



# Oregon

Theodore R. Kulongoski, Governor

**Health Services Commission  
5<sup>th</sup> Floor, Public Service Building  
255 Capitol Street NE  
Salem, OR 97310  
(503) 378-2422, Ext. 417  
FAX (503) 378-5511**

January 28, 2005

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

Dear Senator Courtney:

The Health Services Commission of the Department of Administrative Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), several interim modifications have been made to the October 1, 2004, 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 (166 changes) and eight instances where codes were removed from lines because of inappropriate pairings. Placement of new CPT-4 accounted for 167 changes and new HCPCS codes resulted in 184 changes. In addition, 24 changes relate to the deletion of obsolete or invalid CPT codes and 17 changes to correct errors. 548 changes involve what should be the final step in completing the HIPAA conversion of mental health services on the Prioritized List. Sixty codes were moved from one line to another to better match similar conditions on the same lines (e.g., contractures and congenital cataracts). Four fetal surgeries exhibiting evidence of good effectiveness were added to the list. It should be noted that 32 new codes representing new or emerging technologies were reviewed and not added to the List because a lack of clinical effectiveness or cost-effectiveness.

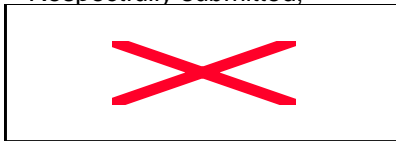
In addition to the changes outlined in Attachment A, there are some changes being made to the practice guidelines associated with the Prioritized List as noted in Attachment B. Of most significance are changes are being made to the erythropoietin and therapy guidelines, the adoption of a new guideline for cochlear implants, and the movement of the guideline related to dental fillings for posterior teeth which will allow the provider a choice of filling material at the same reimbursement rate.

The changes appearing in Attachments A and B are being forwarded to OMAP who, in consultation with an independent actuarial firm, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, OMAP will determine the effective date for these changes pending approval from CMS. 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.

Interim Modifications to the Prioritized List of Health Services  
January 28, 2005  
Page 2

Respectfully submitted,



Darren D. Conman  
Director

Enclosure

cc: Health Services Commission  
Barney Speight



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January 28, 2005

The Honorable Karen Minnis  
Speaker of the House  
Oregon State House of Representatives  
State Capitol, Room 269  
900 Court St NE  
Salem, OR 97301

Dear Representative Minnis:

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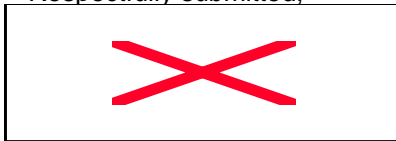
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cc: Health Services Commission  
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## ATTACHMENT A

### Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005.

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Diagnosis: TYPE I DIABETES MELLITIS

Treatment: MEDICAL THERAPY

Line: 2

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

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Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4 (CONT'D)

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

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Diagnosis: PNEUMOTHORAX AND HEMOTHORAX

Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY

Line: 5

ADD	32019	INDWELLING TUNNELED PLEURAL CATHETER INSERT W/CUFF
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: INJURY TO INTERNAL ORGANS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 10

ADD 50220 NEPHRECTOMY, W/PARTIAL URETERECTOMY, ANY OPEN  
APPROACH W/RIB RESECTION

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Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM  
Treatment: SURGICAL TREATMENT  
Line: 21

ADD 34803 REPAIR, ENDOVASC, INFRARENAL ABDOM AORTIC  
ANEURYSM/DISSECT; MODULAR BIFURCATED PROSTH (2  
DOCK LIMB)

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

ADD 34803 REPAIR, ENDOVASC, INFRARENAL ABDOM AORTIC  
ANEURYSM/DISSECT; MODULAR BIFURCATED PROSTH (2  
DOCK LIMB)  
  
DELETE 35161  
DELETE 35162

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Diagnosis: ACUTE PYELONEPHRITIS, RENAL AND PERINEPHRIC ABSCESS  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 28

ADD 50391 THERAPEUTIC AGENT INSTILLATION INTO RENAL  
PELVIS/URETER THRU  
NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY

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

ADD 11752 EXCISION, NAIL/NAIL MATRIX, PERMANENT REMOVAL;  
W/AMPUTATION, DISTAL PHALANX  
ADD 23900 INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)  
ADD 23920 DISARTICULATION, SHOULDER  
ADD 23921 DISARTICULATION, SHOULDER; SECONDARY CLOSURE/SCAR  
REVISION  
ADD 24900 AMPUTATION, ARM THROUGH HUMERUS; W/PRIMARY CLOSURE  
ADD 24920 AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR  
(GUILLOTINE)  
ADD 24925 AMPUTATION, ARM THROUGH HUMERUS; SECONDARY  
CLOSURE/SCAR REVISION  
ADD 24930 AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION  
ADD 25900 AMPUTATION, FOREARM, THROUGH RADIUS & ULNA  
ADD 25905 AMPUTATION, FOREARM, THROUGH RADIUS & ULNA; OPEN,  
CIRCULAR (GUILLOTINE)  
ADD 25907 AMPUTATION, FOREARM, THROUGH RADIUS & ULNA;  
SECONDARY CLOSURE/SCAR REVISION

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

- ADD 25909 AMPUTATION, FOREARM, THROUGH RADIUS & ULNA;  
RE-AMPUTATION
  - ADD 25920 DISARTICULATION THROUGH WRIST
  - ADD 25922 DISARTICULATION THROUGH WRIST; SECONDARY  
CLOSURE/SCAR REVISION
  - ADD 25924 DISARTICULATION THROUGH WRIST; RE-AMPUTATION
  - ADD 25927 TRANSMETACARPAL AMPUTATION
  - ADD 25929 TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE/SCAR  
REVISION
  - ADD 25931 TRANSMETACARPAL AMPUTATION; RE-AMPUTATION
  - ADD 26910 AMPUTATION, METACARPAL, W/FINGER/THUMB, SINGLE,  
W/VO INTEROSSEOUS TRANSFER
  - ADD 26951 AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY  
JNT/PHALANX, SINGLE, W/NEURECTOMIES; W/DIRECT  
CLOSURE
  - ADD 26952 AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY  
JNT/PHALANX, SINGLE, W/NEURECTOMIES; W/ADVANCE
  - ADD 27290 INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER  
AMPUTATION)
  - ADD 27295 DISARTICULATION, HIP
  - ADD 27590 AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;
  - ADD 27591 AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;  
IMMEDIATE FITTING TECHNIQUE W/1ST CAST
  - ADD 27592 AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN,  
CIRCULAR (GUILLOTINE)
  - ADD 27594 AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;  
SECONDARY CLOSURE/SCAR REVISION
  - ADD 27596 AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;  
RE-AMPUTATION
  - ADD 27598 DISARTICULATION AT KNEE
  - ADD 27880 AMPUTATION, LEG, THROUGH TIBIA & FIBULA;
  - ADD 27881 AMPUTATION, LEG, THROUGH TIBIA & FIBULA;  
W/IMMEDIATE FITTING W/1ST CAST
  - ADD 27882 AMPUTATION, LEG, THROUGH TIBIA & FIBULA; OPEN,  
CIRCULAR (GUILLOTINE)
  - ADD 27884 AMPUTATION, LEG, THROUGH TIBIA & FIBULA; SECONDARY  
CLOSURE/SCAR REVISION
  - ADD 27886 AMPUTATION, LEG, THROUGH TIBIA & FIBULA;  
RE-AMPUTATION
  - ADD 27888 AMPUTATION, ANKLE-MALLEOLI, TIBIA/FIBULA,  
W/PLASTIC CLOSURE & NERVE RESECTION
  - ADD 27889 ANKLE DISARTICULATION
  - ADD 28800 AMPUTATION, FOOT; MIDTARSAL
  - ADD 28805 AMPUTATION, FOOT; TRANSMETATARSAL
  - ADD 28810 AMPUTATION, METATARSAL, W/TOE, SINGLE
  - ADD 28820 AMPUTATION, TOE; METATARSOPHALANGEAL JOINT
  - ADD 28825 AMPUTATION, TOE; INTERPHALANGEAL JOINT
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: PYOGENIC ARTHRITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 37

