

**November
MHCD Recommendations Summary**

For Presentation to:
Health Services Commission on
December 8, 2011

For specific coding recommendations and guideline wording, please see the text of the November 16, 2011 MHCD minutes.

Acute and Subacute Detoxification issue

- add treatment codes for detoxification on certain mental health and substance use/abuse lines and recommend DMAP remove from their Ancillary File

Addition of ED and ICU codes to selected MHCD lines

- add billing codes for emergency department visits and ICU care to certain mental health lines
- add evaluation codes to substance use/abuse lines

Acupuncture for post-stroke depression

- add treatment codes for acupuncture to the depression line, specifically limited to post-stroke depression

Draft

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
Clackamas Community College Wilsonville Training Center, Room 218
Wilsonville, Oregon
November 16, 2011
8:30 – 11:00 a.m.

Members Present: Donalda Dodson, RN, MPH, Chair; Michael Reaves, MD; David Pollack, MD (arrived at 9:17 am); Ann Uhler; Seth Bernstein, PhD; Carole Romm, RN; Larry Betcher (arrived at 8:55 am), MSW, LCSW; Gary Cobb.

Members Absent: Kathy Savicki, LCSW.

Staff Present: Jeanene Smith, MD, MPH; Darren Coffman (by phone); Cat Livingston, MD, MPH; Dorothy Allen.

Guests: Caroline Price, DMAP; David Fischer and Dana Peterson, AMH; Laura Ocker, OAAOM; Ryan J. Milley, Oregon College of Oriental Medicine; PK Melethk, Melethk Acupuncture Services.

Please see *MHCD Recommendations Summary* for a synopsis of the recommendations being forwarded to the Health Services Commission (HSC) on December 8, 2011.

Note: All line numbers refer to the January, 2012 Prioritized List.

Topic: HSC/HERC Update

Appreciation certificates signed by the Dr. Goldberg, OHA Director, Darren Coffman, HSC Director and Dr. Jeanene Smith, Administrator for the Office of Oregon Health Policy and Research were given as a token of gratitude to the members for their service throughout the years. A number of members have served since 1989.

Dr. Smith gave an update of the final outcome of the legislative action which merged the work of the HSC with some of the work of the Health Resources Commission to create the HERC. She mentioned the Governor's appointees were going through Senate confirmation hearings this morning. She explained the new commission would influence health practices in Oregon, not limited to Medicaid, as the HSC had been. Darren Coffman, attending the Senate confirmation hearings in Salem, called in to express his gratitude to everyone.

Many subcommittee members expressed their willingness to continue to participate, sharing their depth of knowledge with HERC or other committees as appropriate.

Topic: Review of Meeting Highlights – April 20, 2011

The highlights were accepted as written.

Topic: Acute and Subacute Detoxification issue

Discussion: AMH representatives David Fischer and Dana Peterson were on hand to discuss their division's request to add HCPCS Codes H0010 (Alcohol and/or drug services; subacute detoxification) and H0011 (Alcohol and/or drug services; acute detoxification) to Line 5 *ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE* and/or 68 *SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION* to enable coverage for detoxification from alcohol and drugs. Line 5 reflects the treatment of the abuse and/or dependence issue itself, while intoxication falls on Line 68.

AMH does not expect a fiscal impact from these changes as this service is not covered for open card/FFS, they are encounter only codes.

Currently code H0012 (Alcohol and/or drug services; subacute detoxification residential addiction program outpatient) is paired on line 5. According to American Society of Addiction Medicine (ASAM) criteria there are several levels of detoxification care and by adding H0010 and H0011 encounter codes, it will allow for more accurate encounter information.

Dr. Livingston also identified codes currently on DMAP's Ancillary File which could be considered for line placement:

- H0013 (Alcohol and/or Drug Services; Acute Detoxification, Residential Addiction Program Outpatient);
- H0014 (Alcohol and/or Drug Services; Ambulatory Detoxification);
- H0015 (Alcohol and/or Drug Services; Intensive Outpatient, Treatment Program That Operates At Least 3 Hours/Day And At Least 3 Days/Week And Is Based On An Individualized Treatment Plan, Including Assessment, Counseling; Crisis Intervention, And Activity Therapy)

Discussion centered on the cost-effectiveness of detox centers over a hospital setting. Dana Peterson mentioned every dollar spent on chemical dependency treatment translates into a \$4 cost savings and offered to share a cost-offset study with the group.

Dr. Bernstein noted adding the encounter codes would mean a more nuanced placement criteria and asked others to consider placement on line 70 *SUBSTANCE-INDUCED DELIRIUM* as well. Others agreed.

