



Oregon

Theodore R. Kulongoski, Governor

Health Services Commission

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February 6, 2006

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 Prioritized List of Health Services appearing in the Commission's March 2005 Report to the Governor and 73rd Oregon Legislative Assembly as amended as of January 1, 2006.

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 710. Therefore, in accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachments A and B will supersede the previous definition of these lines.

Attachment A documents the placement of CPT-4 codes to indicate appropriate condition/treatment pairings previously not appearing on the list (245 changes) and three instances where codes were removed from lines because of inappropriate pairings. Placement of new ICD-9-CM codes accounted for 31 changes, new CPT-4 codes for 435 changes, and new HCPCS codes resulted in 12 changes. In addition, 105 changes relate to the deletion of obsolete or invalid CPT codes. One change involves the placement of a new technology allowing for female sterilization to take place in an outpatient setting. While the Commission began reviewing this procedure almost two years ago, recent data for a modified form of the device shows that it is now equally as effective as tubal ligation, has a lower complication rate, involves less recovery time, and for approximately the same cost than the inpatient procedure.

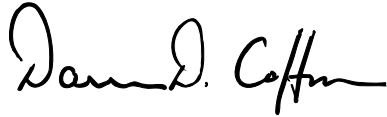
In addition to the changes outlined in Attachment A, there are some changes being made to the practice guidelines associated with the Prioritized List as noted in Attachment B. New guidelines were developed for five lines to accommodate the appropriate provision of mental health services to children ages five and under. Additionally, new guidelines were developed for subtalar arthroereisis and a technical change was made to the guideline for cochlear implants in individuals over the age of five.

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, which will be no earlier than April 1, 2006. 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.

Interim Modifications to the Prioritized List of Health Services
February 6, 2006
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The Health Services Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Darren D. Coffman". The signature is fluid and cursive, with the first name "Darren" being the most prominent.

Darren D. Coffman
Director

Enclosure

cc: Health Services Commission
Bruce Goldberg, MD

—

ATTACHMENT A

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006.

Diagnosis: TYPE I DIABETES MELLITUS
Treatment: MEDICAL THERAPY
Line: 2

DELETE 90939 Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection
ADD 95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via SC sensor up to 72 hours; physician interpretation and report

NOTE: IN ALL CASES SUCH AS THIS IN WHICH A CPT CODE THAT FALLS WITHIN A RANGE ON THE PRIORITIZED LIST IS NOW BEING DESIGNATED AS INVALID, NO CHANGE TO THE LIST IS NECESSARY.

Diagnosis: PERITONITIS AND RETROPERITONEAL INFECTIONS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 3

ADD 44227 Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis
ADD 567.31 Psoas muscle abscess

NOTE: NEW FIFTH-DIGIT ICD-9-CM CODE BEING ADDED IS CLASSIFIED UNDER EXISTING THREE-DIGIT CODE 567, WHICH ALREADY APPEARS ON THIS LINE.

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 4

DELETE 90939 Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX
Treatment: TUBE THORACOSCOPY/THORACOTOMY, MEDICAL THERAPY
Line: 5

ADD 32653 Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit

Diagnosis: COMPLICATED HERNIA WITH OBSTRUCTION AND/OR GANGRENE;
UNCOMPLICATED HERNIA IN CHILDREN
Treatment: REPAIR
Line: 6

ADD S2075 Laparoscopy, surgical; repair incisional or ventral hernia

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006.

Diagnosis: COMPLICATED HERNIA WITH OBSTRUCTION AND/OR GANGRENE;
UNCOMPLICATED HERNIA IN CHILDREN

Treatment: REPAIR
Line: 6 (CONT'D)

ADD S2076 Laparoscopy, surgical; repair umbilical hernia
ADD S2077 Laparoscopy, surgical; implantation of mesh or
other prosthesis for incisional or ventral hernia
repair

Diagnosis: INJURY TO INTERNAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 10

ADD 44227 Laparoscopy, surgical; closure of enterostomy,
large or small intestine, with resection and
anastomosis

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR
TRACHEA, OPEN

Treatment: REPAIR
Line: 15

DELETE 21493 Closed treatment of hyoid fracture; without
manipulation
DELETE 21494 Closed treatment of hyoid fracture; with
manipulation
DELETE 31585 Treatment of closed laryngeal fracture; without
manipulation
DELETE 31586 Treatment of closed laryngeal fracture; with
closed manipulative reduction

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment: SURGICAL TREATMENT
Line: 21

ADD 33880 Endovascular repair of descending thoracic aorta;
involving coverage of L subclavian artery origin
initial endoprosthesis plus extensions to celiac
artery origin
ADD 33881 Endovascular repair of descending thoracic aorta;
not involving coverage of L subclavian artery
origin initial endoprosthesis, plus extensions to
celiac artery origin
ADD 33883 Placement of proximal extension prosthesis for
endovascular repair of descending thoracic aorta,
initial extension
ADD 33884 Placement of proximal extension prosthesis for
endovascular repair of descending thoracic aorta,
each add'l extension
ADD 33886 Placement of distal extension prosthesis delayed
after endovascular repair of descending thoracic
aorta

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

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

- ADD 33889 Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
- ADD 33891 Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
- ADD 75956 Endovascular repair of descending thoracic aorta; involving coverage of L subclavian artery origin initial endoprosthesis plus extensions to celiac artery origin, radiologic supervision and interp
- ADD 75957 Endovascular repair of descending thoracic aorta; not involving coverage of L subclavian artery origin initial endoprosthesis, plus extensions to celiac artery origin, radiologic supervision and interp
- ADD 75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta, radiologic supervision and interp
- ADD 75959 Placement of distal extension prosthesis delayed after endovascular repair of descending thoracic aorta, radiologic supervision and interp

NOTE: CHANGE CPT RANGE "33860-33877" TO "33860-33891".

Diagnosis: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 23

- ADD 44180 Laparoscopy, surgical, enterolysis
- ADD 44186 Laparoscopy, surgical; jejunostomy for decompression or feeding
- ADD 44187 Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
- ADD 44188 Laparoscopy, surgical, colostomy or skin-level cecostomy
- DELETE 44200 Laparoscopy, surgical, enterolysis
- ADD 44213 Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8)

NOTE: ADD CPT RANGE "44180-44188".

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

- ADD 33880 Endovascular repair of descending thoracic aorta; involving coverage of L subclavian artery origin initial endoprosthesis plus extensions to celiac artery origin
- ADD 33881 Endovascular repair of descending thoracic aorta; not involving coverage of L subclavian artery origin initial endoprosthesis, plus extensions to celiac artery origin
- ADD 33883 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta, initial extension
- ADD 33884 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta, each add'l extension
- ADD 33886 Placement of distal extension prosthesis delayed after endovascular repair of descending thoracic aorta
- ADD 33889 Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
- ADD 33891 Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
- ADD 75956 Endovascular repair of descending thoracic aorta; involving coverage of L subclavian artery origin initial endoprosthesis plus extensions to celiac artery origin, radiologic supervision and interp
- ADD 75957 Endovascular repair of descending thoracic aorta; not involving coverage of L subclavian artery origin initial endoprosthesis, plus extensions to celiac artery origin, radiologic supervision and interp
- ADD 75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta, radiologic supervision and interp
- ADD 75959 Placement of distal extension prosthesis delayed after endovascular repair of descending thoracic aorta, radiologic supervision and interp

NOTE: CHANGE CPT RANGE "33860-33877" TO "33860-33891".

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA
Treatment: SURGICAL TREATMENT
Line: 29

- ADD 37184 Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; first vessel
 - ADD 37185 Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; all subsequent vessels
 - ADD 37186 Secondary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; provided in conjunction with another percutaneous intervention
-

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
Line: 31

- ADD 62272 Spinal puncture, therapeutic, for drainage of CSF
-

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS, ESOPHAGUS
Treatment: REMOVAL OF FOREIGN BODY
Line: 32

- ADD 32020 Tube thoracostomy, with or without water seal
-

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

- ADD 22010 Incision and drainage, open, of deep abscess, posterior spine; cervical, thoracic
 - ADD 22015 Incision and drainage, open, of deep abscess, posterior spine; lumbar, sacral
-

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment: THROMBECTOMY/LIGATION
Line: 39

- ADD 37187 Percutaneous transluminal mechanical thrombectomy, vein, incl. intraprocedural pharmacologic thrombolytic injection
 - ADD 37188 Percutaneous transluminal mechanical thrombectomy, vein, incl. intraprocedural pharmacologic thrombolytic injection; repeat treatment on subsequent day
-

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL
Treatment: CRANIOTOMY/CRANIECTOMY
Line: 51

ADD 43653 Laparoscopy, surgical; with gastrostomy, without construction of gastric tube

Diagnosis: BIRTH CONTROL
Treatment: CONTRACEPTION MANAGEMENT
Line: 53

ADD 58565 Hysteroscopy, surgical: with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
ADD V26.3 Genetic counseling and testing

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN
Treatment: MEDICAL THERAPY
Line: 57

ADD 44143 Colectomy, partial; with end colostomy and closure of distal segment

NOTE: CHANGE TREATMENT DESCRIPTION TO "MEDICAL AND SURGICAL TREATMENT".

Diagnosis: OTHER RESPIRATORY CONDITIONS FOR THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 59

ADD 32000 Thoracentesis, puncture of pleural cavity for aspiration
ADD 32020 Tube thoracostomy, with or without water seal
DELETE 748.3 Other anomalies of larynx
ADD 770.14 Aspiration of clear amniotic fluid with respiratory symptoms
ADD 770.16 Aspiration of blood with respiratory symptoms
ADD 770.86 Aspiration of postnatal stomach contents with respiratory symptoms

NOTE: NEW FIFTH-DIGIT ICD-9-CM CODES BEING ADDED ARE CLASSIFIED UNDER EXISTING FOURTH-DIGIT CODES 770.1 AND 770.8, WHICH ALREADY APPEAR ON THIS LINE.