ADD 23040 ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION,  
DRAINAGE/REMOVAL, FB

ADD 23044 ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR  
JNT, W/EXPLORE/DRAIN/REMOVAL, FB

ADD 25101 ARTHROTOMY, WRIST JOINT; W/JOINT EXPLORATION, W/WO  
BX, W/WO REMOVAL LOOSE/FB

ADD 26080 ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB;  
INTERPHALANGEAL JOINT, EACH

ADD 28022 ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL  
LOOSE/FB; METATARSOPHALANGEAL JOINT

ADD 28024 ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL  
LOOSE/FB; INTERPHALANGEAL JOINT

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Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 40

ADD 92506 EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY  
&/OR AURAL REHAB

ADD 92507 SPEECH/HEARING/VOICE/COMMUNICATION THERAPY;  
INDIVIDUAL

ADD 92508 SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP,  
2+ INDIVIDUALS

ADD 92607 EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE  
& ALTERNATIVE COMMUNICATION DEVICE; 1ST HR

ADD 92608 EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE &  
ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN

ADD 92609 THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE  
USE, W/PROGRAMMING & MODIFICATION

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 42

ADD 92506 EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY  
&/OR AURAL REHAB

ADD 92507 SPEECH/HEARING/VOICE/COMMUNICATION THERAPY;  
INDIVIDUAL

ADD 92508 SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP,  
2+ INDIVIDUALS

ADD 92607 EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE  
& ALTERNATIVE COMMUNICATION DEVICE; 1ST HR

ADD 92608 EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE &  
ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN

ADD 92609 THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE  
USE, W/PROGRAMMING & MODIFICATION

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: PREGNANCY  
Treatment: MATERNITY CARE  
Line: 55

ADD	S2401	Fetal surg urin trac obst
ADD	S2402	Fetal surg cong cyst malf
ADD	S2403	Fetal surg pulmon sequest
ADD	S2405	Fetal surg sacrococ teratoma

Note: Also see guideline changes affecting these codes in Attachment B.

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Diagnosis: BIRTH TRAUMA FOR BABY  
Treatment: MEDICAL THERAPY  
Line: 75

ADD	97001	PHYSICAL THERAPY EVAL
ADD	97002	PHYSICAL THERAPY RE-EVAL
ADD	97003	OCCUPATIONAL THERAPY EVAL
ADD	97004	OCCUPATIONAL THERAPY RE-EVAL
ADD	97012	APPLICATION, MODALITY TO 1+ AREAS; TRACTION, MECH
ADD	97014	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (UNATTENDED)
ADD	97022	APPLICATION, MODALITY TO 1+ AREAS; WHIRLPOOL
ADD	97032	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MIN
ADD	97110	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES
ADD	97112	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; NEUROMUSCULAR REEDUCATION
ADD	97113	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; AQUATIC THERAPY W/EXERCISES
ADD	97116	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; GAIT TRAINING (W/STAIR CLIMBING)
ADD	97124	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; MASSAGE
ADD	97140	MANUAL THERAPY TECHNIQUES, 1+ REGIONS, EACH 15 MIN
ADD	97150	THERAPEUTIC PROC(S), GROUP, (2+ INDIVIDUALS)

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

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER
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Diagnosis: RUMINATION DISORDER  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 92

ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention services, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health srvcs, per diem

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Diagnosis: BILIARY ATRESIA  
Treatment: LIVER TRANSPLANT  
Line: 107

ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/O TRISEGMENT/LOBE SPLIT  
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;  
W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER  
ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT  
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; VENOUS ANASTOMOSIS, EA  
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

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

ADD 50323 BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP  
ADD 50325 BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP  
(OPEN/LAPAROSCOPIC)  
ADD 50327 BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA  
ADD 50328 BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,  
ADD 50329 BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

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Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME  
HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS;  
POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S DISEASE  
Treatment: LIVER TRANSPLANT  
Line: 110

ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/O TRISEGMENT/LOBE SPLIT  
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;  
W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER  
ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT  
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; VENOUS ANASTOMOSIS, EA  
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA  
ADD 50323 BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP  
ADD 50325 BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP  
(OPEN/LAPAROSCOPIC)  
ADD 50327 BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME  
HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS;  
POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S DISEASE

Treatment: LIVER TRANSPLANT

Line: 110 (CONT'D)

ADD 50328 BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,  
ADD 50329 BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

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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 733.13 Pathologic fracture of vertebrae

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Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER

Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT

Line: 128

ADD 44715 BCKBNCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT  
PREP W/MOBILE/SUP MESENTERIC ARTERY/VEIN SHAPE  
ADD 44720 BACKBENCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT  
RECONSTRUCT; VENOUS ANAST, EA  
ADD 44721 BACKBENCH CADAVER/LIVING DONOR INTESTINE ALLOGRAFT  
RECONSTRUCT; ARTERY ANAST, EA  
ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/O TRISEGMENT/LOBE SPLIT  
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;  
W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER  
ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT  
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; VENOUS ANASTOMOSIS, EA  
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

---

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE

Treatment: MEDICAL THERAPY

Line: 144

DELETE H2013 Psychiatric health facility service, per diem

---

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 145

ADD H0032 Mental health service plan development by  
non-physician  
ADD H0038 Self help/peer services, per 15 min

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: ANOREXIA NERVOSA  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 145 (CONT'D)

ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 146

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING  
Treatment: MEDICAL AND SURGICAL THERAPY  
Line: 148

ADD	11008	REMOVAL PROSTHETIC MATERIAL/MESH, ABD WALL NECRO TISS INFEXN
ADD	23331	REMOVAL, FB, SHOULDER; DEEP
ADD	23332	REMOVAL, FB, SHOULDER; COMPLICATED
DELETE	26055	TENDON SHEATH INCISION (E.G., FOR TRIGGER FINGER)
ADD	27331	ARTHROTOMY, KNEE; W/JOINT EXPLORATION, BX/REMOVAL, LOOSE/FB
ADD	33244	REMOVAL, SINGLE/DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE(S);

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 148 (CONT'D)

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	44137	COMPLETE TRANSPLANTED INTESTINAL ALLOGRAFT REMOVAL
ADD	49020	DRAINAGE, PERITONEAL ABSCESS/LOCALIZED PERITONITIS EXCLUDES APPENDICEAL ABSCESS; OPEN

---

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB

Treatment: SURGICAL TREATMENT

Line: 149

DELETE	21740	REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
ADD	29130	APPLICATION OF FINGER SPLINT, STATIC
DELETE	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN

---

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT  
VESSELS,

Treatment: CARDIAC TRANSPLANT

Line: 157

ADD	33944	BACKBENCH PREPARATION CADAVER HEART W/ALLOGRAFT DISSECT
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Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 162

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 163

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 164

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 165

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 165 (CONT'D)

ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

---

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

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 166

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 166 (CONT'D)

ADD G0326 ESRD related services for home dialysis, per day,  
age 12-19  
ADD G0327 ESRD related services for home dialysis, per day,  
age > 20

---

Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND  
RELATED OPPORTUNISTIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 170

DELETE 97780  
DELETE 97781  
ADD 97810 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT  
15 MIN PERSONAL CONTACT  
ADD 97811 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA  
ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT  
ADD 97813 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT  
15 MIN PERS CONTACT  
ADD 97814 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA  
ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

---

Diagnosis: EMPYEMA AND ABSCESS OF LUNG

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 172

ADD 32019 INDWELLING TUNNELED PLEURAL CATHETER INSERT W/CUFF

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Diagnosis: END STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 178

ADD 36818 ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM  
CEPHALIC VEIN TRANSPOSITION  
ADD G0308 ESRD related services, age < 2, 4 or more MD  
visits per month  
ADD G0309 ESRD related services, age < 2, 2-3 MD visits per  
month  
ADD G0310 ESRD related services, age < 2, 1 MD visits per  
month  
ADD G0311 ESRD related services, age 2-11, 4 or more MD  
visits per month  
ADD G0312 ESRD related services, age 2-11, 2-3 MD visits per  
month  
ADD G0313 ESRD related services, age 2-11, 1 MD visits per  
month  
ADD G0314 ESRD related services, age 12-19, 4 or more MD  
visits per month  
ADD G0315 ESRD related services, age 12-19, 2-3 MD visits  
per month