Action:

- Recommend placement of HCPCS codes H0010-H0011 and H0013-H0015 on lines 5 *ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE*, 68 *SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION* and 70 *SUBSTANCE-INDUCED DELIRIUM*.
- Recommend DMAP remove codes H0013-H0015 from their Ancillary File.

Rationale: Adding the encounter codes may help detox happen more often in community based facilities and will allow for more appropriate coding.

Topic: Addition of ED and ICU codes to selected MHCD lines

Most mental health conditions which are life-threatening may require ER services; however, these patients would likely be admitted to a psychiatric ward rather than an ICU. Drug dependency issues such as withdrawal and intoxication may require ER and ICU care, depending on the substance used and the severity of the patient's condition.

Discussion: Minimal discussion.

Action:

- Recommend adding CPT codes 99281-99285 (Emergency department visits of escalating complexity) to lines:
 - 9 MAJOR DEPRESSION, RECURRENT
 - 27 SCHIZOPHRENIC DISORDERS
 - 32 BIPOLAR DISORDERS
 - 68 SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
 - 70 SUBSTANCE-INDUCED DELIRIUM
 - 180 POSTTRAUMATIC STRESS DISORDER
- Recommend adding CPT codes 99291-99292 (Critical care, evaluation and management, time increments) to lines:
 - 68 SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
 - 70 SUBSTANCE-INDUCED DELIRIUM

Rationale: These appropriate placements correct an oversight.

Topic: Review Evidence of Treatment of Depression and Anxiety Using Acupuncture

Discussion: Dr. Livingston gave a brief summary of evidence reviews for this topic. She mentioned the HSC has recently added acupuncture sessions to: Line 1 PREGNANCY, Line 435 MIGRAINE HEADACHES and Line 563 TENSION HEADACHES along with guidelines for frequency and duration. The Commission also looked at studies and heard testimony for acupuncture as a treatment for depression and anxiety and has asked the MHCD Subcommittee to review. Acupuncture treatment for chemical dependency is currently covered on the list, with no restrictions on frequency and duration.

Dr. Livingston pointed out the evidence is less clear for the treatment of depression and anxiety compared to other conditions acupuncture was recently added as a treatment for. Most studies are small and show, at most, fair evidence; however, treatment of depression following a stroke shows better outcomes.

Laura Ocker, OAAOM and Ryan J. Milley, Oregon College of Oriental Medicine were introduced to address questions and concerns. They advocate for patients to have workable care options, beyond pharmaceutical interventions.

Mr. Milley shared that acupuncture studies are marked as "high risk of bias" in relation to placebo control. They should be marked as a methodology bias as patients know they are getting acupuncture, rather than medication trials where placebo is easy to mask.

Discussion centered on making alternative treatments more readily available for patients, which is a topic being discussed at the Coordinated Care Organization meetings, as the State looks at new ways to manage Medicaid. Members agreed the studies show efficacy for acupuncture treatment in post-stroke depression.

Based on the current evidence, no change was made to Line 180 *PTSD*, 315 *ACUTE STRESS DISORDER* and 414 *PANIC DISORDER*. Members recommended that developing an acupuncture guideline for the currently covered MHCD conditions was not indicated at this time.

Action: To Line 212 *DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE*, add CPT codes, limited to 15 sessions:

- 97810-97811 Acupuncture without Electrical Stimulation
- 97813-97814 Acupuncture with Electrical Stimulation
- Staff was granted leeway to work out the implementation strategy
 - Add to the acupuncture guideline
 - *Line 213 DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE* Acupuncture is covered on this line for the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time and limited to 15 total sessions, with documentation of meaningful improvement.

Topic: AMHD Update

David Fischer reported AMHD is in the process of exploring a system change initiative, which is a parallel process to OHA's transformation program. AMH is looking at new ways to administrate mental health care and chemical dependency treatment through a county mechanism (non-Medicaid funded) to measure outcomes for providing the right care for the right price. Please see **Attachment A**.

He also reported plans to amend the current State Plan Amendment, 1915(i): Home and Community Based Services are moving ahead. This is a cost-neutral amendment allowing residential and community based providers to record accurately the habilitative and rehabilitative services their patients receive.

Topic: Other Business

Members of this subcommittee expressed their willingness to be involved with the Health Evidence Review Commission. They expressed the importance of continuing to have evidence-based discussions, but also to ensure that practice-based evidence is really incorporated into discussions and planning as well.

Specifically, the MHCD Subcommittee recommended to HERC to think broadly about what evidence-informed practice means. Look at practice-based evidence. Especially in mental health, use feedback loop from data to inform practice. People want individualized care, and policies and interventions need to be based on community needs (interest in alternatives), and need to be linked to clinical outcomes.