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

ADD 33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours
ADD 33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each add'l 24 hours
DELETE 43638 Gastrectomy, partial, proximal, including esophagostomy, with vagotomy

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 77 (CONT'D)

| | | |
|--------|-------|--|
| ADD | 44186 | Laparoscopy, surgical; jejunostomy for decompression or feeding |
| ADD | 44187 | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube |
| ADD | 44188 | Laparoscopy, surgical, colostomy or skin-level cecostomy |
| DELETE | 44200 | Laparoscopy, surgical, enterolysis |
| DELETE | 44201 | Laparoscopy, surgical, jejunostomy (for feeding or decompression) |
| ADD | 44213 | Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8) |
| ADD | 44227 | Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis |
| ADD | 45395 | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy |
| ADD | 45397 | Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure, with creation of colonic reservoir, with diverting enterostomy |

NOTE: CHANGE CPT RANGE "44139-44201" TO "44139-44188".

Diagnosis: SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR
OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART

Treatment: RESECTION, REPAIR

Line: 97

| | | |
|-----|-------|---|
| ADD | 33768 | Anastomosis, cavopulmonary, second superior vena cava |
|-----|-------|---|

Diagnosis: CONGENITAL ANOMALIES OF THE UPPER ALIMENTARY TRACT, EXCLUDING
TONGUE

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 98

| | | |
|-----|-------|---|
| ADD | 42145 | Palatopharyngoplasty |
| ADD | 42200 | Palatoplasty for cleft palate, soft and/or hard palate only |
| ADD | 42215 | Palatoplasty for cleft palate, major revision |
| ADD | 42825 | Tonsillectomy, primary or secondary; under age 12 |
| ADD | 42826 | Tonsillectomy, primary or secondary; age 12 and |

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: CORONARY ARTERY ANOMALY
Treatment: REIMPLANTATION OF CORONARY ARTERY
Line: 100

ADD 33507 Repair of anomalous aortic origin of coronary artery by unroofing or translocation

NOTE: IN ALL CASES SUCH AS THIS IN WHICH A NEW CPT CODE IS BEING ADDING WHICH FALLS WITHIN AN EXISTING RANGE ON THE PRIORITIZED LIST, NO CHANGE TO THE LIST IS NECESSARY.

Diagnosis: TETRALOGY OF FALLOT
Treatment: TOTAL REPAIR TETRALOGY
Line: 102

ADD 33608 Repair of complex cardiac anomaly other than pulmonary atresia with VSD by construction or replacement of conduit from right or left ventricle to pulmonary artery
ADD 33925 Repair of pulmonary artery arborization anomalies by unifocalization; without CPB
ADD 33926 Repair of pulmonary artery arborization anomalies by unifocalization; with CPB

Diagnosis: OTHER AND UNSPECIFIED ENDOCARDIAL CUSHION DEFECTS
Treatment: REPAIR ATRIOVENTRICULAR
Line: 105

ADD 33660 Repair of incomplete or partial atrioventricular canal (ostium primum ASD), with or without atrioventricular valve repair

Diagnosis: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
Line: 106

ADD V59.6 Donor, liver

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

ADD V59.4 Donor, kidney

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

ADD V59.6 Donor, liver

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY
Treatment: MEDICAL AND SURGICAL TREATMENT/ORTHODONTICS
Line: 110

ADD 31630 Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture
ADD 31631 Bronchoscopy, with placement of tracheal stent
ADD 31635 Bronchoscopy, with removal of foreign body
ADD 31636 Bronchoscopy, with placement of bronchial stent; initial bronchus
ADD 31637 Bronchoscopy, with placement of bronchial stent; each add'l major bronchus
ADD 31638 Bronchoscopy, with revision of tracheal or bronchial stent

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
Treatment: BONE MARROW TRANSPLANT
Line: 117

ADD V59.3 Donor, bone marrow

Diagnosis: HODGKIN'S DISEASE
Treatment: BONE MARROW TRANSPLANT
Line: 119

ADD V59.3 Donor, bone marrow

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 121

ADD V59.3 Donor, bone marrow

Diagnosis: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT
Line: 123

ADD V59.3 Donor, bone marrow

Diagnosis: OSTEOPETROSIS
Treatment: BONE MARROW TRANSPLANT
Line: 124

ADD V59.3 Donor, bone marrow

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 126

ADD 44213 Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8)

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Diagnosis: SHORT BOWEL SYNDROME - AGE 5 AND UNDER
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
Line: 127

ADD 996.87 Complication of transplanted organ, intestine

Diagnosis: BENIGN NEOPLASM OF BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINIEAR ACCELERATOR, MEDICAL THERAPY
WITH INCLUDES RADIATION
Line: 136

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

ADD 61581 Craniofacial approach to anterior cranial fossa;extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, maxillectomy, orbital exenteration

ADD 61582 Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe, osteotomy of base of anterior cranial fossa

ADD 61583 Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa

ADD 61584 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal/temporal lobes; without orbital exenteration

ADD 61585 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal/temporal lobes; with orbital exenteration

ADD 61586 Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft

ADD 61590 Infratemporal pre-auricular approach to middle cranial fossa, with or without disarticulation of mandible, including parotidectomy, craniotomy, decompression and/or mobilization of facial nerve and petrous carotid artery

ADD 61591 Infratemporal post-auricular approach to middle cranial fossa, including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery

ADD 61592 Orbitocranial zygomatic approach to middle cranial fossa including osteotomy of zygoma, craniotomy and extra- or intradural elevation of temporal

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: BENIGN NEOPLASM OF BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINIEAR ACCELERATOR, MEDICAL THERAPY
WITH INCLUDES RADIATION

Line: 136 (CONT'D)

- ADD 61595 Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
- ADD 61596 Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve or petrous carotid artery
- ADD 61597 Transcondylar approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral bodies, decompression of vertebral artery, with or without mobilization
- ADD 61598 Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus

NOTE: CHANGE CPT RANGE "61571-61576" TO "61571-61598".

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 140

- ADD 22855 Removal anterior instrumentation
-

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS

Treatment: MEDICAL THERAPY

Line: 141

- DELETE V07.31 Prophylactic flouride administration
-

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 142

- DELETE 96100 Psychological testing with interp and report, per hour
 - ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time
-

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 143

- DELETE 96100 Psychological testing with interp and report, per hour

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 143 (CONT'D)

ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 145

ADD 27590 Amputation, thigh, through femur; any level
ADD 27591 Amputation, thigh, through femur, any level; immediate fitting technique including first cast
ADD 27592 Amputation, thigh, through femur; any level; open, circular
ADD 33768 Anastomosis, cavopulmonary, second superior vena cava

NOTE: CHANGE CPT RANGE "27594-27596" TO "27590-27596".

Diagnosis: BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE: DOUBLE OUTLET RIGHT VENTRICLE
Treatment: SHUNT/REPAIR
Line: 149

ADD 33768 Anastomosis, cavopulmonary, second superior vena cava

Diagnosis: COMMON VENTRICLE
Treatment: TOTAL REPAIR
Line: 151

ADD 33768 Anastomosis, cavopulmonary, second superior vena cava

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA
Treatment: SHUNT/REPAIR
Line: 152

DELETE 33918 Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries; without CPB
DELETE 33919 Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries; with CPB
ADD 33925 Repair of pulmonary artery arborization anomalies by unifocalization; without CPB
ADD 33926 Repair of pulmonary artery arborization anomalies by unifocalization; with CPB

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 159

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: MAJOR DEPRESSION, RECURRENT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 160

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: BIPOLAR DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 161

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp & report, per hr |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

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

| | | |
|--------|-------|---|
| DELETE | 90939 | Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection |
|--------|-------|---|

Diagnosis: HEART FAILURE
Treatment: MEDICAL THERAPY
Line: 172

| | | |
|-----|-------|--|
| ADD | 33967 | Insertion of intraaortic balloon assist device, percutaneous |
|-----|-------|--|

Diagnosis: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 175

| | | |
|--------|-------|---|
| DELETE | 90939 | Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection |
|--------|-------|---|

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)

Treatment: LIVER TRANSPLANT
Line: 176

ADD V59.6 Donor, liver

Diagnosis: TESTICULAR CANCER

Treatment: BONE MARROW TRANSPLANT
Line: 179

ADD V59.3 Donor, bone marrow

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT
Line: 180

ADD V59.3 Donor, bone marrow

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

Treatment: MEDICAL THERAPY
Line: 181

ADD V16 Family history of malignant neoplasm

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 184

DELETE 96100 Psychological testing with interper and report, per hour

ADD 96101 Psychological testing with interper and report, per hour of psychologist or physician time, both face-to-face and interper/prep time

Diagnosis: MAJOR DEPRESSION; SINGLE EPISODE OR MILD

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 185

ADD 296.90 Unspecified episodic mood disorder

DELETE 96100 Psychological testing with interper and report, per hour

ADD 96101 Psychological testing with interper and report, per hour of psychologist or physician time, both face-to-face and interper/prep time

NOTE: CHANGE DIAGNOSIS DESCRIPTION TO "DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE" AND ADD GUIDELINE APPEARING IN ATTACHMENT B AS INDICATED FOR THIS LINE.

Diagnosis: OTHER PSYCHOTIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 186

DELETE 96100 Psychological testing with interper and report, per hour

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Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 186 (CONT'D)

ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 187

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

NOTE: ADD GUIDELINE APPEARING IN ATTACHMENT B AS INDICATED FOR THIS LINE.