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: END STAGE RENAL DISEASE  
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS  
Line: 178 (CONT'D)

ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

---

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG.  
Treatment: LIVER TRANSPLANT  
Line: 179

ADD	47143	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/O TRISEGMENT/LOBE SPLIT
ADD	47144	BACKBENCH PREP CADAVER WHOLE LIVER GRAFT; W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER
ADD	47145	BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT; W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT
ADD	47146	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA
ADD	47147	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

---

Diagnosis: TOBACCO DEPENDENCE  
Treatment: MEDICAL THERAPY/BREIF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS  
Line: 185

DELETE	97780
DELETE	97781

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: TOBACCO DEPENDENCE

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

Line: 185 (CONT'D)

ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

---

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 187

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
DELETE	J3490	Unclassified drugs

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Diagnosis: MAJOR DEPRESSION, SINGLE EPISODE OR MILD

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 188

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: OTHER PSYCHOTIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 189

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

---

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR  
UNDIFFERENTIATED

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 190

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

---

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

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

Line: 195

ADD	58956	BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/ ABDOMINAL HYSTERECTOMY FOR MALIGNANCY
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY  
Line: 199

ADD	92506	EVAL, SPEECH/LANGUAGE/VOICE/COMMUNICATION/AUDITORY &/OR AURAL REHAB
ADD	92507	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; INDIVIDUAL
ADD	92508	SPEECH/HEARING/VOICE/COMMUNICATION THERAPY; GROUP, 2+ INDIVIDUALS
ADD	92607	EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; 1ST HR
ADD	92608	EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE; EA ADD'L 30 MIN
ADD	92609	THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE USE, W/PROGRAMMING & MODIFICATION

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

Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 219

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER
ADD	754.89	OTH SPEC NONTERATOGENIC ANOMALIES
ADD	787.2	DYSPHAGIA

-----  
Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY  
Line: 222

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE  
GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY

Line: 222 (CONT'D)

ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

---

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL(See Guideline Notes 2,3 and 12)

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION (See Coding Specification Below)

Line: 228

ADD	19296	BRACHYTHERAPY ON DATE SEPARATE FROM PARTIAL MASTECTOMY
ADD	19298	BRACHYTHERAPY CONCURRANT WITH PARTIAL MASTECTOMY

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer, and must be completed within 5 years of initial mastectomy. When breast reconstruction is performed after the treatment for breast cancer is completed, a principle diagnosis code of V45.71 (Acquired Absence of Breast) is appropriate and is only included on this line in combination with a secondary diagnosis of V10.3 (Personal History of Malignant Neoplasm of the Breast).

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

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

Line: 229

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/  
ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

---

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 232

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/  
ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

---

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

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

Line: 233

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/  
ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

---

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

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

Line: 235

DELETE 50978

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Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 244

ADD H0032 Mental health service plan development by  
non-physician  
ADD H0038 Self help/peer services, per 15 min  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2012 Behavioral health day treatment, per hour  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
ADD H2023 Supported employment, per 15 min  
ADD H2027 Psychoeducational service, per 15 min  
ADD S9125 Respite care services, in the home, per diem  
DELETE S9485 Crisis intervention, mental health services, per  
diem  
ADD T1023 Screening for services

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 245

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

---

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES

Treatment: THROMBOENDARTERECTOMY

Line: 248

ADD	37215	PER-Q TRANSCATHETER PLACEMENT, CERVICAL CAROTID ARTERY STENT INSERT; W/DISTAL PROTECT
ADD	37216	PER-Q TRANSCATHETER PLACEMENT, CERVICAL CAROTID ARTERY STENT INSERT; WO/DISTAL PROTECT
DELETE	S2211	Transcatheter placement of intravascular stent, carotid artery, percutaneous

---

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 249

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 249 (CONT'D)

ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

---

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 250

ADD	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 250 (CONT'D)

ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

---

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

Treatment: MEDICAL THERAPY

Line: 252

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

Treatment: MEDICAL THERAPY

Line: 252 (CONT'D)

ADD G0321 ESRD related services for home dialysis, full month, age 2-11  
ADD G0322 ESRD related services for home dialysis, full month, age 12-19  
ADD G0323 ESRD related services for home dialysis, full month, age > 20  
ADD G0324 ESRD related services for home dialysis, per day, age < 2  
ADD G0325 ESRD related services for home dialysis, per day, age 2-11  
ADD G0326 ESRD related services for home dialysis, per day, age 12-19  
ADD G0327 ESRD related services for home dialysis, per day, age > 20

---

Diagnosis: SUBSTANCE-INDUCED DELIRIUM

Treatment: MEDICAL THERAPY

Line: 263

DELETE 97780  
DELETE 97781  
ADD 97810 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT  
ADD 97811 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT  
ADD 97813 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT  
ADD 97814 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

---

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE

Line: 265

DELETE 97780  
DELETE 97781  
ADD 97810 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT  
ADD 97811 ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT  
ADD 97813 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT  
ADD 97814 ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: ADJUSTMENT DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 266

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: OPPOSITIONAL DEFIANT DISORDER  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 267

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: TOURRETTE'S DISORDER AND TIC DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 268

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: TOURRETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 268 (CONT'D)

ADD H2027 Psychoeducational service, per 15 min  
ADD H2032 Activity therapy, per 15 min  
DELETE S9485 Crisis intervention, mental health services, per  
diem  
ADD T1023 Screening for services

---

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE  
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 273

ADD 45341 SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC  
ULTRASOUND EXAMINATION

---

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

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

Line: 274

ADD 58956 BILAT SALPINGO-OOPHORECTOMY W/TOTAL OMENTECTOMY/  
ABDOMINAL HYSTERECTOMY FOR MALIGNANCY

---

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER  
RESPIRATORY ORGANS,

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

Line: 275

ADD 31636 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE;  
W/BRONCHIAL STENT INSERT W/TRACH/BRONCH DILATE,  
ADD 31637 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; EA  
ADDNL BRONCH STENT  
ADD 31638 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE;  
W/REVISION TRACH/BRONCH STENT W/TRACH/BRONCH

---

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL  
RESULT IN A GREATER

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

Line: 278

ADD 50391 THERAPEUTIC AGENT INSTILLATION INTO RENAL  
PELVIS/URETER THRU  
NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: STROKE  
Treatment: MEDICAL THERAPY  
Line: 287

ADD 61793 STEREOTACTIC RADIOSURGERY, 1+ SESSIONS

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

ADD 21501 INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA,  
SOFT TISSUE OF NECK OR THORAX

---

Diagnosis: POST TRAUMATIC STRESS DISORDER  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 304

ADD H0032 Mental health service plan development by non-MD  
ADD H0038 Self help/peer services, per 15 min  
ADD H0039 Assertive community treatment, per 15 min  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2012 Behavioral health day treatment, per hour  
ADD H2014 Skills training and development  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
ADD H2023 Supported employment, per 15 min  
ADD H2027 Psychoeducational service, per 15 min  
ADD H2032 Activity therapy, per 15 min  
ADD S9125 Respite care services, in the home, per diem  
ADD S9480 Intensive outpatient psychiatric services, per  
DELETE S9485 Crisis intervention, mental health srvc, per diem  
ADD T1023 Screening for services

---

Diagnosis: OBSESSIVE COMPULSIVE DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 305

ADD H0032 Mental health service plan development by  
non-physician  
ADD H0038 Self help/peer services, per 15 min  
ADD H0039 Assertive community treatment, per 15 min  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2012 Behavioral health day treatment, per hour  
ADD H2013 Psychiatric health facility service, per diem  
ADD H2014 Skills training and development  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
ADD H2023 Supported employment, per 15 min  
ADD H2027 Psychoeducational service, per 15 min  
ADD H2032 Activity therapy, per 15 min  
ADD S9480 Intensive outpatient psychiatric services, per  
DELETE S9485 Crisis intervention, mental health svcs, per diem  
ADD T1023 Screening for services