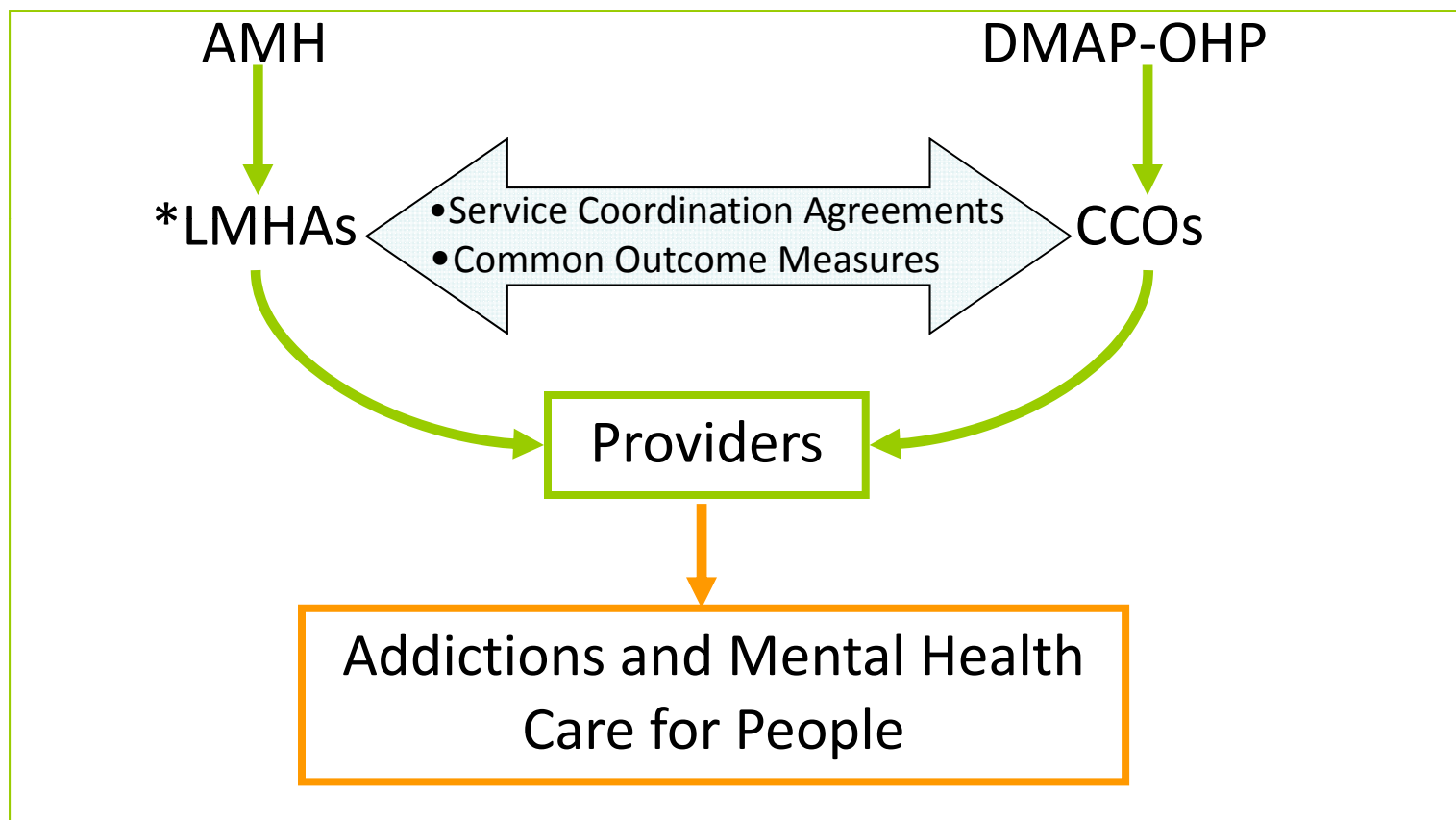
Topic: Public Comment

No public comment was offered at this time.

The meeting was adjourned at 11:18 am.

ADDICTIONS & MENTAL HEALTH SYSTEM CHANGE-

FUTURE ADDICTIONS & MENTAL HEALTH CARE SYSTEM



*LMHA is Local Mental Health Authority

Addictions and Mental Health Division

ADDICTIONS & MENTAL HEALTH SYSTEM CHANGE STRUCTURE



AMH System Change Group

Members of this group include Team Leads, AMH Exec Team members, and those who are engaged with the greater OHA Health System Transformation work. Members are responsible for cross communication with their programs. This team will provide consistency and will strengthen resources and structure for the reform work.

AMH System Change Team Lead

Mike Morris/ Jeannine Beatrice providing Project Management
Leads the work of staff teams and works with key informants to build the new AMH health care system, meets with Team Leads individually and as a group weekly; informs & aligns with the OHA System Transformation work.

