADD 99243 Office consultation, moderate  
ADD 99244 Office consultation, expanded  
ADD 99245 Office consultation, extensive

---

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA

Treatment: SURGICAL TREATMENT

Line: 622

ADD 56306 Invalid code

---

Diagnosis: PICA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 627

ADD 99241 Office consultation, brief  
ADD 99242 Office consultation, limited  
ADD 99243 Office consultation, moderate  
ADD 99244 Office consultation, expanded  
ADD 99245 Office consultation, extensive

---

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA

Treatment: MEDICAL THERAPY

Line: 628

ADD 333.99 Restless Leg Syndrome

---

Diagnosis: ERYTHEMA MULTIFORME

Treatment: MEDICAL THERAPY

Line: 631

ADD 65780 Ocular surface reconstruction; amniotic membrane transplantation  
ADD 65781 Ocular surface reconstruction; limbal stem cell allograft  
ADD 65782 Ocular surface reconstruction; limbal conjunctival autograft  
ADD 68371 Harvesting conjunctival allograft, living donor

---

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 657

ADD 90849 Multiple family group therapy

**Interim Modifications to October 1, 2003, Prioritized List of Health Services; For review by the Health Services Commission January 22, 2004. (Cont'd)**

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Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL  
AND ANTI-SOCIAL

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 657 (CONT'D)

ADD 90862 Pharmacologic management  
DELETE H0035 Mental health partial hospitalization, less  
than 24 hours

---

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS, OTHER  
PSYCHOSEXUAL DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 658

ADD 90849 Multiple family group therapy

---

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR  
INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY

Line: 688

ADD 37766 Stab phlebectomy of varicose veins, one  
extremity; more than 20 incisions

---

Diagnosis: CANCER OF VARIOUS SITES WHERE TREATMENT WILL NOT RESULT  
IN A 5% FIVE-YEAR SURVIVAL

Treatment: CURATIVE MEDICAL AND SURGICAL TREATMENT

Line: 693

DELETE 42880 Invalid code

---

Change all cancer lines with a diagnosis description "\_\_\_\_\_,  
Treatable" to "\_\_\_\_\_, where treatment will result in a greater  
than 5% 5-year survival". For example,

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

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

Line: 275

This will change the diagnosis description of the following lines:  
140, 193, 194, 195, 196, 227, 228, 229, 231, 232, 233, 234, 235,  
236, 237, 273, 274, 275, 276, 277, 278, 279, 280, 349, 500, 501,  
502, and 503.

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## ATTACHMENT B

### Changes to Guidelines on the Prioritized List Approved January 22, 2004

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS  
Treatment: COMFORT CARE  
Line: 265

Comfort care includes the provision of services or items that give comfort and/or relieve symptoms to patients with a terminal illness ~~pain relief to persons whose choice to forego other types of care will result in death.~~

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. ~~Specifically, chemotherapy is contraindicated while a cancer patient is enrolled in hospice.~~ 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 ~~(e.g. radiation therapy)~~
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)

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Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 327

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication ~~or radicular symptomatology.~~

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## ATTACHMENT C

### Corrected Definition of Line 563

Diagnosis: SEXUAL DYSFUNCTION

Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT

ICD-9: 302.7, 607.84

CPT: 54400-54417, 90471-90472, 90780-90799, 90801-90807, 90810-90813, 90846, 90847, 90849, 90853-90862, 90882, 90887, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: G0176, G0177, H0002, H0004, H0031, H0033, H0034, H0035, S9484, S9485, T1013, T1016

Line: 563