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: TYPE II DIABETES MELLITUS

Treatment: MEDICAL THERAPY

Line: 314

ADD	G0308	ESRD related services, age < 2, 4 or more MD visits per month
ADD	G0309	ESRD related services, age < 2, 2-3 MD visits per month
ADD	G0310	ESRD related services, age < 2, 1 MD visits per month
ADD	G0311	ESRD related services, age 2-11, 4 or more MD visits per month
ADD	G0312	ESRD related services, age 2-11, 2-3 MD visits per month
ADD	G0313	ESRD related services, age 2-11, 1 MD visits per month
ADD	G0314	ESRD related services, age 12-19, 4 or more MD visits per month
ADD	G0315	ESRD related services, age 12-19, 2-3 MD visits per month
ADD	G0316	ESRD related services, age 12-19, 1 MD visits per month
ADD	G0317	ESRD related services, age 20 and over, 4 or more MD visits per month
ADD	G0318	ESRD related services, age 20 and over, 2-3 MD visits per month
ADD	G0319	ESRD related services, age 20 and over, 1 MD visit per month
ADD	G0320	ESRD related services for home dialysis, full month, age < 2
ADD	G0321	ESRD related services for home dialysis, full month, age 2-11
ADD	G0322	ESRD related services for home dialysis, full month, age 12-19
ADD	G0323	ESRD related services for home dialysis, full month, age > 20
ADD	G0324	ESRD related services for home dialysis, per day, age < 2
ADD	G0325	ESRD related services for home dialysis, per day, age 2-11
ADD	G0326	ESRD related services for home dialysis, per day, age 12-19
ADD	G0327	ESRD related services for home dialysis, per day, age > 20

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Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 327

ADD	63050	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS
ADD	63051	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS W/POST BONE RECONSTRUCT
ADD	63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINE ELEMENTS

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 336

ADD	61215	INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VENTRICULAR CATHETER
ADD	718.40	CONTRACTURE OF JOINT-SITE UNS
ADD	718.41	CONTRACTURE OF JOINT-SHOULDER
ADD	718.42	CONTRACTURE OF JOINT-UPPER ARM
ADD	718.43	CONTRACTURE OF JOINT-FOREARM
ADD	718.44	CONTRACTURE OF JOINT-HAND
ADD	718.45	CONTRACTURE OF JOINT-PELVIC
ADD	718.46	CONTRACTURE OF JOINT-LOWER LEG
ADD	718.47	CONTRACTURE OF JOINT-ANKLE & FOOT
ADD	718.48	CONTRACTURE OF JOINT-OTH SPEC SITES
ADD	754.89	OTH SPEC NONTERATOGENIC ANOMALIES
ADD	97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAIN, EACH 15

-----  
 Diagnosis: PANIC DISORDER, AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 340

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

-----  
 Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC

Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY

Line: 346

DELETE	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
ADD	31545	DIR LARYNGOSCOPE, W/NON-NEOPLASTIC VOCAL CORD LESION REMOVAL, SUBMUCOUS; LOC FLAP RECONSTRUCT
ADD	31546	DIR LARYNGOSCOPE, W/NON-NEOPLASTIC VOCAL CORD LESION REMOVAL, SUBMUCOUS, W/AUTOGRAFT RECONSTRUCT
ADD	31636	BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; W/BRONCHIAL STENT INSERT W/TRACH/BRONCH DILATE,

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC  
Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY  
Line: 346 (CONT'D)

ADD 31637 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE; EA  
ADDNL BRONCH STENT  
ADD 31638 BRONCHOSCOPY, RIG/FLEX, W/WO FLUORO GUIDE;  
W/REVISION TRACH/BRONCH STENT W/TRACH/BRONCH

-----  
Diagnosis: DYSTONIA (UNCONTROLLABLE)  
Treatment: MEDICAL THERAPY  
Line: 347

DELETE 333.99 OTH EXTRAPYRAMIDAL DZ-ABNORMAL MOVEMENT DISORDER

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

DELETE 454.1 VARICOSE VEINS OF L-EXTREMITIES W INFLAMMATION  
DELETE 454.8 VARICOSE VEINS OF THE LOWER EXTREMITIES, WITH OTHE  
DELETE 459.12 POSTPHLEBETIC SYNDROME WITH INFLAMMATION  
DELETE 459.19 POSTPHLEBETIC SYNDROME WITH OTHER COMPLICATION  
DELETE 459.32 CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION  
DELETE 459.39 CHRONIC VENOUS HYPERTENSION W/ OTHER COMPLICATION

-----  
Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 355

ADD 11005 DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS  
INFEXN; ABD WALL, W/WO FASCIAL CLOSE  
ADD 11006 DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS  
INFEXN; GENITAL/PERIN/ABD WALL, W/WO FASCIAL CLOSE  
ADD 454.1 VARICOSE VEINS OF L-EXTREMITIES W INFLAMMATION  
ADD 459.12 POSTPHLEBETIC SYNDROME WITH INFLAMMATION  
ADD 459.32 CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION

-----  
Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)  
Treatment: URGENT AND EMERGENT DENTAL SERVICES  
Line: 359

ADD 41806 REMOVAL, EMBEDDED FB, DENTOALVEOLAR STRUCTURES;  
ADD D7511 I&D ABSCESS OF INTRAORAL SOFT TISSUE, COMPLICATED  
ADD D7521 I&D ABSCESS OF EXTRAORAL SOFT TISSUE, COMPLICATED

-----  
Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY  
Treatment: SURGICAL TREATMENT  
Line: 362

DELETE 35161  
DELETE 35162

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: URINARY TRACT CALCULUS

Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY

Line: 364

DELETE 50978

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Diagnosis: CALCULUS OF BLADDER OR KIDNEY

Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY

Line: 367

ADD 50395 INTRODUCTION, GUIDE INTO RENAL PELVIS &/OR URETER  
W/DILATION, FOR NEPHROSTOMY TRACT, PERCUTANEOUS

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Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 369

DELETE 50959

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Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 371

DELETE 35582

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Diagnosis: CONDUCT DISORDER, AGE 18 AND UNDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 376

ADD H0032 Mental health service plan development by  
non-physician  
ADD H0038 Self help/peer services, per 15 min  
ADD H0039 Assertive community treatment, per 15 min  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2012 Behavioral health day treatment, per hour  
ADD H2014 Skills training and development  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
ADD H2023 Supported employment, per 15 min  
ADD H2027 Psychoeducational service, per 15 min  
ADD H2032 Activity therapy, per 15 min  
ADD S9125 Respite care services, in the home, per diem  
ADD S9480 Intensive outpatient psychiatric services, per  
diem  
DELETE S9485 Crisis intervention, mental health services, per  
diem  
ADD T1023 Screening for services

---

Diagnosis: OVER-ANXIOUS DISORDER, GENERALIZED ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 377

ADD H0032 Mental health service plan development by  
non-physician  
ADD H0038 Self help/peer services, per 15 min

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: OVER-ANXIOUS DISORDER, GENERALIZED ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 377 (CONT'D)

ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: BULEMIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 378

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: DEEP OPEN WOUNDS

Treatment: REPAIR

Line: 380

ADD	23040	ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION, DRAINAGE/REMOVAL, FB
ADD	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JNT, W/EXPLORE/DRAIN/REMOVAL, FB
ADD	25101	ARTHROTOMY, WRIST JOINT; W/JOINT EXPLORATION, W/WO BX, W/WO REMOVAL LOOSE/FB
ADD	26080	ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB; INTERPHALANGEAL JOINT, EACH
ADD	27310	ARTHROTOMY, KNEE, W/EXPLORATION, DRAINAGE/REMOVAL, FB

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: DEEP OPEN WOUNDS

Treatment: REPAIR

Line: 380 (CONT'D)