AMH System Change Steering

This team is responsible for championing the work, providing leadership and messaging, and inspiring a shared vision for the work. Members meet weekly and includes Mike, Jeannine, Madeline, Len, Karynn, Karen, & Richard.

AMH System Change Support

Supports scheduling and tracking final documentation. Tracks decisions, agreements, team contacts, and supports the Communication Team work.
Leads: Letitia Mack & Diane Duncan

AMH System Change Advising Activities

Community partners are critical to the reform efforts. Their participation is vital to the quality and success of this work. These are coordinated activities with community partners for the purpose of designing, planning, and implementing the system changes.
Lead: Marisha Johnson

System Design Team

Lead: *Michael Morris*
This team develops how the components of the addiction & mental health system will work and what it will look like. Team Leads, Financing, & Advising Activities will inform this team.

Internal Organization/Culture

Lead: *Paul Potter*
This team will inform leadership about how to best ready and organize staff for new roles that system changes bring. The team will create a sustainability plan, which will include health care system accountability. System Design, Contract Language, Financing, Outcomes, and Communication Teams will inform this team.

Technology Structure & Partnership with OWITS Work

Lead: *Jon Collins with OWITS project manager*
This team will build a data system, used by providers and AMH staff for tracking and reporting on the system of care including contracts, invoices/payments, and client-level data such as outcomes & utilization. Contracts and Performance work will inform this team.

AMH System Change Staff Work Coordination

Contract Language

Lead: *Cissie Bollinger*
This team develops language for contracts with LMHAs. Language will include service expectations and performance outcomes. Financing, Outcomes, & System Design work will inform this team.

Financing

Lead: *Jay Yedziniak*
This team will determine funding strategy and funding allocation for a system of addiction and mental health services and supports. Team will identify funding streams and mechanisms for tracking. System Design and Contract work will inform this team.

Performance & Outcome Measures

Lead: *Jon Collins*
This team will develop performance and outcome measures for providers to track and report. System Design and Financing work will inform this team.

Communications-External & Internal

Lead: *Karynn Fish & Greta Coe*
This team will develop and manage communications with stakeholders and internal workforce; includes formal communication planning and website management. All teams will inform communication work.

Team Leads meet individually and as a group with the Project Lead weekly. Team Leads are responsible to document project plans with deliverables, timelines, and on-going progress. Project plans, progress, barriers, and agreements will be reviewed in the individual meetings. The weekly Team Lead group meetings provides cross information opportunities to problem-solve and coordinate work between the teams. Memberships on work teams depends on the tasks that need completion and membership can be fluid as needed.

MHCD Recommendations Summary

For Presentation to:
Health Services Commission on
May 12, 2011

For specific coding recommendations and guideline wording, please see the text of the April 20, 2011 MHCD minutes.

Rescoring lines for the biennial review

5 new mental health and chemical dependency lines were scored for rank-order placement on the 2013-15 Biennial List.

- feeding problems in infants and young children
- use and addictive substances
- abuse of nonaddictive substances
- physical symptoms or painful complaints of unknown origins and
- personality issues for which no treatment is necessary

New guideline

A new guideline was created for the treatment of certain mental disorders resulting from physical conditions such as dementia and long-term toxic effects of drug or alcohol dependence on the brain.

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
Clackamas Community College Wilsonville Training Center, Room 218
Wilsonville, Oregon
April 20, 2011
8:30 – 11:00 a.m.

Members Present: Donalda Dodson, RN, MPH, Chair; Kathy Savicki, LCSW; Michael Reaves, MD; David Pollack, MD; Ann Uhler; Seth Bernstein, PhD; Larry Betcher, MSW, LCSW (arrived 8:40 am).

Members Absent: Gary Cobb; Carole Romm, RN.

Staff Present: Darren Coffman; Ariel Smits, MD, MPH; Jason Gingerich; Dorothy Allen (by phone).

Guests: Caroline Price, DMAP.

Please see preceding *Recommendations Summary* for a synopsis of the suggestions being forwarded to the Health Outcomes Subcommittee on May 12, 2011.

Topic: Review of Meeting Highlights

Discussion: February 16, 2011 draft highlights reviewed.

Action: Highlights were accepted as written and Dorothy Allen will post final highlights on the website.

Topic: Payment system issues – Use of DSM-5 vs. ICD-10-CM

Discussion: It is anticipated the new version of DSM-5 will be published in the spring of 2013, which is 6 months prior to mandatory conversion to ICD-10-CM.

Previously, PH-Tech provided a cross-walking service to translate DSM-IV to ICD-9-CM codes on the Prioritized List of Health Services. Subcommittee members previously asked if that company would be providing the same service for the translation of DSM-5 to ICD-10-CM.

Darren noted he has been told PH-Tech is not now performing this service and will not be in the future.