Diagnosis: ULCERS, GI HEMORRHAGE
Treatment: SURGICAL TREATMENT
Line: 194

DELETE 43638 Gastrectomy, partial, proximal, including esophagogastrotomy, with vagotomy
DELETE 43639 Gastrectomy, partial, proximal, including esophagogastrotomy, with vagotomy, with pyloroplasty or pyloromyotomy
ADD 44602 Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
ADD 44603 Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations

Diagnosis: AGRANULOCYTOSIS
Treatment: BONE MARROW TRANSPLANT
Line: 197

ADD V59.3 Donor, bone marrow

Diagnosis: CHRONIC OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 208

ADD 22600 Arthrodesis, posterior or posteriolateral technique, single level; cervical below C2
ADD 22610 Arthrodesis, posterior or posteriolateral technique, single level; thoracic
ADD 22612 Arthrodesis, posterior or posteriolateral technique, single level; lumbar

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

| | | |
|-----|-------|---|
| ADD | 22614 | Arthrodesis, posterior or posteriolateral technique, single level; each add'l vertebral segment |
| ADD | 22842 | Posterior segmental instrumentation; 3 to 6 vertebral segments |
| ADD | 22843 | Posterior segmental instrumentation; 7 to 12 vertebral segments |
| ADD | 22844 | Posterior segmental instrumentation; 13 or more vertebral segments |
| ADD | 22845 | Anterior instrumentation; 2 to 3 vertebral |
| ADD | 22846 | Anterior instrumentation; 4 to 7 vertebral |
| ADD | 22847 | Anterior instrumentation; 8 or more vertebral segments |

NOTE: ADD CPT RANGES "22600-22614" AND "22842-22847".

Diagnosis: MULTIPLE MYELOMA
Treatment: BONE MARROW TRANSPLANT
Line: 210

| | | |
|-----|-------|--------------------|
| ADD | V59.3 | Donor, bone marrow |
|-----|-------|--------------------|

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP
Treatment: MEDICAL THERAPY
Line: 211

| | | |
|--------|-------|---|
| ADD | 37187 | Percutaneous transluminal mechanical thrombectomy, vein, incl. intraprocedural pharmacologic thrombolytic injection |
| ADD | 37188 | Percutaneous transluminal mechanical thrombectomy, vein, incl. intraprocedural pharmacologic thrombolytic injection; repeat treatment on subsequent day |
| DELETE | 37720 | Ligation, division and complete stripping of short or long saphenous veins |

Diagnosis: INTRASPINAL AND INTRACRANIAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 214

| | | |
|-----|-------|--|
| ADD | 22010 | Incision and drainage, open, of deep abscess, posterior spine; cervical, thoracic |
| ADD | 22015 | Incision and drainage, open, of deep abscess, posterior spine; lumbar, sacral |
| ADD | 22554 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; cervical below C2 |
| ADD | 22556 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; thoracic |

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Diagnosis: INTRASPINAL AND INTRACRANIAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 214 (CONT'D)

- ADD 22558 Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; lumbar
 - ADD 22585 Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; each add'l interspace
-

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY UROLOGICAL PROCEDURES)
Line: 216

- ADD 44186 Laparoscopy, surgical; jejunostomy for decompression or feeding
 - ADD 44187 Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
 - ADD 44188 Laparoscopy, surgical, colostomy or skin-level cecostomy
 - ADD 44213 Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8)
-

Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY
Line: 219

- DELETE 90939 Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection
-

Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5 YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 224

- DELETE 32522 Resection of lung, with chest wall reconstruction, without prosthesis
-

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

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

Line: 225

ADD S2068 Breast reconstruction with deep inferior epigastric perforator flap, including microrvascular anastomosis and closure of donor

Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 241

DELETE 96100 Psychological testing with interp and report, per hour

ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 242

DELETE 96100 Psychological testing with interp and report, per hour

ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 246

DELETE 90939 Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 247

DELETE 90939 Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection

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Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
Line: 249

DELETE 90939 Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection

Diagnosis: DIVERTICULITIS OF COLON
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 256

ADD 44188 Laparoscopy, surgical, colostomy or skin-level cecostomy
DELETE 44200 Laparoscopy, surgical, enterolysis
ADD 44213 Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8)
ADD 44227 Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis

Diagnosis: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 263

ADD 309.89 Other specified adjustment reactions
DELETE 96100 Psychological testing with interp & report, per hr
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time
ADD V61.20 Counseling for parent-child problem, unspecified
ADD V62.82 Bereavement, uncomplicated

NOTE: ADD GUIDELINE APPEARING IN ATTACHMENT B AS INDICATED FOR THIS LINE. ALSO, ADD CODING CLARIFICATION STATING, "V61.20, COUNSELING FOR PARENT-CHILD PROBLEM, UNSPECIFIED, AND V62.82, BEREAVEMENT, UNCOMPLICATED, ARE ONLY INCLUDED IN THIS LINE WHEN IDENTIFIED AS SECONDARY DIAGNOSES WITH A PRIMARY DIAGNOSIS OF 309.89, OTHER SPECIFIED ADJUSTMENT REACTIONS."

Diagnosis: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 264

ADD 312.9 Unspecified disturbance of conduct
DELETE 96100 Psychological testing with interp & report, per hr
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

NOTE: ADD GUIDELINE APPEARING IN ATTACHMENT B AS INDICATED FOR THIS LINE.

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

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS
Treatment: EXCISION OF POLYP
Line: 266

| | | |
|-----|-------|---|
| ADD | 44620 | Closure of enterostomy, large or small intestine |
| ADD | 44625 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than |
| ADD | 44626 | Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis |
| ADD | 45113 | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir, w/wo loop ileostomy |
| ADD | 45114 | Proctectomy, partial, with anastomosis, abdominal and transsacral approach |
| ADD | 45116 | Proctectomy, partial, with anastomosis, transsacral approach only |

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: 270

| | | |
|-----|-------|---|
| ADD | 43750 | Percutaneous placement of gastrostomy tube |
| ADD | 44187 | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube |
| ADD | 44188 | Laparoscopy, surgical, colostomy or skin-level cecostomy |
| ADD | 44213 | Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8) |
| ADD | 44227 | Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis |
| ADD | 45395 | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy |
| ADD | 45402 | Laparoscopy, surgical; proctopexy, with sigmoid resection |
| ADD | 58150 | Total abdominal hysterectomy, w/wo removal of tubes, w/wo removal of ovaries |

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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: 271

ADD 44188 Laparoscopy, surgical, colostomy or skin-level cecostomy

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY 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: 272

ADD 32503 Resection of apical lung tumor, including chest wall resection, without chest wall reconstruction

ADD 32504 Resection of apical lung tumor, including chest wall resection, with chest wall reconstruction

DELETE 32520 Resection of lung, with chest wall resection

DELETE 32522 Resection of lung, with chest wall reconstruction, without prosthesis

DELETE 32525 Resection of lung, with major chest wall reconstruction, with prosthesis

ADD 38746 Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (add-on code)

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

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

Line: 276

DELETE 43638 Gastrectomy, partial, proximal, including esophagogastrotomy, with vagotomy

NOTE: CHANGE CPT RANGE "43620-43638" TO "43620-43635".

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 277

ADD 61592 Orbitocranial zygomatic approach to middle cranial fossa including osteotomy of zygoma, craniotomy and extra- or intradural elevation of temporal

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Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

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

Line: 277 (CONT'D)

- ADD 61600 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
 - ADD 61601 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair
 - ADD 61605 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
 - ADD 61606 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair
 - ADD 61607 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
 - ADD 61608 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair
-

Diagnosis: URINARY FISTULA

Treatment: SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 290

- ADD 50382 Removal and replacement of internally dwelling ureteral stent, percutaneous
 - ADD 50384 Removal of internally dwelling ureteral stent, percutaneous
 - ADD 50387 Removal and replacement of externally accessible transnephric ureteral stent
 - ADD 50389 Removal of nephrostomy tube
-

Diagnosis: ANEURYSM OF PULMONARY ARTERY

Treatment: SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 291

- DELETE 32520 Resection of lung, with chest wall resection
- DELETE 32522 Resection of lung, with chest wall reconstruction, without prosthesis
- DELETE 32525 Resection of lung, with major chest wall reconstruction, with prosthesis

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Diagnosis: ANEURYSM OF PULMONARY ARTERY

Treatment: SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 291 (CONT'D)

| | | |
|--------|-------|--|
| DELETE | 33918 | Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries; without CPB |
| DELETE | 33919 | Repair of pulmonary atresia with VSD by unifocalization of pulmonary arteries; with CPB |

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE

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

Line: 293

| | | |
|-----|-------|--|
| ADD | 44187 | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube |
| ADD | 44188 | Laparoscopy, surgical, colostomy or skin-level cecostomy |
| ADD | 44213 | Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8) |
| ADD | 44227 | Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis |
| ADD | 44660 | Closure of enterovesical fistula; without intestine and/or bladder resection |
| ADD | 44661 | Closure of enterovesical fistula; with intestine and/or bladder resection |
| ADD | 45397 | Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure, with creation of colonic reservoir, with diverting enterostomy |
| ADD | 46710 | Repair of ileoanal pouch fistula/sinus, pouch advancement; transperineal approach |
| ADD | 46712 | Repair of ileoanal pouch fistula/sinus, pouch advancement; combined transperineal transabdominal approach |

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 296

| | | |
|-----|-------|---|
| ADD | 31502 | Tracheotomy tube change prior to establishment of fistula tract |
| ADD | 44227 | Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis |

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Diagnosis: TERMINATION OF PREGNANCY
Treatment: INDUCED ABORTION
Line: 297

ADD 01966 Anaesthesia for induced abortion procedures

Diagnosis: PREVENTIVE DENTAL SERVICES
Treatment: CLEANING AND FLOURIDE
Line: 298

ADD V07.31 Prophylactic flouride administration
DELETE 90788 Intramuscular injection of antibiotic

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

DELETE 92510 Aural rehab following cochlear implant, with or without speech processor programming

Diagnosis: POST-TRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 301

DELETE 309.89 Other specified adjustment reactions
ADD 995.52 Child neglect (nutritional)
ADD 995.53 Child sexual abuse
ADD 995.54 Child physical abuse
DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time
ADD H0018 Short-term residential treatment without room and board, per diem
ADD H0019 Long-term residential treatment without room and board, per diem

NOTE: ADD GUIDELINE APPEARING IN ATTACHMENT B AS INDICATED FOR THIS LINE.