ADD	28022	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; METATARSOPHALANGEAL JOINT
ADD	28024	ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/FB; INTERPHALANGEAL JOINT
DELETE	64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONT CATHETER INFUSN W/DAILY MGMT, ANESTH ADMIN
DELETE	64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONT CATHETER INFUSION W/DAILY MGMT, ANESTH ADMIN
DELETE	64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR, CONTINUOUS CATHETER INFUSION W/DAILY

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Diagnosis: EPIDERMOLYSIS BULLOSA

Treatment: MEDICAL THERAPY

Line: 381

ADD	97001	PHYSICAL THERAPY EVAL
ADD	97002	PHYSICAL THERAPY RE-EVAL
ADD	97003	OCCUPATIONAL THERAPY EVAL
ADD	97004	OCCUPATIONAL THERAPY RE-EVAL
ADD	97012	APPLICATION, MODALITY TO 1+ AREAS; TRACTION, MECHANICAL
ADD	97014	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (UNATTENDED)
ADD	97022	APPLICATION, MODALITY TO 1+ AREAS; WHIRLPOOL
ADD	97032	APPLICATION, MODALITY TO 1+ AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MIN
ADD	97110	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES
ADD	97112	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; NEUROMUSCULAR REEDUCATION
ADD	97113	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; AQUATIC THERAPY W/EXERCISES
ADD	97116	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; GAIT TRAINING (W/STAIR CLIMBING)
ADD	97124	THERAPEUTIC PROC, 1+ AREAS, EACH 15 MIN; MASSAGE
ADD	97140	MANUAL THERAPY TECHNIQUES, 1+ REGIONS, EACH 15 MIN
ADD	97150	THERAPEUTIC PROC(S), GROUP, (2+ INDIVIDUALS)

---

Diagnosis: PARANOID DELUSIONAL DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 392

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: PARANOID DELUSIONAL DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 392 (CONT'D)

ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvc, per diem
ADD	T1023	Screening for services

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Diagnosis: DIABETIC AND OTHER RETINOPATHY

Treatment: LASER SURGERY

Line: 397

ADD	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH
ADD	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/FOCAL ENDOLASER PHOTOCOAGULATION
ADD	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ENDOLASER PANRETINAL PHOTOCOAGULATION

---

Diagnosis: PRIMARY AND OPEN ANGLE GLAUCOMA

Treatment: TRABECULECTOMY, CYCLOCRYOTHERAPY, LASER

Line: 411

ADD	66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC
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Diagnosis: CATARACT

Treatment: EXTRACTION OF CATARACT

Line: 414

DELETE	250.5	DIABETES WITH OPHTHALMIC COMPLICATIONS
DELETE	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH
DELETE	743.31	CONGENITAL CAPSULAR & SUBCAPSULAR CATARACT
DELETE	743.32	CONGENITAL CORTICAL & ZONULAR CATARACT
DELETE	743.33	CONGENITAL NUCLEAR CATARACT
DELETE	743.34	TOTAL & SUBTOTAL CATARACT-CONGENITAL
DELETE	743.35	CONGENITAL APHAKIA
DELETE	743.36	ANOMALIES OF LENS SHAPE
DELETE	743.37	CONGENITAL ECTOPIC LENS
DELETE	743.39	OTH CONGENITAL CATARACT & LENS ANOMALIES

Note: Change title to "CATARACT, EXCLUDING CONGENITAL."

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Diagnosis: DYSTHYMIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 425

ADD	H0032	Mental health service plan development by non-physician
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: DYSTHYMIA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 425 (CONT'D)

ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

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Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 426

DELETE	97780	
DELETE	97781	
ADD	97810	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; INIT 15 MIN PERSONAL CONTACT
ADD	97811	ACUPUNCTURE, 1+ NEEDLES, W/O ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT
ADD	97813	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; INIT 15 MIN PERS CONTACT
ADD	97814	ACUPUNCTURE, 1+ NEEDLES, W/ELECTRICAL STIM; EA ADDL 15 MIN PERS CONTACT W/NEEDLE RE-INSERT

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Diagnosis: BORDERLINE PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 427

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

ADD	H0032	Mental health service plan development by non-physician
ADD	H0037	Community psychiatric supportive treatment, per
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: SCHIZOTYPAL PERSONALITY DISORDER  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 429

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: CONVERSION DISORDER, CHILD  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 433 (CONT'D)

ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITIONS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 436

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: UROLOGIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 439

ADD	50391	THERAPEUTIC AGENT INSTILLATION INTO RENAL PELVIS/URETER THRU NEPHROSTOMY/PYELOSTOMY/URETEROSTOMY
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Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 440

DELETE	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP/DEVICE/DORSAL SLIT; NEWBORN
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Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC

Treatment: HEART-LUNG AND LUNG TRANSPLANT

Line: 442

ADD	32855	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; UNILAT
ADD	32856	BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT; BILAT
ADD	33933	BACKBENCH PREP CADAVER HEART/LUNG, W/ALLOGRAFT DISSECT;

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION,  
PRIMARY PULMONARY

Treatment: HEART-LUNG AND LUNG TRANSPLANT

Line: 443

ADD 32855 BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT;  
UNILAT  
ADD 32856 BACKBENCH PREP CADAVER LUNG, W/ALLOGRAFT DISSECT;  
BILAT  
ADD 33933 BACKBENCH PREP CADAVER HEART/LUNG, W/ALLOGRAFT  
DISSECT;

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Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE

Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER  
KIDNEY (PAK) TRANSPLANT

Line: 444

ADD 48551 BACKBENCH PREP CADAVER DONOR PANCREAS ALLOGRAFT,  
W/ALLOGRAFT DISSECT FROM TISS  
ADD 48552 BACKBENCH CADAVER DONOR PANCREAS ALLOGRAFT  
RECONSTRUCT, VENOUS ANASTOMOSIS, EA  
ADD 50323 BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP  
ADD 50325 BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP  
(OPEN/LAPAROSCOPIC)  
ADD 50327 BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA  
ADD 50328 BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST,  
ADD 50329 BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT  
RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST,

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Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF  
INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS  
THAT CAUSE NEUROLOGICAL DYSFUNCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 455

ADD 61215 INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM,  
VENTRICULAR CATHETER  
ADD 754.89 OTH SPEC NONTERATOGENIC ANOMALIES  
ADD 97542 WHEELCHAIR MANAGEMENT/PROPULSION TRAIN, EACH 15

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Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC  
CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 456

ADD 61215 INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM,  
VENTRICULAR CATHETER  
ADD 754.89 OTH SPEC NONTERATOGENIC ANOMALIES

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: EATING DISORDERS NOS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 462

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: DISSOCIATIVE DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 463

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2013	Psychiatric health facility service, per diem
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS, INCLUDING DEMENTIAS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 464

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 469

DELETE	733.13	Pathologic fracture of vertebrae
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Diagnosis: MENSTRUAL BLEEDING DISORDERS

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 467

ADD	58356	ENDOMETRIAL CRYOABLATION W/US, W/ENDOMETRIAL CURETTAGE, WHEN PERFORMED
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Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;  
CONGENITAL ANOMALIES OF EYE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 473

ADD	66820	DISCISSION, SECONDARY MEMBRANOUS CATARACT; STAB INCISION (ZIEGLER/WHEELER KNIFE)
ADD	66821	DISCISSION, SECONDARY MEMBRANOUS CATARACT; LASER (1+ STAGES)
ADD	66825	REPOSITIONING, INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEP PROC)
ADD	66830	REMOVAL, SECONDARY MEMBRANOUS CATARACT W/CORNEO-SCLERAL SECTION, W/WO IRIDECTOMY
ADD	66840	REMOVAL, LENS MATERIAL; ASPIRATION TECHNIQUE, 1+ STAGES
ADD	66850	REMOVAL, LENS MATERIAL; PHACOFRAGMENTATION, W/ASPIRATION
ADD	66852	REMOVAL, LENS MATERIAL; PARS PLANA APPROACH, W/WO VITRECTOMY
ADD	66920	REMOVAL, LENS MATERIAL; INTRACAPSULAR

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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

Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 473 (CONT'D)