Seth mentioned having an outside company “tinker” with the coding could substantiate fraud and abuse by providers inadvertently submitting false claims. Further, Darren

stated all billing must be completed using the nationally accepted code standards which will be ICD-10-CM.

Ann asked if we could write a letter to the American Psychiatric Association's DSM-5 Committee regarding its mapping to ICD-10-CM.

Action: David will contact the committee to see how they would like to receive this subcommittee's input. (Note: During the meeting David received an email with the good news there will be a crosswalk from DSM-5 to ICD-10-CM.)

Topic: ICD-10-CM Conversion

Darren explained the Draft Scoring Criteria for HSC individual and Population Health Impact Measures (**See Attachment A**).

Line rescoring for new lines:

Abuse of Nonaddictive Substances

After looking through the criteria the members came to the conclusion the treatment belongs in a primary care setting. Change the treatment title to "Medical Therapy."

Ann stated it is impossible to know what substances may show to be addictive in the future. For example, valium didn't use to be considered addictive.

Category	7	Effectiveness	2
Health Life Years	1	Need For Services	1%
Suffering	0	Net Cost	4
Vulnerable Populations	0	Score	0.80
Tertiary Prevention	1		

Looking at the codes in question, Kathy argued a different approach and the other members agreed it makes sense to split the addictive codes into three categories.

Please see Attachment B.

1. Use of Addictive Substance (New Line suggested at 4/20/11 meeting)
2. Abuse of Addictive Substance (various line placements listed on Attachment B)
3. Dependence on Addictive Substance (various line placements listed on Attachment B)

Use of Addictive Substances

Category	7	Effectiveness	3
Health Life Years	1	Need For Services	80%
Suffering	0	Net Cost	4
Vulnerable Populations	0	Score	192
Tertiary Prevention	2		

Somatization Disorder

This is a merged line of the three conditions with similar scoring. Change line title to: *Somatization Disorder, Somatoform Pain Disorder, Conversion Disorder*

Kathy argued this line might not meet this chronic disease paradigm. David stated these conditions are treated in the primary care setting.

Category	7	Effectiveness	2
Health Life Years	2	Need For Services	100%
Suffering	2	Net Cost	3
Vulnerable Populations	0	Score	160
Tertiary Prevention	0		

Feeding and Eating Disorders of Infancy or Early Childhood

Kathy stated these conditions are treated by pediatricians, not through the mental health system. After discussion, the members agreed that pica is a very different condition than the other conditions included on this line (eating disorder and rumination of infancy lines). They decided to reinstate Line 660 Pica and to leave scoring the same as it was before the line was deleted.

Category	6	Effectiveness	4
Health Life Years	6	Need For Services	100%
Suffering	3	Net Cost	3
Vulnerable Populations	0	Score	1920
Tertiary Prevention	3		

Personality Disorders Excluding Borderline and Schizotypal

This new line is a merger of two lines with similar scoring.

Category	7	Effectiveness	1
Health Life Years	1	Need For Services	30%
Suffering	1	Net Cost	3
Vulnerable Populations	0	Score	30
Tertiary Prevention	0		

Review relative ranking of all MHCD lines

Please see ***Attachment C*** to view the placement of all mental health and chemical dependency lines, including the new lines.

Topic: Proposed guideline for OMD Line

Seth presented a new guideline for the treatment of Organic Mental Disorder.

Discussion: Member discussion resulted in changing the treatment line and by adding the last line (both are underlined below.)

Action: New guideline and treatment accepted.

Line: 209

Condition: **ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS** (See Guideline Notes 1,64,65)

Treatment: CONSULTATION/MEDICATION MANAGEMENT/CASE MANAGEMENT

ICD-9: 290,291.2,292.82-292.84,293.8,294,310.1

CPT: 90804-90807,90816-90819,90823-90827,90846-90853,90862,90882,90887,96101,96118,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607

HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Guideline Note XX, Organic Mental Disorders

There is limited evidence of the effectiveness of mental health treatment of Chronic Organic Mental Disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with chronic organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with Chronic Organic Mental Disorder are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 78, 317, 372, 404).

Topic: Case Management Codes as Value-Based Service

Discussion: Ann asked if case management codes should be included as a value-based service. Darren pointed out the codes exist on line 5 already, which is a tier 1 line and would have the lowest cost-sharing. Kathy added that value-bases services are generally primary care treatments.

Action: None. Do not reconsider for VBS.

Topic: HSC/OHA Update

Darren gave brief overview of the MHCD's ICD-10-CM work at the HSC meeting in March, which resulted in the Commissioners beginning to realize the scope of work. For future reporting, they want to hear about significant changes, line splits, merges, etc rather than the mapping of individual codes.