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 302

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

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

Treatment: SINGLE FOCAL SURGERY
Line: 304

ADD 61541 Craniotomy with elevation of bone flap; for transection of corpus callosum

Diagnosis: TYPE II DIABETES MELLITUS

Treatment: MEDICAL THERAPY
Line: 311

DELETE 90939 Hemodialysis access flow study to determine blood flow in grafts and AV fistulae by an indicator dilution method, hook up; transcutaneous measurement and disconnection

Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS

Treatment: MEDICAL THERAPY
Line: 314

ADD 97001 Physical therapy evaluation
ADD 97002 Physical therapy re-evaluation
ADD 97003 Occupational therapy evaluation
ADD 97004 Occupational therapy re-evaluation
ADD 97110 Therapeutic procedure; therapeutic exercises, range of motion
ADD 97116 Therapeutic procedure; gait training

Diagnosis: MULTIPLE VALVULAR DISEASE

Treatment: SURGICAL TREATMENT
Line: 321

ADD 33768 Anastomosis, cavopulmonary, second superior vena cava

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

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
Line: 333

ADD 95873 Electrical stimulation for guidance in conjunction with chemodenervation
ADD 95874 Electrical EMG for guidance in conjunction with chemodenervation

Diagnosis: PANIC DISORDER; AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 337

DELETE 96100 Psychological testing with interper and report, per hour

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Diagnosis: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 337 (CONT'D)

ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORASIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, INCLUDES RADIATION THERAPY
Line: 343

ADD 31640 Bronchoscopy, with excision of tumor

NOTE: CHANGE CPT RANGE "31636-31638" TO "31636-31640".

Diagnosis: DYSTONIA (UNCONTROLLABLE)
Treatment: MEDICAL THERAPY
Line: 344

ADD 95873 Electrical stimulation for guidance in conjunction with chemodenervation
ADD 95874 Electrical EMG for guidance in conjunction with chemodenervation

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 345

ADD 37184 Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; first vessel
ADD 37185 Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; all subsequent vessels
ADD 37186 Secondary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; provided in conjunction with another percutaneous intervention

Diagnosis: SLEEP APNEA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 347

ADD 327.25 Congenital central alveolar hypoventilation

NOTE: NEW FIFTH-DIGIT ICD-9-CM CODE BEING ADDED IS INCLUDED IN AN EXISTING RANGE, SO NO CHANGE TO THE LIST IS NECESSARY.

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Diagnosis: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 349

| | | |
|--------|-------|--|
| DELETE | 42325 | Fistulization of sublingual salivary cyst |
| DELETE | 42326 | Fistulization of sublingual salivary cyst; with prosthesis |

NOTE: CHANGE CPT RANGE "42325-42330" TO "42330".

Diagnosis: CHRONIC ULCER OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 350

| | | |
|--------|-------|---|
| ADD | 37718 | Ligation, division and stripping, short saphenous vein |
| DELETE | 37720 | Ligation, division and complete stripping of short or long saphenous veins |
| ADD | 37722 | Ligation, division and stripping, long saphenous vein from saphenofemoral junction to knee or below |
| DELETE | 37730 | Ligation, division and complete stripping of short and long saphenous veins |

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 351

| | | |
|-----|-------|---|
| ADD | 22010 | Incision and drainage, open, of deep abscess, posterior spine; cervical, thoracic |
| ADD | 22015 | Incision and drainage, open, of deep abscess, posterior spine; lumbar, sacral |

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)

Treatment: URGENT AND EMERGENT DENTAL SERVICES

Line: 354

| | | |
|--------|-------|---------------------------------------|
| DELETE | 90788 | Intramuscular injection of antibiotic |
|--------|-------|---------------------------------------|

Diagnosis: URINARY TRACT CALCULUS

Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY

Line: 359

| | | |
|-----|-------|--|
| ADD | 50382 | Removal and replacement of internally dwelling ureteral stent, percutaneous |
| ADD | 50384 | Removal of internally dwelling ureteral stent, percutaneous |
| ADD | 50387 | Removal and replacement of externally accessible transnephric ureteral stent |
| ADD | 50389 | Removal of nephrostomy tube |

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: CALCULUS OF BLADDER OR KIDNEY

Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY,
NEPHROLITHOTOMY, LITHOTRIPSY

Line: 362

- ADD 50382 Removal and replacement of internally dwelling ureteral stent, percutaneous
 - ADD 50384 Removal of internally dwelling ureteral stent, percutaneous
 - ADD 50387 Removal and replacement of externally accessible transnephric ureteral stent
 - ADD 50389 Removal of nephrostomy tube
-

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 364

- ADD 50382 Removal and replacement of internally dwelling ureteral stent, percutaneous
 - ADD 50384 Removal of internally dwelling ureteral stent, percutaneous
 - ADD 50387 Removal and replacement of externally accessible transnephric ureteral stent
 - ADD 50389 Removal of nephrostomy tube
-

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 366

- ADD 37184 Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; first vessel
 - ADD 37185 Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; all subsequent vessels
 - ADD 37186 Secondary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial, incl. intraprocedural pharmacologic thrombolytic injection; provided in conjunction with another percutaneous intervention
-

Diagnosis: HYPOPLASTIC LEFT HEART SYNDROME

Treatment: REPAIR

Line: 367

- ADD 33768 Anastomosis, cavopulmonary, second superior vena cava
-

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: CONGENITAL PULMONARY VALVE STENOSIS
Treatment: PULMONARY VALVE REPAIR
Line: 368

ADD 33768 Anastomosis, cavopulmonary, second superior vena cava

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 371

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 372

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 373

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: DEEP OPEN WOUND
Treatment: REPAIR, SURGICAL TREATMENT
Line: 375

ADD 26591 Repair, intrinsic muscles of hand
ADD 32020 Tube thoracostomy, with or without water seal
ADD 32653 Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: CLEFT PALATE AND/OR CLEFT LIP

Treatment: REEXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS

Line: 377

| | | |
|-----|-------|---|
| ADD | 92506 | Evaluation of speech, language, voice, communication, auditory processing or aural rehab status |
| ADD | 92507 | Treatment of speech, language, voice, communication and/or auditory processing disorder, individual |
| ADD | 92508 | Treatment of speech, language, voice, communication or auditory processing disorder, group |
| ADD | 92526 | Treatment of swallowing dysfunction and/or oral function for feeding |
| ADD | 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication device; first hour |
| ADD | 92608 | Evaluation for prescription for speech-generating augmentative and alternative communication device; each add'l 30 minutes |
| ADD | 92609 | Evaluation for prescription for speech-generating augmentative and alternative communication device; including programming and modification |
| ADD | 92626 | Evaluation of auditory rehab status; first hour |
| ADD | 92627 | Evaluation of auditory rehab status; each add'l 15 minutes |
| ADD | 92630 | Auditory rehab; pre-lingual hearing loss |
| ADD | 92633 | Auditory rehab; post-lingual hearing loss |

NOTE: ADD CPT RANGES "92506-92508", "92607-92609", AND "92626-92633".

Diagnosis: DELUSIONAL DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 384

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

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Diagnosis: CHRONIC DEPRESSION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 417

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 418

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 419

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |
| ADD | H0019 | Long-term residential treatment without room and board, per diem |

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 420

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |
| ADD | H0019 | Long-term residential treatment without room and board, per diem |

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Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 424

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: FUNCTIONAL ENCOPRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 425

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 426

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 427

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 431

| | | |
|--------|-------|------------------------------------|
| DELETE | 44200 | Laparoscopy, surgical, enterolysis |
|--------|-------|------------------------------------|

Diagnosis: DIABETES MELLITIS WITH END STAGE RENAL DISEASE
Treatment: SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT, PANCREAS AFTER KIDNEY TRANSPLANT
Line: 435

| | | |
|-----|--------|---|
| ADD | 996.87 | Complication of transplanted organ, intestine |
|-----|--------|---|

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Diagnosis: HEREDITARY IMMUNE DEFICIENCIES
Treatment: BONE MARROW TRANSPLANT
Line: 436

ADD V59.3 Donor, bone marrow

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 437

ADD V59.3 Donor, bone marrow

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL THERAPY
Line: 446

ADD S2117 Arthroereisis, subtalar

NOTE: ADD GUIDELINE APPEARING IN ATTACHMENT B AS INDICATED FOR THIS LINE.

Diagnosis: PARALYSIS OF VOCAL CORDS OR LARYNX, OTHER DISEASES OF LARYNX; ABSCESS, CELLULITIS AND LEUKOPLAKIA OF VOCAL CORDS
Treatment: INCISION/EXCISION/ENDOSCOPY
Line: 448

DELETE 748.3 Other anomalies of larynx

Diagnosis: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 453

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 454

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL
Line: 455

ADD 294.8 Other persistent mental disorders due to conditions classified elsewhere

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Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL
Line: 455 (CONT'D)

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |
| ADD | 96118 | Neuropsychological testing, per hour of psychologist or physician time, both face-to-face and interp/prep time |

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

| | | |
|-----|-------|--|
| ADD | S2078 | Laparoscopic supracervical hysterectomy, with or without removal of tubes and/or ovaries |
|-----|-------|--|

Diagnosis: CHRONIC PANCREATITIS
Treatment: MEDICAL THERAPY
Line: 461

| | | |
|-----|-------|---|
| ADD | 43260 | ERCP, diagnostic, with or without collection of specimens by brushings or washings |
| ADD | 43261 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with biopsy |
| ADD | 43262 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with sphincterotomy/papillotomy |
| ADD | 43263 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with pressure measurement of sphincter of Oddi |
| ADD | 43264 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with removal of calculi from biliary or pancreatic duct |
| ADD | 43265 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with destruction/lithotripsy of calculi |
| ADD | 43267 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with insertion of nasobiliary or nasopancreatic drainage tube |
| ADD | 43268 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with insertion of tube or stent into bile or pancreatic duct |
| ADD | 43269 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with removal of foreign body and/or change of tube or stent |
| ADD | 43271 | ERCP, diagnostic, with or without collection of specimens by brushings or washings, with balloon dilation of ampulla, biliary and/or pancreatic |

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Diagnosis: CHRONIC PANCREATITIS
Treatment: MEDICAL THERAPY
Line: 461 (CONT'D)

ADD 43272 ERCP, diagnostic, with or without collection of specimens by brushings or washings, with ablation of tumor, polyp, or other lesion

Diagnosis: CONGENITAL ABSENCE OF VAGINA
Treatment: ARTIFICIAL VAGINA
Line: 464

ADD 57295 Revision of prosthetic vaginal graft, vaginal approach

NOTE: CHANGE CPT RANGE "57291-57292" TO "57291-57295".