ADD	66930	REMOVAL, LENS MATERIAL; INTRACAPSULAR, DISLOCATED LENS
ADD	66940	REMOVAL, LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
ADD	66982	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS PROSTHESIS (1 STAGE), COMPLEX
ADD	66983	INTRACAPSULAR CATARACT EXTRACTION W/INSERTION, LENS PROSTHESIS (1 STAGE)
ADD	66984	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS PROSTHESIS (1 STAGE)
ADD	66985	INSERTION, INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) (NO CONCURRENT CATARACT REMOVAL)
ADD	66986	EXCHANGE, INTRAOCULAR LENS

-----  
Diagnosis: STEREOTYPIC HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO  
NEUROLOGIC DYSFUNCTION

Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 478

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2012	Behavioral health day treatment, per hour
ADD	H2014	Skills training and development
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
ADD	S9125	Respite care services, in the home, per diem
ADD	S9480	Intensive outpatient psychiatric services, per diem
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

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

Treatment: SURGICAL TREATMENT  
Line: 484

DELETE	26055	TENDON SHEATH INCISION (E.G., TRIGGER FINGER)
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (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

ADD 733.13 Pathologic fracture of vertebrae

-----  
Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)

Treatment: OPEN OR CLOSED REDUCTION

Line: 486

ADD 27827 OPEN TREATMENT OF FRACTURE OF WEIGHT-BEARING  
ARTICULAR SURFACE/PORTION OF DISTAL TIBIA WITH  
INT/EXT FIXATION, TIBIA ONLY

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

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

Line: 502

ADD 48145 PANCREATECTOMY, DISTAL SUBTOTAL, W/WO SPLENECTOMY;  
W/PANCREATICOJEJUNOSTOMY  
ADD 48146 PANCREATECTOMY, DISTAL, NEAR-TOTAL W/PRESERVATION,  
DUODENUM (CHILD-TYPE PROC)  
ADD 48148 EXCISION, AMPULLA, VATER  
ADD 48150 PANCREATECTOMY (WHIPPLE); W/PANCREATOJEJUNOSTOMY  
ADD 48152 PANCREATECTOMY (WHIPPLE); W/O PANCREATOJEJUNOSTOMY  
ADD 48153 PANCREATECTOMY (PYLORUS SPARING, WHIPPLE);  
W/PANCREATOJEJUNOSTOMY  
ADD 48154 PANCREATECTOMY (PYLORUS SPARING, WHIPPLE); W/O  
PANCREATOJEJUNOSTOMY  
ADD 48155 PANCREATECTOMY, TOTAL

-----  
Diagnosis: NON-MALIGNANT OTITIS EXTERNA

Treatment: MEDICAL THERAPY

Line: 504

ADD 69020 DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS

-----  
Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH)

Treatment: BASIC RESTORATIVE

Line: 507

ADD D2391 Resin based composite restoration, one surface,  
posterior  
ADD D2392 Resin based composite restoration, two surfaces,  
posterior  
ADD D2393 Resin based composite restoration, three surfaces,  
posterior  
ADD D2394 Resin based composite restoration, four or more  
surfaces, posterior

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH)

Treatment: BASIC RESTORATIVE

Line: 507 (CONT'D)

DELETE	D3347	Retreatment of previous root canal therapy - bicuspid
DELETE	D3348	Retreatment of previous root canal therapy - molar
ADD	D3430	Retrograde filling

---

Diagnosis: HEARING LOSS - OVER AGE OF FIVE

Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS

Line: 511

DELETE	388.30	Tinnitus, unspecified
DELETE	388.31	Subjective tinnitus
DELETE	388.32	Objective tinnitus

---

Diagnosis: SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, PREMENSTRUAL TENSION SYNDROME

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 514

ADD	H0032	Mental health service plan development by non-physician
ADD	H0038	Self help/peer services, per 15 min
ADD	H0039	Assertive community treatment, per 15 min
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2021	Community based wraparound services, per 15 min
ADD	H2022	Community based wraparound services, per diem
ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: DISORDERS OF SHOULDER

Treatment: REPAIR/RECONSTRUCTION

Line: 517

DELETE	718.41	CONTRACTURE OF JOINT-SHOULDER
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Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II & III

Treatment: REPAIR, MEDICAL THERAPY

Line: 518

DELETE	718.46	CONTRACTURE OF JOINT-LOWER LEG
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: UTERINE PROLAPSE; CYSTOCELE

Treatment: SURGICAL REPAIR

Line: 521

ADD 57267 MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT  
REPAIR, EA SITE, VAGINAL APPROACH  
ADD 57283 COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH  
(UTEROSACRAL, LEVATOR MYORRHAPHY)

---

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA

Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

Line: 526

ADD 11004 DEBRIDE; SKIN/SUBQ TISS/MUSCLE/FASCIA NECRO TISS  
INFEXN; GENITALIA/PERIN

---

Diagnosis: URINARY INCONTINENCE

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 529

ADD 57267 MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT  
REPAIR, EA SITE, VAGINAL APPROACH  
ADD 57283 COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH  
(UTEROSACRAL, LEVATOR MYORRHAPHY)

---

Diagnosis: SIMPLE AND SOCIAL PHOBIAS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 535

ADD H0032 Mental health service plan development by non-MD  
ADD H0038 Self help/peer services, per 15 min  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2012 Behavioral health day treatment, per hour  
ADD H2014 Skills training and development  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
ADD H2023 Supported employment, per 15 min  
ADD H2027 Psychoeducational service, per 15 min  
ADD H2032 Activity therapy, per 15 min  
DELETE S9485 Crisis intervention, mental health srvcs, per diem  
ADD T1023 Screening for services

---

Diagnosis: PERIPHERAL NERVE ENTRAPMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 537

DELETE 26055 TENDON SHEATH INCISION (E.G., FOR TRIGGER FINGER)

---

Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS

Treatment: HEMORRHOIDECTOMY/ INCISION

Line: 542

ADD 46947 HEMORRHOIDOPEXY (PROLAPSING INTERNAL HEMORRHOIDS)  
BY STAPLING

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

---

Diagnosis: PHIMOSIS

Treatment: SURGICAL TREATMENT

Line: 551

ADD 54150 CIRCUMCISION, USING CLAMP/OTHER DEVICE; NEWBORN

ADD 54160 CIRCUMCISION, SURGICAL EXCISION OTHER THAN  
CLAMP/DEVICE/DORSAL SLIT; NEWBORN

---

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)

Treatment: PERIODONTICS AND COMPLEX PROSTHETICS

Line: 560

ADD D3347 Retreatment of previous root canal therapy -  
bicuspid

ADD D3348 Retreatment of previous root canal therapy - molar

---

Diagnosis: IMPULSE DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 561

ADD H0032 Mental health service plan development by  
non-physician

ADD H0038 Self help/peer services, per 15 min

ADD H0039 Assertive community treatment, per 15 min

ADD H2011 Crisis intervention service, per 15 min

ADD H2013 Psychiatric health facility service, per diem

ADD H2014 Skills training and development

ADD H2021 Community based wraparound services, per 15 min

ADD H2022 Community based wraparound services, per diem

ADD H2023 Supported employment, per 15 min

ADD H2027 Psychoeducational service, per 15 min

ADD H2032 Activity therapy, per 15 min

ADD S9125 Respite care services, in the home, per diem

DELETE S9485 Crisis intervention, mental health srvc's, per diem

ADD T1023 Screening for services

---

Diagnosis: SEXUAL DYSFUNCTION

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 563

ADD H0032 Mental health service plan development by  
non-physician

ADD H0038 Self help/peer services, per 15 min

ADD H2011 Crisis intervention service, per 15 min

ADD H2014 Skills training and development

ADD H2027 Psychoeducational service, per 15 min

ADD H2032 Activity therapy, per 15 min

DELETE S9485 Crisis intervention, mental health services, per  
diem

ADD T1023 Screening for services

---

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

-----  
Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS

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

Line: 572

ADD	21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; OPEN
DELETE	26055	TENDON SHEATH INCISION
DELETE	718.42	CONTRACTURE OF JOINT-UPPER ARM
DELETE	718.43	CONTRACTURE OF JOINT-FOREARM
DELETE	718.44	CONTRACTURE OF JOINT-HAND
DELETE	718.45	CONTRACTURE OF JOINT-PELVIC
DELETE	718.46	CONTRACTURE OF JOINT-LOWER LEG