HB 2100, which would merge the HSC and the Health Resources Commission (HRC), creating the Health Evidence Review Commission (HERC), has a scheduled work session this afternoon, which is the last day for a bill to be passed out of its house of origin. It is anticipated that it will move. The composition of HERC members would include five physician members, with one having to be Doctor of Osteopathy and one a physician hospital representative, and adds a complementary and alternative medicine representative. Current pharmacy work of the HRC would move to a new OHA Pharmacy & Therapeutics (P&T) committee while medical technology assessments would be absorbed by HERC.

Topic: AMH Update

David Fischer updated the members on activities of the Mental Health & Addictions unit including:

- State plan amendment, possibly by summer
- Peer delivered services in the FFS population
- Improve payment methodology
- Transformation Initiative

He reported the legislation for the Transformation Initiative and the Coordinated Care Organizations (CCOs) is moving forward.

Seth added the CCOs must meet all the federal rules for Accountable Care Organizations and the legislation includes a clause stating "a provider qualified to perform a service cannot refuse to participate." He stated it appears there will not be an RFP process for selecting providers, which means a national carrier could be included.

Topic: Public Comment

No public comment was offered at this time.

Topic: Other

David Pollock asked if anyone had seen a book written by Robert Whitaker, "Anatomy of an Epidemic" which outlines three sets of guidelines for psychiatric treatment including medication, depression and tapering off medications. A policy statement is being written and he will send it out to the members when it is ready to release.

Issues for next meeting:

No topics are being carried over and no new topics were identified. Therefore a June meeting will not be necessary.

Next meeting:

Next meeting is scheduled for September 21, 2011 in room 218 of the Wilsonville Training Center.

DRAFT Scoring Criteria for the HSC Individual and Population Health Impact Measures

Impact of Condition on Health without Treatment

- 0 – No impact on health (beyond the short term)
- 1 – Nonfatal condition with a marginal impact on health and/or functional status
- 2 – Nonfatal condition with a modest impact on health and/or functional status
- 3 – Nonfatal condition with a low probability of a significant residual effect or a high probability of a residual effect with a moderate impact on health and/or functional status
- 4 – Nonfatal condition with a low probability (<20%) of significant disability
- 5 – Nonfatal condition with at least a moderate probability ($\geq 20\%$) of significant disability or has a low fatality rate (<10%) and condition is not likely to shorten lifespan by more than 10 years
- 6 – Moderately fatal condition (10-30%) and condition is not likely to shorten lifespan by more than 10 years, or has a low fatality rate and lifespan likely reduced by 10 to 35 years
- 7 – Highly fatal condition (>30%) and condition is not likely to shorten lifespan by more than 10 years; moderately fatal with lifespan likely reduced by 10 to 35 years; or has a low fatality with lifespan likely reduced by 35 to 60 years
- 8 – Highly fatal condition with lifespan likely reduced by 10 to 35 years; moderately fatal with lifespan likely reduced by 35 to 60 years; or has a low fatality rate and lifespan likely to be shortened by 60 years or more
- 9 – Highly fatal condition with lifespan likely reduced by 35 to 60 years or moderately fatal and lifespan likely to be shortened by 60 years or more
- 10 – Highly fatal condition and lifespan likely to be shortened by 60 years or more

Impact on Pain and Suffering

- 0 – No impact on pain or suffering
- 1 – Intermittent pain of moderate level or frequent pain of low level and/or low level of suffering of the individual, immediate family or caregiver
- 2 – Frequent pain of moderate level or constant pain of low level and/or modest level of suffering of the individual, immediate family or caregiver
- 3 – Intermittent pain of high level or constant pain of moderate level and/or moderate level of suffering of the individual, immediate family or caregiver
- 4 – Frequent pain of high level and/or high level of suffering of the individual, immediate family or caregiver
- 5 – Constant pain of high level and/or extreme suffering of the individual, immediate family or caregiver

Population Effects

- 0 – No impact on population health
- 1 – Nontreatment would result in limited spread of a significant nonfatal disease or have a low impact on population safety (e.g. due to the nontreatment of a mental health condition)
- 2 – Nontreatment would result in a moderate spread of a significant nonfatal disease or have a modest impact on population safety
- 3 – Nontreatment would result in a limited spread of a potentially fatal disease or a wide spread of a significant nonfatal disease or have a moderate impact on population safety

- 4 – Nontreatment would result in a moderate spread of a potentially fatal disease or have a high impact on population safety
- 5 – Nontreatment would result in a wide spread of a potentially fatal disease or have a very high impact on population safety