Diagnosis: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL
Line: 467

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: UTERINE LEIOMYOMA
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY
Line: 471

ADD S2078 Laparoscopic supracervical hysterectomy, with or without removal of tubes and/or ovaries

Diagnosis: ACHALASIA, NON-NEONATAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 475

ADD S2079 Laparoscopic esophagomyotomy (Heller type)

Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 488

ADD 44213 Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8)

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Diagnosis: EPISCLERITIS
Treatment: MEDICAL THERAPY
Line: 494

- ADD 92002 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; intermediate, new patient
- ADD 92004 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
- ADD 92012 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; intermediate, established patient
- ADD 92014 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; comprehensive, established patient, one or more visits
- ADD 92015 Determination of refractive state
- ADD 92018 Ophthalmological services: medical exam and eval, under general anaesthesia, with or without manipulation of globe for passive ROM or other manipulation to facilitate diagnostic exam;
- ADD 92019 Ophthalmological services: medical exam and eval, under general anaesthesia, with or without manipulation of globe for passive ROM or other manipulation to facilitate diagnostic exam;
- ADD 92020 Gonioscopy (separate procedure)
- ADD 92060 Sensorimotor exam with multiple measurements of ocular deviation with interp and report
- ADD 92070 Fitting of contact lens for treatment of disease, including supply of lens
- ADD 92081 Visual field exam, unilateral or bilateral, with interp and report; limited exam
- ADD 92082 Visual field exam, unilateral or bilateral, with interp and report; intermediate exam
- ADD 92083 Visual field exam, unilateral or bilateral, with interp and report; extended exam
- ADD 92100 Serial tonometry with multiple measurements of IOP over an extended time period with interp and report, same day
- ADD 92120 Tonography with interp and report, recording indentation tonometer method or perilimbal suction method
- ADD 92130 Tonography with water provocation
- ADD 92135 Scanning computerized ophthalmic diagnostic imaging with interp and report, unilateral
- ADD 92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
- ADD 92140 Provocative tests for glaucoma, with interp and report, without tonography

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Diagnosis: EPISCLERITIS
Treatment: MEDICAL THERAPY
Line: 494 (CONT'D)

- ADD 92225 Ophthalmoscopy, extended, with retinal drawing, with interp and report; initial
- ADD 92226 Ophthalmoscopy, extended, with retinal drawing, with interp and report; subsequent
- ADD 92230 Flouroscein angioscopy with interp and report
- ADD 92235 Flouroscein angiography with interp and report
- ADD 92240 Indocyanine-green angiography with interp and
- ADD 92250 Fundus photography with interp and report
- ADD 92260 Ophthalmodynamometry
- ADD 92265 Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interp and report
- ADD 92270 Electro-oculography with interp and report
- ADD 92275 Electroretinography with interp and report
- ADD 92283 Color vision exam, extended
- ADD 92284 Dark adaptation exam with interp and report
- ADD 92285 External ocular photography with interp and report for documentation of medical progress
- ADD 92286 Special anterior segment photography with interp and report; with specular endothelial microscopy and cell count
- ADD 92287 Special anterior segment photography with interp and report; with flouroscein angiography
- ADD 92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
- ADD 92311 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye
- ADD 92312 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
- ADD 92313 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
- ADD 92314 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia
- ADD 92315 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye

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Diagnosis: EPISCLERITIS
Treatment: MEDICAL THERAPY
Line: 494 (CONT'D)

- ADD 92316 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
- ADD 92317 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
- ADD 92325 Modification of contact lens, with medical supervision of adaptation
- ADD 92326 Replacement of contact lens
- ADD 92340 Fitting of spectacles, except for aphakia;
- ADD 92341 Fitting of spectacles, except for aphakia; bifocal
- ADD 92342 Fitting of spectacles, except for aphakia; multifocal, other than bifocal
- ADD 92352 Fitting of spectacle prosthesis for aphakia; monofocal
- ADD 92353 Fitting of spectacle prosthesis for aphakia; multifocal
- ADD 92358 Prosthesis service for aphakia, temporary
- ADD 92370 Repair and refitting of spectacles; except for aphakia
- ADD 92371 Repair and refitting of spectacles; spectacle prosthesis for aphakia

NOTE: ADD NEW CPT RANGES "92002-92060,92070-92353,92358-92371".

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH)
Treatment: BASIC RESTORATIVE
Line: 495

DELETE 90788 Intramuscular injection of antibiotic

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY)
Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS
Line: 496

DELETE 90788 Intramuscular injection of antibiotic

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Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION

Treatment: MEDICAL THERAPY

Line: 497

- ADD 92002 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; intermediate, new patient
- ADD 92004 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
- ADD 92012 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; intermediate, established patient
- ADD 92014 Ophthalmological services: medical exam and eval with initiation of diagnostic and treatment program; comprehensive, established patient, one or more visits
- ADD 92015 Determination of refractive state
- ADD 92018 Ophthalmological services: medical exam and eval, under general anaesthesia, with or without manipulation of globe for passive ROM or other manipulation to facilitate diagnostic exam;
- ADD 92019 Ophthalmological services: medical exam and eval, under general anaesthesia, with or without manipulation of globe for passive ROM or other manipulation to facilitate diagnostic exam;
- ADD 92020 Gonioscopy (separate procedure)
- ADD 92060 Sensorimotor exam with multiple measurements of ocular deviation with interp and report
- ADD 92070 Fitting of contact lens for treatment of disease, including supply of lens
- ADD 92081 Visual field exam, unilateral or bilateral, with interp and report; limited exam
- ADD 92082 Visual field exam, unilateral or bilateral, with interp and report; intermediate exam
- ADD 92083 Visual field exam, unilateral or bilateral, with interp and report; extended exam
- ADD 92100 Serial tonometry with multiple measurements of IOP over an extended time period with interp and report, same day
- ADD 92120 Tonography with interp and report, recording indentation tonometer method or perilimbal suction method
- ADD 92130 Tonography with water provocation
- ADD 92135 Scanning computerized ophthalmic diagnostic imaging with interp and report, unilateral
- ADD 92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
- ADD 92140 Provocative tests for glaucoma, with interp and report, without tonography

Interim Modifications to the January 1, 2006 Prioritized List of Health Services; Approved by the Health Services Commission on September 23, 2005, December 8, 2005, and January 26, 2006. (Cont'd)

Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION

Treatment: MEDICAL THERAPY

Line: 497 (CONT'D)

- ADD 92225 Ophthalmoscopy, extended, with retinal drawing, with interp and report; initial
- ADD 92226 Ophthalmoscopy, extended, with retinal drawing, with interp and report; subsequent
- ADD 92230 Flouroscein angioscopy with interp and report
- ADD 92235 Flouroscein angiography with interp and report
- ADD 92240 Indocyanine-green angiography with interp and
- ADD 92250 Fundus photography with interp and report
- ADD 92260 Ophthalmodynamometry
- ADD 92265 Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interp and report
- ADD 92270 Electro-oculography with interp and report
- ADD 92275 Electroretinography with interp and report
- ADD 92283 Color vision exam, extended
- ADD 92284 Dark adaptation exam with interp and report
- ADD 92285 External ocular photography with interp and report for documentation of medical progress
- ADD 92286 Special anterior segment photography with interp and report; with specular endothelial microscopy and cell count
- ADD 92287 Special anterior segment photography with interp and report; with flouroscein angiography
- ADD 92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
- ADD 92311 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye
- ADD 92312 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
- ADD 92313 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
- ADD 92314 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia
- ADD 92315 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye

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Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION
Treatment: MEDICAL THERAPY
Line: 497 (CONT'D)

- ADD 92316 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
- ADD 92317 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
- ADD 92325 Modification of contact lens, with medical supervision of adaptation
- ADD 92326 Replacement of contact lens
- ADD 92340 Fitting of spectacles, except for aphakia;
- ADD 92341 Fitting of spectacles, except for aphakia; bifocal
- ADD 92342 Fitting of spectacles, except for aphakia; multifocal, other than bifocal
- ADD 92352 Fitting of spectacle prosthesis for aphakia; monofocal
- ADD 92353 Fitting of spectacle prosthesis for aphakia; multifocal
- ADD 92358 Prosthesis service for aphakia, temporary
- ADD 92370 Repair and refitting of spectacles; except for aphakia
- ADD 92371 Repair and refitting of spectacles; spectacle prosthesis for aphakia

Diagnosis: SENSORINEURAL HEARING LOSS, OVER AGE 5
Treatment: COCHLEAR IMPLANT
Line: 501

- DELETE 92510 Aural rehab following cochlear implant, with or without speech processor programming

NOTE: CHANGE GUIDELINE NOTE FOR THIS LINE ITEM AS INDICATED IN ATTACHMENT B.