-----  
Diagnosis: DEFORMITIES OF FOOT

Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS

Line: 573

DELETE	718.47	CONTRACTURE OF JOINT-ANKLE & FOOT
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-----  
Diagnosis: INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE

Treatment: REPAIR, MEDICAL THERAPY

Line: 584

DELETE	718.48	CONTRACTURE OF JOINT-OTH SPEC SITES
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-----  
Diagnosis: PERIPHERAL ENTHESOPATHIES

Treatment: SURGICAL TREATMENT

Line: 588

DELETE	26055	TENDON SHEATH INCISION
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-----  
Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC  
IMPAIRMENT (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 594

DELETE	64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONT CATHETER INFUSN W/DAILY MGMT, ANESTH ADMIN
DELETE	64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
DELETE	64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONT CATHETER INFUSION W/DAILY MGMT, ANESTH ADMIN

-----  
Diagnosis: FEMALE INFERTILITY, MALE INFERTILITY

Treatment: ARTIFICIAL INSEMINATION, MEDICAL THERAPY

Line: 596

DELETE	52347	
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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS

Treatment: LIVER TRANSPLANT

Line: 601

ADD 47143 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/O TRISEGMENT/LOBE SPLIT  
ADD 47144 BACKBENCH PREP CADAVER WHOLE LIVER GRAFT;  
W/TRISEGMENT SPLIT/WHOLE LIVER GRAFT, 2 LIVER  
ADD 47145 BACKBENCH PREP CADAVER DONOR WHOLE LIVER GRAFT;  
W/GRAFT LOBE SPLIT-2 LIVER GRAFTS (LEFT/RIGHT  
ADD 47146 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; VENOUS ANASTOMOSIS, EA  
ADD 47147 BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT  
RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA

---

Diagnosis: FACTITIOUS DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 608

ADD H0032 Mental health service plan development by  
non-physician  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
DELETE S9485 Crisis intervention, mental health services, per  
diem  
ADD T1023 Screening for services

---

Diagnosis: HYPOCHONDRIASIS, SOMATOFORM DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 609

ADD H0032 Mental health service plan development by  
non-physician  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
DELETE S9485 Crisis intervention, mental health services, per  
diem  
ADD T1023 Screening for services

---

Diagnosis: CONVERSION DISORDER, ADULT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 610

ADD H0032 Mental health service plan development by  
non-physician  
ADD H0038 Self help/peer services, per 15 min  
ADD H0039 Assertive community treatment, per 15 min  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2013 Psychiatric health facility service, per diem  
ADD H2014 Skills training and development  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

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Diagnosis: CONVERSION DISORDER, ADULT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 610 (CONT'D)

ADD	H2023	Supported employment, per 15 min
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY

Line: 611

ADD	63050	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS
ADD	63051	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESS, 2/> VERTEBRAL SEGMENTS W/POST BONE RECONSTRUCT
ADD	63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINE ELEMENTS

---

Diagnosis: PICA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 627

ADD	H0032	Mental health service plan development by non-physician
DELETE	S9485	Crisis intervention, mental health services, per diem
ADD	T1023	Screening for services

---

Diagnosis: INFERTILITY DUE TO TUBAL DISEASE

Treatment: MICROSURGERY

Line: 636

ADD	52402	CYSTOURETHROSCOPY W/TRANSURETHRAL RESECTION/INCISION EJACULATORY DUCTS
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Diagnosis: MORBID OBESITY

Treatment: GASTROPLASTY

Line: 640

ADD	43644	LAPAROSCOPIC GASTRIC RESTRICTIVE PX, W/GASTRIC BYPASS/ ROUX-EN-Y, < 150CM
ADD	43645	LAPAROSCOPIC GASTRIC RESTRICTIVE PX, W/GASTRIC BYPASS/ ROUX-EN-Y/SMALL INTESTINE RECONSTRUCT
ADD	43845	GASTRIC RESTRICTIVE PX, W PART GASTRECTOMY/DUODENOILEOSTOMY/ILEOILEOSTOMY 50-100CM COMMON CHANNEL
DELETE	S2085	Laparscopy, surgical, gastric restrictive procedure; with gastric bypass, with short limb roux-en-y gastroenterostomy

---

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

---

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

DELETE 718.46 CONTRACTURE OF JOINT-LOWER LEG

---

Diagnosis: SYNOVITIS AND TENOSYNOVITIS  
Treatment: MEDICAL THERAPY  
Line: 646

ADD 26055 TENDON SHEATH INCISION

---

Diagnosis: PROLAPSED URETHRAL MUCOSA  
Treatment: SURGICAL TREATMENT  
Line: 655

ADD 57267 MESH/PROSTHESIS INSERTION, FOR PELVIC FLOOR DEFECT REPAIR, EA SITE, VAGINAL APPROACH

---

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTISOCIAL  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 657

ADD H0032 Mental health service plan development by non-physician  
ADD H0038 Self help/peer services, per 15 min  
ADD H0039 Assertive community treatment, per 15 min  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2014 Skills training and development  
ADD H2021 Community based wraparound services, per 15 min  
ADD H2022 Community based wraparound services, per diem  
ADD H2023 Supported employment, per 15 min  
ADD H2027 Psychoeducational service, per 15 min  
ADD H2032 Activity therapy, per 15 min  
DELETE S9485 Crisis intervention, mental health services, per diem  
ADD T1023 Screening for services

---

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS, OTHER PSYCHOSEXUAL DISORDERS  
Treatment: MEDICAL/PSYCHOTHERAPY  
Line: 658

ADD H0032 Mental health service plan development by non-physician  
ADD H2011 Crisis intervention service, per 15 min  
ADD H2014 Skills training and development  
ADD H2027 Psychoeducational service, per 15 min  
ADD H2032 Activity therapy, per 15 min  
DELETE S9485 Crisis intervention, mental health services, per diem  
ADD T1023 Screening for services

---

**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

-----  
 Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR  
 CONDITIONS, AND FIBROSIS OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 679

DELETE	11100	BX, SKIN, SUBQ/MUCOUS MEMBRANE; SINGLE LESION
DELETE	11101	BX, SKIN, SUBQ/MUCOUS MEMBRANE (SEP PROC); ADD'L LESION

-----  
 Diagnosis: UNCOMPLICATED HEMORRHOIDS

Treatment: HEMORRHOIDECTOMY/ MEDICAL THERAPY

Line: 680

ADD	46947	HEMORRHOIDOPEXY (PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING
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-----  
 Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR  
 INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY

Line: 688

ADD	36475	PER-Q ENDOVENOUS RF ABLATE, INCOMPETENT EXTREMITY VEIN, W/S&I/MONITOR; 1ST VEIN
ADD	36476	PER-Q ENDOVEN RF ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS
ADD	36478	PER-Q ENDOVENOUS LASER ABLATE, INCOMPETENT EXTREMITY VEIN, W/S&I/MONITOR; 1ST VEIN
ADD	36479	PER-Q ENDOVEN LASER ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS
ADD	454.8	VARICOSE VEINS OF THE LOWER EXTREMITIES, WITH OTHER COMPLICATIONS
DELETE	459.11	POSTPHLEBETIC SYNDROME WITH ULCER
DELETE	459.12	POSTPHLEBETIC SYNDROME WITH INFLAMMATION
DELETE	459.13	POSTPHLEBETIC SYNDROME WITH ULCER AND INFLAMMATION
DELETE	459.31	CHRONIC VENOUS HYPERTENSION WITH ULCER
DELETE	459.32	CHRONIC VENOUS HYPERTENSION WITH INFLAMMATION
DELETE	459.33	CHRONIC VENOUS HYPERTENSION W/ ULCER & INFLAMMATN