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
Line: 502

- DELETE 96100 Psychological testing with interp and report, per hour
 - ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time
 - DELETE H0037 Community psychiatric supportive treatment program, per diem
-

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Diagnosis: MALUNION AND NON-UNION OF FRACTURE
Treatment: SURGICAL TREATMENT
Line: 507

ADD 21244 Reconstruction of mandible, extraoral, with
transosteal bone plate
ADD 24130 Excision, radial head
ADD 24140 Partial excision bone; humerus

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
Line: 514

DELETE 90788 Intramuscular injection of antibiotic

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR
Line: 519

ADD 67710 Severing of tarsorrhaphy

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 520

DELETE 96100 Psychological testing with interp & report, per hr
ADD 96101 Psychological testing with interp and report, per
hour of psychologist or physician time, both face-
to-face and interp/prep time

Diagnosis: RECTAL PROLAPSE
Treatment: PARTIAL COLECTOMY
Line: 523

ADD 44213 Laparoscopy, surgical, mobilization of splenic
flexure in conjunction with partial colectomy (use
with 44204-8)
ADD 45400 Laparoscopy, surgical; proctopexy

Diagnosis: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION,
OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 543

DELETE 42325 Fistulization of sublingual salivary cyst
DELETE 42326 Fistulization of sublingual salivary cyst; with
prosthesis

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment: PREIODONTICS AND COMPLEX PROSTHETICS
Line: 544

DELETE 90788 Intramuscular injection of antibiotic

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Diagnosis: IMPULSE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 545

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 558

| | | |
|--------|-------|---|
| ADD | 44180 | Laparoscopy, surgical, enterolysis |
| DELETE | 44200 | Laparoscopy, surgical, enterolysis |
| ADD | 44213 | Laparoscopy, surgical, mobilization of splenic flexure in conjunction with partial colectomy (use with 44204-8) |

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS
Treatment: LIVER TRANSPLANT
Line: 583

| | | |
|-----|-------|--------------|
| ADD | V59.6 | Donor, liver |
|-----|-------|--------------|

Diagnosis: FACTITIOUS DISORDERS
Treatment: CONSULTATION
Line: 590

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: HYPOCHONDRIASIS; SOMATOFORM DISORDER, NOS AND UNDIFFERENTIATED
Treatment: CONSULTATION
Line: 591

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
| ADD | 96101 | Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time |

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 592

| | | |
|--------|-------|--|
| DELETE | 96100 | Psychological testing with interp and report, per hour |
|--------|-------|--|

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Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 592 (CONT'D)

ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: UNCOMPLICATED HERNIA IN ADULTS AGE 18 AND OVER
Treatment: REPAIR
Line: 606

ADD S2075 Laparoscopy, surgical; repair incisional or ventral hernia
ADD S2076 Laparoscopy, surgical; repair umbilical hernia
ADD S2077 Laparoscopy, surgical; implantation of mesh or other prosthesis for incisional or ventral hernia repair

Diagnosis: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 609

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
Line: 610

ADD 327.30 Circadian rhythm sleep disorder, unspecified
ADD 327.31 Circadian rhythm sleep disorder, delayed sleep phase type
ADD 327.32 Circadian rhythm sleep disorder, advanced sleep phase type
ADD 327.33 Circadian rhythm sleep disorder, irregular sleep-wake type
ADD 327.34 Circadian rhythm sleep disorder, free running type
ADD 327.35 Circadian rhythm sleep disorder, jet lag type
ADD 327.36 Circadian rhythm sleep disorder, shift work type
ADD 327.37 Circadian rhythm sleep disorder in conditions classified elsewhere
ADD 327.39 Other circadian rhythm sleep disorder
ADD 327.40 Organic parasomnia, unspecified
ADD 327.41 Confusional arousals
ADD 327.42 REM sleep behavior disorder
ADD 327.43 Recurrent isolated sleep paralysis
ADD 327.44 Parasomnia in conditions classified elsewhere
ADD 327.49 Other organic parasomnia
ADD 327.51 Periodic limb movement disorder
ADD 327.52 Sleep related leg cramps

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Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
Line: 610 (CONT'D)

ADD 327.53 Sleep related bruxism
ADD 327.59 Other organic sleep related movement disorders
ADD 327.8 Other organic sleep disorders

Diagnosis: MORBID OBESITY
Treatment: GASTROPLASTY
Line: 621

DELETE 44239 Unlisted laparoscopy procedure, rectum

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 638

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 639

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: DISORDERS OF SWEAT GLANDS
Treatment: MEDICAL THERAPY
Line: 651

ADD 64650 Chemodenervation of eccrine glands; both axillae
ADD 64653 Chemodenervation of eccrine glands; other areas

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY
Line: 669

ADD 37718 Ligation, division and stripping, short saphenous vein
DELETE 37720 Ligation, division and complete stripping of short or long saphenous veins
ADD 37722 Ligation, division and stripping, long saphenous vein from saphenofemoral junction to knee or below

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Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY
Line: 669 (CONT'D)

DELETE 37730 Ligation, division and complete stripping of long and short saphenous veins

NOTE: CHANGE CPT RANGE "37720-37735" TO "37718-37735".

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 682

DELETE 96100 Psychological testing with interp and report, per hour
ADD 96101 Psychological testing with interp and report, per hour of psychologist or physician time, both face-to-face and interp/prep time

Diagnosis: RESPIRATORY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NOT TREATMENT NECESSARY
Treatment: EVALUATION
Line: 697

ADD 770.13 Aspiration of clear amniotic fluid without respiratory symptoms
ADD 770.15 Aspiration of blood without respiratory symptoms
ADD 770.85 Aspiration of postnatal stomach contents without respiratory symptoms

TO ALL MEDICAL THERAPY LINES AS IDENTIFIED IN TABLE 1:

ADD 99051 Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
ADD 99060 Services provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
DELETE 99261 Follow up inpatient consultation, problem focused, low complexity
DELETE 99262 Follow up inpatient consultation, expanded problem focused, moderate complexity
DELETE 99263 Follow up inpatient consultation, detailed, high complexity
DELETE 99271 Confirmatory consultation, problem focused, straight-forward
DELETE 99272 Confirmatory consultation, expanded problem focused, straightforward
DELETE 99273 Follow up inpatient consultation, detailed, low complexity
DELETE 99274 Follow up inpatient consultation, comprehensive, moderate complexity

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 CHANGES BEING MADE TO LINE ITEMS INCLUDING MEDICAL THERAPY (SEE NOTE):

| | | |
|--------|-------|--|
| DELETE | 99275 | Follow up inpatient consultation, comprehensive, high complexity |
| ADD | 99300 | Subsequent neonatal intensive care, per day, for recovering infant (body weight 2501-5000 grams) |
| DELETE | 99301 | E&M nursing facility assessment, detailed, comprehensive, low complexity |
| DELETE | 99302 | E&M nursing facility assessment, detailed, comprehensive, mod-high complexity |
| DELETE | 99303 | E&M nursing facility assessment, comprehensive, comprehensive, high complexity |
| ADD | 99304 | Initial nursing facility care, detailed or comprehensive, low complexity |
| ADD | 99305 | Initial nursing facility care, comprehensive, moderate complexity |
| ADD | 99306 | Initial nursing facility care, comprehensive, high complexity |
| ADD | 99307 | Subsequent nursing facility care, problem focused, straightforward |
| ADD | 99308 | Subsequent nursing facility care, expanded problem focused, low complexity |
| ADD | 99309 | Subsequent nursing facility care, detailed, moderate complexity |
| ADD | 99310 | Subsequent nursing facility care, comprehensive, high complexity |
| DELETE | 99311 | Subsequent nursing facility care, problem focused, problem focused, low complexity |
| DELETE | 99312 | Subsequent nursing facility care, expanded problem focused, moderate complexity |
| DELETE | 99313 | Subsequent nursing facility care, detailed, moderate-high complexity |
| ADD | 99318 | Annual nursing facility assessment, detailed, comprehensive, low-moderate complexity |
| DELETE | 99321 | Domiciliary or rest home visit, new, problem focused, low complexity |
| DELETE | 99322 | Domiciliary or rest home visit, new, expanded problem focused, moderate complexity |
| DELETE | 99323 | Domiciliary or rest home visit, new, detailed, high complexity |
| ADD | 99324 | Domiciliary or rest home visit, new, problem focused, straightforward |
| ADD | 99325 | Domiciliary or rest home visit, new, expanded problem focused, low complexity |
| ADD | 99326 | Domiciliary or rest home visit, new, detailed, moderate complexity |
| ADD | 99327 | Domiciliary or rest home visit, new, comprehensive, moderate complexity |
| ADD | 99328 | Domiciliary or rest home visit, new, comprehensive, high complexity |
| DELETE | 99331 | Domiciliary or rest home visit, established, problem focused, low complexity |

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CHANGES BEING MADE TO LINE ITEMS INCLUDING MEDICAL THERAPY (SEE NOTE):

| | | |
|--------|-------|--|
| DELETE | 99332 | Domiciliary or rest home visit, established, expanded problem focused, moderate complexity |
| DELETE | 99333 | Domiciliary or rest home visit, established, detailed, high complexity |
| ADD | 99334 | Domiciliary or rest home visit, established, problem focused, straightforward |
| ADD | 99335 | Domiciliary or rest home visit, established, expanded problem focused, low complexity |
| ADD | 99336 | Domiciliary or rest home visit, established, detailed, moderate complexity |
| ADD | 99337 | Domiciliary or rest home visit, established, comprehensive, mod-high complexity |
| ADD | 99339 | Individual physician supervision of pateint (not present) in home, domiciliary or rest home requiring complex/multidisciplinary care modalities, care plan oversight within calendar |
| ADD | 99340 | Individual physician supervision of pateint (not present) in home, domiciliary or rest home requiring complex/multidisciplinary care modalities, care plan oversight within calendar month, 30 minutes or more |

NOTE: CHANGES LISTED INVOLVING CODES BETWEEN 99051 AND 99275 ARE BEING MADE TO ALL LINES THAT INCLUDE EVALUATION AND MANAGEMENT (E&M) SERVICES IDENTIFIED IN TABLE 1. EXCEPTIONS INCLUDE: THOSE LINES THAT ONLY INCLUDE E&M SERVICES, INDICATED BY AN ASTERISK(*), TO WHICH 99051 AND 99060 ARE NOT BEING ADDED; THOSE LINES MARKED WITH A NUMBER SIGN (#) WILL NOT HAVE THE CHANGES LISTED INVOLVING CODES BETWEEN 99300 AND 99340; AND, THOSE LINES INDICATED BY AN AMPERSAND (&) WILL NOT HAVE THE CHANGES INVOLVING CODES BETWEEN 99321 AND 99340.

**TABLE 1
Line Items on 1/1/06 List that Include Medical Therapy as Treatment**

| Rank | Rank | Rank | Rank | Rank | Rank | Rank | Rank |
|------|------|------|------|------|------|------|------|
| ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 1 | 19 | 38 | 54 | 70 | 87 | 110 | 132 |
| 2 | 20 | 39 | 55 | 71 | 88 | 111 | 134 |
| 3 | 21 | 40 | 56 | 72 | 89 | 112 | 135 |
| 4 | 23 | 41 | 57 | 73 | 90 | 113 | 136 |
| 5 | 24 | 42 | 58 | 74 | 91# | 114 | 137 |
| 6 | 25 | 43 | 59 | 75 | 95 | 115 | 139 |
| 7 | 26 | 44 | 60 | 76 | 96 | 116 | 140 |
| 8 | 27 | 45 | 61 | 77 | 97 | 118 | 141 |
| 9 | 28 | 46 | 62 | 78 | 98 | 120 | 142& |
| 10 | 30 | 47 | 63 | 79 | 99 | 122 | 143# |
| 11 | 31 | 48 | 64 | 80 | 101 | 125 | 144 |
| 14 | 32 | 49 | 65 | 81 | 102 | 126 | 147 |
| 15 | 34 | 50 | 66 | 82 | 103 | 128 | 148 |
| 16 | 35 | 51 | 67 | 83 | 104 | 129 | 149 |
| 17 | 36 | 52 | 68 | 84 | 105 | 130 | 151 |
| 18 | 37 | 53 | 69 | 85 | 107 | 131 | 152 |

TABLE 1 (Cont'd)
Line Items on 1/1/06 List that Include Medical Therapy as Treatment

| Rank | Rank | Rank | Rank | Rank | Rank | Rank | Rank |
|------|------|------|------|------|------|------|------|
| ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 153 | 212 | 267 | 326 | 381 | 442 | 499 | 560 |
| 154 | 213 | 268 | 327 | 382 | 444 | 500 | 561 |
| 155 | 214 | 269 | 328 | 383 | 445 | 502# | 562 |
| 156 | 215 | 270 | 329 | 384& | 446 | 503 | 563 |
| 157 | 216 | 271 | 330 | 385 | 447 | 504 | 564 |
| 158 | 217 | 272 | 331 | 386 | 448 | 505 | 565 |
| 159& | 218 | 273 | 333 | 388 | 449 | 506 | 566 |
| 160& | 219 | 274 | 334 | 389 | 450 | 507 | 567 |
| 161& | 220 | 275 | 335 | 390 | 451 | 508 | 568 |
| 162 | 221 | 276 | 336 | 391 | 452 | 509 | 571 |
| 163 | 222 | 277 | 337# | 392 | 453& | 510 | 573 |
| 164 | 223 | 279 | 338 | 394 | 454# | 511 | 574 |
| 165 | 224 | 280 | 339 | 395 | 455& | 512 | 575 |
| 167 | 225 | 281 | 340 | 396 | 456 | 513 | 577 |
| 168 | 226 | 282 | 341 | 397 | 457 | 515 | 578 |
| 169 | 228 | 283 | 342 | 398 | 458 | 516 | 579 |
| 170 | 229 | 284 | 343 | 399 | 459 | 518 | 580 |
| 171 | 230 | 288 | 344 | 400 | 460 | 519 | 581 |
| 172 | 231 | 289 | 345 | 401 | 461 | 520# | 584 |
| 173 | 232 | 290 | 346 | 402 | 462 | 521 | 585 |
| 174 | 233 | 291 | 347 | 404 | 465 | 522 | 586 |
| 175 | 234 | 292 | 348 | 405 | 466 | 523 | 587 |
| 177 | 235 | 293 | 349 | 406 | 467# | 524 | 588 |
| 178 | 236 | 294 | 350 | 408 | 468 | 525 | 589 |
| 181 | 237 | 295 | 351 | 409 | 469 | 526 | 590# |
| 184# | 238 | 296 | 352 | 410 | 470 | 527 | 591# |
| 185# | 239 | 297 | 353 | 411 | 471 | 528 | 592# |
| 186# | 240 | 298# | 354# | 412 | 472 | 529 | 593 |
| 187# | 241# | 299 | 355 | 413 | 473 | 530 | 594 |
| 188 | 242# | 301& | 356 | 414 | 474 | 531 | 595 |
| 189 | 243 | 302# | 358 | 415 | 475 | 532 | 596 |
| 190 | 244 | 303 | 359 | 417# | 476 | 533 | 597 |
| 191 | 245 | 305 | 360 | 418# | 477 | 534 | 598 |
| 192 | 246 | 306 | 361 | 419# | 478 | 536 | 599 |
| 193 | 247 | 307 | 362 | 420# | 479 | 537 | 600 |
| 194 | 248 | 308 | 363 | 421 | 480 | 538 | 601 |
| 195 | 249 | 309 | 364 | 422 | 481 | 539 | 602 |
| 196 | 250 | 310 | 365 | 423 | 482 | 540 | 603 |
| 197 | 251 | 311 | 366 | 424# | 483 | 541 | 604 |
| 198 | 252 | 312 | 368 | 425# | 484 | 542 | 606 |
| 199 | 253 | 313 | 369 | 426# | 485 | 543 | 607 |
| 200 | 254 | 314 | 370 | 427# | 486 | 544# | 608 |
| 201 | 255 | 315 | 371# | 428 | 487 | 545# | 609# |
| 202 | 256 | 316 | 372# | 429 | 488 | 547 | 610 |
| 203 | 257 | 317 | 373& | 430 | 489 | 548 | 611 |
| 204 | 258 | 319 | 374 | 431 | 490 | 549 | 612 |
| 205 | 259 | 320 | 375 | 432 | 491 | 550 | 613 |
| 206 | 261 | 321 | 376 | 434 | 492 | 552 | 614 |
| 207 | 262 | 322 | 377 | 438 | 493 | 553 | 616 |
| 208 | 263# | 323 | 378 | 439 | 494 | 556 | 617 |
| 209 | 264# | 324 | 379 | 440 | 497 | 557 | 618 |
| 211 | 265# | 325 | 380 | 441 | 498 | 559 | 619 |

TABLE 1 (Cont'd)
Line Items on 1/1/06 List that Include Medical Therapy as Treatment

| Rank | Rank | Rank | Rank | Rank | Rank | Rank |
|------|------|------|------|-------|-------|-------|
| ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 620 | 633 | 648 | 661 | 673 | 687 | 701*# |
| 622 | 634 | 649 | 662 | 674 | 690 | 702*# |
| 623 | 635 | 650 | 663 | 675 | 691 | 703*# |
| 625 | 636 | 651 | 664 | 677 | 693 | 704*# |
| 626 | 638# | 652 | 665 | 678 | 694 | 706*# |
| 627 | 639# | 653 | 666 | 680 | 695 | 707*# |
| 628 | 641 | 654 | 667 | 681*# | 696*# | 708 |
| 629 | 642 | 655 | 668 | 682# | 697*# | 709 |
| 630 | 644 | 656 | 669 | 683 | 698*# | |
| 631 | 645 | 658 | 670 | 685 | 699*# | |
| 632 | 647 | 660 | 672 | 686 | 700*# | |

 TO ALL LINES INVOLVING CONDITIONS OF THE EYES IDENTIFIED IN TABLE 2:

| | | |
|--------|-------|---|
| DELETE | 92330 | Prescription, fitting, and supply of ocular prosthesis, with medical supervision of adaptation |
| DELETE | 92335 | Prescription of ocular prosthesis and direction of fitting and supply by independent technician |

NOTE: CODES BEING ADDED FALL INTO THE EXISTING CPT RANGE "92070-92353" AND DO NOT RESULT IN CHANGES TO THE PRIORITIZED LIST.

TABLE 2
Line Items on 1/1/06 List that Include Conditions of the Eye

| Rank | Rank | Rank | Rank | Rank | Rank | Rank | Rank |
|------|------|------|------|------|------|------|------|
| ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 193 | 390 | 397 | 403 | 409 | 415 | 531 | 599 |
| 382 | 391 | 398 | 404 | 410 | 416 | 550 | 616 |
| 385 | 392 | 399 | 405 | 411 | 462 | 551 | 617 |
| 387 | 393 | 400 | 406 | 412 | 482 | 569 | 663 |
| 388 | 394 | 401 | 407 | 413 | 498 | 575 | |
| 389 | 396 | 402 | 408 | 414 | 519 | 597 | |

 TO ALL LINES INVOLVING ONCOLOGIC TREATMENT IDENTIFIED IN TABLE 3:

| | | |
|--------|-------|--|
| DELETE | 96400 | Chemotherapy administration, SC or IM, with or without local anaesthesia |
| ADD | 96401 | Chemotherapy administration, SC or IM, non-hormonal anti-neoplastic |
| ADD | 96402 | Chemotherapy administration, SC or IM, hormonal anti-neoplastic |
| DELETE | 96408 | Chemotherapy administration, IV; push technique |
| ADD | 96409 | Chemotherapy administration, IV, push technique, single or initial substance |
| DELETE | 96410 | Chemotherapy administration, infusion technique, up to 1 hour |
| ADD | 96411 | Chemotherapy administration, IV, push technique, each add'l substance |
| DELETE | 96412 | Chemotherapy administration, infusion technique, 1 to 8 hours, each add'l hour |

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 TO ALL LINES INVOLVING ONCOLOGIC TREATMENT IDENTIFIED IN TABLE 3 (CONT'D):

| | | |
|--------|-------|---|
| ADD | 96413 | Chemotherapy administration, infusion technique, up to 1 hour, single or initial substance |
| DELETE | 96414 | Chemotherapy administration, infusion technique, initiation of prolonged infusion requiring use of portable or implantable pump |
| ADD | 96415 | Chemotherapy administration, infusion technique, each add'l hour, 1 to 8 hours |
| ADD | 96416 | Chemotherapy administration, infusion technique, initiation of prolonged infusion requiring use of portable or implantable pump |
| ADD | 96417 | Chemotherapy administration, infusion technique, each add'l sequential infusion, up to 1 hour |
| DELETE | 96520 | Refilling and maintenance of portable pump |
| ADD | 96521 | Refilling and maintenance of portable pump |
| ADD | 96522 | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic |
| ADD | 96523 | Irrigation of implanted venous access device for drug delivery systems |
| DELETE | 96530 | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic |
| DELETE | 96545 | Provision of chemotherapy agent |

NOTE: CHANGE CPT RANGE "96400-96571" TO "96401-96571".