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

Treatment: ELECTIVE DENTAL SERVICES

Line: 700

DELETE	D2391	Resin based composite restoration, one surface, posterior
DELETE	D2392	Resin based composite restoration, three surfaces, posterior
DELETE	D2393	Resin based composite restoration, two surfaces, posterior
DELETE	D2394	Resin based composite restoration, four or more surfaces, posterior

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**Interim Modifications to the October 1, 2004, Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2004, December 10, 2004 and January 27, 2005. (Cont'd)**

---

Diagnosis: ANTISOCIAL PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 701

ADD	H0032	Mental health service plan development by non-physician
ADD	H2011	Crisis intervention service, per 15 min
ADD	H2014	Skills training and development
ADD	H2027	Psychoeducational service, per 15 min
ADD	H2032	Activity therapy, per 15 min
DELETE	S9485	Crisis intervention, mental health srvcs, per diem
ADD	T1023	Screening for services

---

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY

Treatment: EVALUATION

Line: 719

DELETE	21742	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; MINIMAL INVASIVE APPROACH, W/O THORACOSCOPY
DELETE	21743	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM; MINIMAL INVASIVE APPROACH, W/THORACOSCOPY
DELETE	718.40	CONTRACTURE OF JOINT-SITE UNS

---

Diagnosis: SENORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY

Treatment: EVALUATION

Line: 721

ADD	388.30	Tinnitus, unspecified
ADD	388.31	Subjective tinnitus
ADD	388.32	Objective tinnitus

---

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 724

ADD	T1023	Screening for services
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## ATTACHMENT B

### Guideline Revisions to the 10/1/04 Prioritized List of Health Services

#### GUIDELINE NOTE 1, SPEECH, OCCUPATIONAL, AND PHYSICAL THERAPIES FOR ACUTE CONDITIONS

On Lines 1, 19, 21, 24, 26, 29, 31, 35, 37, 38, 40, 42, 52, 89, 95, 96, 97, 98, 101, 102, 103, 104, 105, 106, 112, 113, 114, 115, 132, 133, 134, 136, 143, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 165, 168, 175, 177, 180, 191, 198, 199, 209, 215, 219, 216, 240, 241, 248, 261, 264, 286, 287, 288, 289, 290, 294, 299, 313, 318, 319, 323, 324, 325, 330, 336, 371, 374, 375, 382, 383, 384, 388, 441, 454, 455, 456, 469, 470, 471, 483, 484, 485, 486, 498, 516, 517, 518, 519, 522, 568, 584, 589, 594, 645, 646, 685

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

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

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

- Age < 3: 4
- Age 3-7: 24
- Age 8-12: 12
- Age > 12: 2

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

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

#### GUIDELINE NOTE 2, ERYTHROPOIETIN

On Lines 2, 4, 27, 118, 119, 120, 122, 123, 124, 125, 137, 140, 166, 178, 182, 183, 193, 194, 195, 196, 200, 201, 212, 213, 222, 227, 228, 229, 231, 232, 233, 234, 235, 236, 237, 249, 250, 252, 265, 273, 274, 275, 276, 277, 278, 279, 280, 314, 329, 349, 445, 446, 500, 501, 502, 503, 693

1. Indicated for ~~Hgb < 10~~ for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy, or in the setting of myelodysplasia, or chronic renal failure, with or without dialysis.

A. Endogenous erythropoietin levels of < 200 IU/L are required for treatment, except in chronic renal failure.

B. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

~~2. Treatment should continue for 4-8 weeks, or until Hgb of 12 is reached. If no response by 4-8 weeks, treatment should be discontinued. If Hgb of 12 is reached, EPO should be titrated to maintain this level.~~

2. Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) associated with HIV/AIDS.

A. An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.

B. Reassessment should be made after 8 weeks of treatment. If no response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

#### GUIDELINE NOTE 5, FETOSCOPIC LASER SURGERY

On Line 55

Fetoscopic laser surgery (S2411) is only covered for Stages III and IV twin-twin transfusion syndrome. ~~repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt.~~

## Guideline Revisions to the 10/1/04 Prioritized List of Health Services (cont'd)

### GUIDELINE NOTE 7, SECOND BONE MARROW TRANSPLANTS, NON-MYELOABLATIVE STEM CELL TRANSPLANTS

*On Lines 118, 120, 122, 124, 125, 182, 183, 200, 445, 446*

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma. Non-myeloablative transplants (mini-transplants) are not covered.

### GUIDELINE NOTE 8, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

*On Line 143*

Neurologic impairment is defined as objective evidence of one or more of the following:

- a) Reflex loss
- b) Dermatomal muscle weakness
- c) Dermatomal sensory loss
- d) EMG or NCV evidence of nerve root impingement
- e) Cauda equina syndrome
- ~~f) Neurogenic claudication~~
- gf) Neurogenic bowel or bladder

### ~~GUIDELINE NOTE 11, THERAPIES FOR CHRONIC CONDITIONS~~

~~*On Lines 219, 336, 455, 456*~~

~~The following number of combined physical and occupational therapy visits are allowed per year for any combination of diagnoses on these lines:~~

- ~~• Ages 0-7: 24\*~~
- ~~• Ages 8-12: 12\*~~
- ~~• Age > 12: 2\*~~

~~The following number of speech therapy visits are allowed per year for any combination of diagnoses on these lines:~~

- ~~• Age 0-2: 0\*~~
- ~~• Age 3-7: 24\*~~
- ~~• Age 8-12: 12\*~~
- ~~• Age > 12: 2\*~~

~~\*An additional 6 visits of speech, physical or occupational therapy are allowed whenever there is a change in status, such as surgery, injection, or an acute exacerbation, OR for evaluation and treatment of swallowing disorders, OR for evaluation/training for an assistive communication device.~~

Note: With the deletion of Guideline Note 11 (being combined with Guideline Note 1) and addition of new Guideline Notes 16 and 30, all guideline notes will be renumbered accordingly.

### GUIDELINE NOTE 16, COCHLEAR IMPLANTS, AGE 5 OR UNDER

*On Line 303*

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Child has reached the age of 1
- c) Receive little or no useful benefit from hearing aids
- d) No medical contraindications
- e) High motivation and appropriate expectations (both child, when appropriate, and family)

## Guideline Revisions to the 10/1/04 Prioritized List of Health Services (cont'd)

### GUIDELINE NOTE 17, CLINICALLY SIGNIFICANT SPINAL DEFORMITIES

On 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 objective evidence of neurologic impairment consistent with MRI findings (see Guideline Note 8).

### GUIDELINE NOTE 18, SLEEP APNEA

On Line ~~336~~350

Treatment for coordination disorder (ICD-9 code 315.4) is included in this line for children age 3 and under and, for children over the age of 3, treatment is for diagnostic purposes only and is limited to a maximum of 120 days. Surgery for sleep apnea is only covered after documented failure of both CPAP and an oral appliance.

### GUIDELINE NOTE 28, BASIC RESTORATIVE DENTAL CARE

On Line 507

Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (CDT codes D2391, D2392, D2393, D2394).

### GUIDELINE NOTE 30, COCHLEAR IMPLANTS, OVER AGE 5

On Line 513

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Child is under the age of 19
- c) Receive little or no useful benefit from hearing aids
- d) No medical contraindications
- e) High motivation and appropriate expectations (both child, when appropriate, and family)

Postlinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Severe-to-profound sensorineural hearing loss in both ears
- b) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
- c) Receive limited benefit from appropriately fit hearing aids; i.e., scores of 40% or less on sentence recognition test in the best-aided listening condition
- d) No medical contraindications

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Hearing loss acquired before learning speech and language (prelinguistic hearing loss)
- c) Receive no benefit from hearing aids
- d) No medical contraindications
- e) A desire to be a part of the hearing world

## Guideline Revisions to the 10/1/04 Prioritized List of Health Services (cont'd)

GUIDELINE NOTE 4041, ELECTIVE DENTAL SERVICES

*On Line 700*

Treatment not related to symptomatic pain, infection, bleeding or swelling (CDT codes D7220, D7230, D7240, D7241, D7250). ~~Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (CDT codes D2391, D2392, D2393, D2394).~~