TABLE 3
Line Items on 1/1/06 List that Include Oncologic Treatment

| Rank | Rank | Rank | Rank | Rank | Rank | Rank | Rank |
|------|------|------|------|------|------|------|------|
| ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 27 | 124 | 190 | 210 | 231 | 272 | 346 | 546 |
| 117 | 125 | 191 | 224 | 232 | 273 | 436 | 674 |
| 118 | 134 | 192 | 225 | 233 | 274 | 437 | |
| 119 | 136 | 193 | 226 | 234 | 275 | 488 | |
| 121 | 137 | 197 | 228 | 262 | 276 | 489 | |
| 122 | 179 | 198 | 229 | 270 | 277 | 490 | |
| 123 | 180 | 209 | 230 | 271 | 326 | 491 | |

 TO ALL LINES INVOLVING PHYSICAL THERAPY IDENTIFIED IN TABLE 4:

| | | |
|--------|-------|--|
| DELETE | 97504 | Orthotic fitting and training, upper extremity, lower extremity or trunk, each 15 minutes |
| DELETE | 97520 | Prosthetic training, upper or lower extremity, each 15 minutes |
| ADD | 97760 | Orthotic management and training, upper extremity, lower extremity or trunk, each 15 minutes |
| ADD | 97761 | Prosthetic training, upper or lower extremity, each 15 minutes |
| ADD | 97762 | Checkout for orthotic/prosthetic use, established patient, each 15 minutes |

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 TO ALL LINES INVOLVING PHYSICAL THERAPY IDENTIFIED IN TABLE 4 (CONT'D):

NOTE: CODES BEING DELETED FALL INTO THE EXISTING CPT RANGE "97140-97535" AND DO NOT RESULT IN CHANGES TO THE PRIORITIZED LIST.

**TABLE 4
 Line Items on 1/1/06 List that Include Physical Therapy**

| Rank | Rank | Rank | Rank | Rank | Rank | Rank | Rank |
|------|------|------|------|------|------|------|------|
| ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 1 | 88 | 162 | 258 | 333 | 447 | 504 | 568 |
| 26 | 112 | 177 | 283 | 369 | 460 | 505 | 573 |
| 31 | 113 | 196 | 284 | 370 | 472 | 506 | 578 |
| 35 | 131 | 216 | 286 | 380 | 473 | 507 | 626 |
| 37 | 140 | 231 | 287 | 432 | 474 | 510 | 627 |
| 40 | 145 | 237 | 296 | 445 | 483 | 546 | 666 |
| 51 | 146 | 238 | 322 | 446 | 486 | 552 | |

 TO ALL LINES INVOLVING SPEECH THERAPY IDENTIFIED IN TABLE 5:

- ADD 92626 Evaluation of auditory rehab status; first hour
- ADD 92627 Evaluation of auditory rehab status; each add'l 15 minutes
- ADD 92630 Auditory rehab; pre-lingual hearing loss
- ADD 92633 Auditory rehab; post-lingual hearing loss

NOTE: ADD CPT RANGE "92626-92633".

**TABLE 5
 Line Items on 1/1/06 List that Include Speech Therapy**

| Rank | Rank | Rank | Rank | Rank | Rank | Rank | Rank |
|------|------|------|------|------|------|------|------|
| ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 1 | 31 | 51 | 162 | 234 | 283 | 296 | 447 |
| 26 | 40 | 145 | 196 | 258 | 284 | 432 | |

ATTACHMENT B

CHANGES TO GUIDELINE NOTES EFFECTIVE 4/1/06

Diagnosis: ~~MAJOR DEPRESSION, SINGLE EPISODE OR MILD DEPRESSION~~
AND OTHER MOOD DISORDERS, MILD OR MODERATE

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 185

GUIDELINE NOTE 14, MOOD DISORDERS IN EARLY CHILDHOOD

The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only when the following apply:

- For children five years old and under.
- In the presence of significant difficulty with emotional regulation that causes functional impairment.

Use of 296.90 for children five years old and under is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90810, 90812, H0004
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR
UNDIFFERENTIATED

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 187

GUIDELINE NOTE 15, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN EARLY CHILDHOOD

When using 314.9, Unspecified Hyperkinetic Syndrome, in children age 5 and under, it is appropriate only when the following apply:

- Child does not meet the full criteria for the full diagnosis because of their age.
- For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.

ATTACHMENT B

CHANGES TO GUIDELINE NOTES EFFECTIVE 4/1/06

GUIDELINE NOTE 15, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN EARLY CHILDHOOD (Cont'd)

For children age 3 and under, it is especially important that psychosocial interventions, including parent skills training and/or parent-child therapy, and environmental modifications, be tried prior to medication. For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.

Use of 314.9 for children age five and younger is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

Diagnosis: ADJUSTMENT DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 263

GUIDELINE NOTE 19, ADJUSTMENT REACTIONS IN EARLY CHILDHOOD

The use of V61.20, Counseling for Parent-Child Problem, Unspecified, must involve all of the following:

- Child must be five years of age or younger.
- Clinically significant impact on the child.
- Rating of 40 or below on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).

V62.82, Bereavement, Uncomplicated, is only included in this line when identified as a secondary diagnosis with a primary diagnosis of ICD-9-CM 309.89, Other Specified Adjustment Reactions. The use of V62.82 is only appropriate when a child birth through five years old exhibits a change in functioning subsequent to the loss of a primary caregiver, exhibits at least three of the following eight symptoms AND symptoms are present for most of the day, for more days than not, for at least 2 weeks:

- Crying, calling and/or searching for the absent primary caregiver;
- Refusing attempts of others to provide comfort;
- Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria;
- Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood;

ATTACHMENT B

CHANGES TO GUIDELINE NOTES EFFECTIVE 4/1/06

GUIDELINE NOTE 19, ADJUSTMENT REACTIONS IN EARLY CHILDHOOD (Cont'd)

- Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions;
- Constricted range of affect not attributable to a mood disorder or PTSD;
- Detachment, seeming indifference toward, or selective "forgetting" of the lost caregiver and/or of reminders of the lost caregiver;
- Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver.

Intervention should include persons significantly involved in the child's care and include psychoeducation and developmentally specific guidance.

V61.20 and V62.82, used as secondary diagnosis codes to 309.89, in children age five and younger are limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Group therapy: 90853, 90857, H2032
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005,
- Case Management: 90882, T1016
- Interpreter Service: T1013
- For V62.82, Individual counseling and therapy: 90810, 90812
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

309.89, Other Specified Adjustment Reactions, may be used in children age five and younger when the child demonstrates some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability / lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.

- Cessation of the traumatic exposure must be the first priority.
- Infants and toddlers may benefit from parental guidance regarding management of the child's symptoms, guidance around enhancing safety and stability in the child's environment, and therapeutic support for the parents.

Use of 309.89 in children age 5 and under, without a secondary diagnosis of V61.20 or V62.82, is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual counseling and therapy: 90810, 90812
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016

ATTACHMENT B

CHANGES TO GUIDELINE NOTES EFFECTIVE 4/1/06

GUIDELINE NOTE 19, ADJUSTMENT REACTIONS IN EARLY CHILDHOOD (Cont'd)

- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

Diagnosis: OPPOSITIONAL DEFIANT DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 264

GUIDELINE NOTE 20, DISRUPTIVE BEHAVIOR DISORDERS IN EARLY CHILDHOOD

The use of 312.9, Unspecified Disturbance of Conduct, is appropriate only for children five years old and under who display sustained patterns of disruptive behavior beyond what is developmentally appropriate.

- Interventions should prioritize parent skills training in effective behavior management strategies or focus on other relational issues.

Use of 312.9 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90810, 90812, 90814, H0004
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

Diagnosis: POSTTRAUMATIC STRESS DISORDER (See Guideline Note No. xx)

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 301

GUIDELINE NOTE 24, MENTAL HEALTH PROBLEMS IN EARLY CHILDHOOD RELATED TO NEGLECT OR ABUSE

995.52, Child Neglect (Nutritional), 995.53, Child Sexual Abuse, and 995.54, Child Physical Abuse, may be used in children age five and younger when there is evidence or suspicion of abuse or neglect. These codes are to be used when the focus of treatment is on the alleged child victim. This can include findings by child welfare of abuse or neglect; or statements of abuse or neglect by the child, the perpetrator, or a caregiver or collateral report. Although these diagnoses can be used preventively, i.e. for children who are not yet showing symptoms, presence of symptoms should be demonstrated for interventions beyond evaluation or a short-term child or family intervention.

ATTACHMENT B

CHANGES TO GUIDELINE NOTES EFFECTIVE 4/1/06

GUIDELINE NOTE 24, MENTAL HEALTH PROBLEMS IN EARLY CHILDHOOD RELATED TO NEGLECT OR ABUSE (Cont'd)

Use of 995.52-995.54 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual counseling and therapy: 90810, 90812
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

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

Treatment: MEDICAL THERAPY
Line: 446

GUIDELINE NOTE 32, SUBTALAR ARTHROEREISIS

Procedure code S2117 is only covered when not incorporating an implant device.

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

GUIDELINE NOTE 41, COCHLEAR IMPLANTS, OVER AGE 5

Delete criteria (b), "Child has reached the age of 1," from current Guideline Note 32 since, by definition of this line, children are over the age of five.

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~~
- eb) Receive little or no useful benefit from hearing aids
- dc) No medical contraindications
- ed) High motivation and appropriate expectations (both child, when appropriate, and family)