Impact on Vulnerable Populations

- 0 – No impact on vulnerable populations
- 1 – Somewhat disproportionate impact of a condition with a moderate impact on health on one or more vulnerable populations (does not include men, women, children or pregnant women considered as separate populations or low-income individuals, since methodology is only being applied to Medicaid population at this point)
- 2 – Moderately disproportionate impact of a condition with a moderate impact on health on one or more vulnerable populations
- 3 – Somewhat disproportionate impact of a condition with a significant impact on health on one or more vulnerable populations
- 4 – Moderately disproportionate impact of a condition with a significant impact on health on one or more vulnerable populations
- 5 – Highly disproportionate impact of a condition with a significant impact on health on one or more vulnerable populations

Tertiary Prevention

- 0 – No tertiary prevention provided by treatment and early treatment does not prevent progression of the disease
- 1 – Treatment will prevent of moderate complication and/or early treatment may prevent progression of the disease resulting in a moderate impact on health
- 2 – Low to modest likelihood that treatment will prevent a significant complication or prevent progression of the disease resulting in significant impact on health
- 3 – Moderate to high likelihood that treatment will prevent a significant complication or prevent progression of the disease resulting in significant impact on health
- 4 – Low to modest likelihood that treatment will prevent severely debilitating complication and/or early treatment with prevent progression of disease leading to severe disability or death
- 5 – Moderately to high likelihood that treatment will prevent severely debilitating complication and/or early treatment with prevent progression of disease leading to severe disability or death

Effectiveness

- 0 – No demonstrated effectiveness (<5%) or causes harm
- 1 - Achieves desired result in 5-25% of cases
- 2 - Achieves desired result in 25-50% of cases
- 3 – Achieves desired result in 50 ~~60~~-75% of cases
- 4 – Achieves desired result in 75-95% of cases
- 5 – Achieves desired result in 95+% of cases

Net Cost

- 0 – Very high cost (>\$100,000)
- 1 – High cost (\$20,000-\$100,000)
- 2 – Moderate cost (\$5,000-\$20,000) or higher cost somewhat offset by cost of treatment alternative

- 3 – Modest cost (\$1,000-\$5,000) or higher cost significantly offset by cost of treatment alternative
- 4 – Low cost (<\$1,000) or higher cost nearly offset by cost of treatment alternative
- 5 – Cost savings

ATTACHMENT B

Chart below shows placement recommendations for ICD-10 F1x.xxx codes (except nicotine)
MHCD Recommendations 4/20/11 meeting

	Use of Addictive Substance	Abuse of addictive substance	Dependence on addictive substance
Uncomplicated (or unspecified, uncomplicated) in remission	(F1x.90) N/A for alcohol. 1103 for cocaine, inhalant, hallucinogens Excluded for other categories	F1x.10-- Line 5	F1x.20-- Line 5 F1x.21 -- Line 5
	--	--	
With x-induced mood disorder	F1x.94 -- Line 68	F1x.14 -- Line 68	F1x.24 -- Line 68
with x-induced psychotic disorder with delusions	F1x.950 -- Line 68	F1x.150 -- Line 68	F1x.250 -- Line 68
with x-induced psychotic disorder with hallucinations	F1x.951 -- Line 68	F1x.151 -- Line 68	F1x.251 -- Line 68
with x-induced psychotic disorder, unspecified	F1x.959-- Line 68	F1x.159-- Line 68	F1x.259-- Line 68
with x-induced anxiety disorder	F1x.980 -- Line 68	F1x.180 -- Line 68	F1x.280 -- Line 68
With Intoxication, Uncomplicated	F1x.920 -- Line 70	F1x.120 -- Line 70	F1x.220 -- Line 70
with Intoxication delirium	F1x.921 -- Line 70	F1x.121 -- Line 70	F1x.221 -- Line 70
With Intoxication, unspecified	F1x.929 -- Line 70	F1x.129 -- Line 70	F1x.229 -- Line 70
Persisting demential, amnesic disorder	F1x.96-- Line 209	F1x.16-- Line 209	F1x.26-- Line 209
with x-induced sleep disorder	F1x.982-- Line 636	F1x.182-- Line 636	F1x.282-- Line 636
with x-induced sexual dysfunction	F1x.981-- Line 1103 (except F13.981 which is excluded)--MHCD recommends 681	F1x.181-- Line 1103 -- MHCD recommends 681	F1x.281-- Line 1103 -- MHCD recommends 681
..unspecified, with other x-induced disorder	F1x.94 -- Line 1103	F1x.14 -- Line 1103	F1x.24 -- Line 1103
..unspecified, with unspecified x-induced disorder	F1x.99 -- Exclude	F1x.19 -- Exclude	F1x.29 -- Exclude
With withdrawal...(uncomp, withdrawal delirium, perceptual disturbance, unspecified)	--	--	F1x.230, .231, .232, .239 -- Line70

ATTACHMENT B

Lines:

- 5 Line Dependence
- 68 Substance induced mood, anxiety and delusional
- 70 Substance-induced delirium
- 209 Organic Mental Disorders
- 1103 Other disorders
- 636 Disorders of sleep w/o apnea
- 681 Mental Disorders With No Or Minimally Effective Treatments Or No Treatment Necessary Excluded
- 1104 Prevention--Higher

Index to substances

Alcohol	F10.xxx
Opioid	F11.xxx
Cannabis	F12.xxx
Sedative	F13.xxx
Cocaine	F14.xxx
Other stimulant	F15.xxx
Hallucinogen	F16.xxx
Nicotine	F17.xxx (not shown on table above)
Inhalant	F18.xxx
Other Psychoactive sub.	F19.xxx

Steroids or hormones (different)

Attachment C
MHCD Line Scoring
4/20/11

Current Line	Condition	Treatment	Score
27	SCHIZOPHRENIC DISORDERS	MEDICAL/PSYCHOTHERAPY	3600
5	ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE	MEDICAL/PSYCHOTHERAPY	3375
32	BIPOLAR DISORDERS	MEDICAL/PSYCHOTHERAPY	3300
9	MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE	MEDICAL/PSYCHOTHERAPY	2925
68	SUBSTANCE-INDUCED MOOD AND DELUSIONAL DISORDERS; INTOXICATION	MEDICAL/PSYCHOTHERAPY	2600
107	BORDERLINE PERSONALITY DISORDER	MEDICAL/PSYCHOTHERAPY	2250
133	ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED	MEDICAL/PSYCHOTHERAPY	2100
1107	FEEDING AND EATING DISORDERS OF INFANCY OR EARLY CHILDHOOD	MEDICAL/PSYCHOTHERAPY	1920
180	POSTTRAUMATIC STRESS DISORDER	MEDICAL/PSYCHOTHERAPY	1800
209	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS	CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION	1650
212	DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE	MEDICAL/PSYCHOTHERAPY	1600
222	NON-SUBSTANCE-RELATED ADDICTIVE BEHAVIORAL DISORDERS	MEDICAL/PSYCHOTHERAPY	1575
269	PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)	MEDICAL/PSYCHOTHERAPY	1320
295	OTHER PSYCHOTIC DISORDERS	MEDICAL/PSYCHOTHERAPY	1200
305	ANOREXIA NERVOSA	MEDICAL/PSYCHOTHERAPY	1200
6	TOBACCO DEPENDENCE	MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS	1197
316	ACUTE STRESS DISORDER	MEDICAL/PSYCHOTHERAPY	1120
334	AUTISM SPECTRUM DISORDERS	CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION	1050
390	<i>(DLT) CONVERSION DISORDER, CHILD</i>	<i>MEDICAL/PSYCHOTHERAPY</i>	<i>640</i>
398	<i>(DLT) SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER</i>	<i>CONSULTATION/BEHAVIORAL MANAGEMENT</i>	<i>600</i>
412	BULIMIA NERVOSA	MEDICAL/PSYCHOTHERAPY	525
417	SEPARATION ANXIETY DISORDER	MEDICAL/PSYCHOTHERAPY	480
419	PANIC DISORDER; AGORAPHOBIA	MEDICAL/PSYCHOTHERAPY	480
425	<i>(DLT) EATING DISORDER NOS</i>	<i>MEDICAL/PSYCHOTHERAPY</i>	<i>420</i>
431	DISSOCIATIVE DISORDERS	MEDICAL/PSYCHOTHERAPY	400

Attachment C
MHCD Line Scoring
4/20/11

Current Line	Condition	Treatment	Score
437	SCHIZOTYPAL PERSONALITY DISORDERS	MEDICAL/PSYCHOTHERAPY	375
445	OPPOSITIONAL DEFIANT DISORDER	MEDICAL/PSYCHOTHERAPY	352
457	CHRONIC DEPRESSION (DYSTHYMIA)	MEDICAL/PSYCHOTHERAPY	320
462	STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION	CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION	300
469	ADJUSTMENT DISORDERS	MEDICAL/PSYCHOTHERAPY	288
471	TOURETTE'S DISORDER AND TIC DISORDERS	MEDICAL/PSYCHOTHERAPY	280
474	REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD	MEDICAL/PSYCHOTHERAPY	280
481	FACTITIOUS DISORDERS	CONSULTATION	240
483	SIMPLE AND SOCIAL PHOBIAS	MEDICAL/PSYCHOTHERAPY	240
487	OBSESSIVE-COMPULSIVE DISORDERS	MEDICAL/PSYCHOTHERAPY	240
488	OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED	MEDICAL/PSYCHOTHERAPY	240
496	FUNCTIONAL ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION	MEDICAL/PSYCHOTHERAPY	200
500	SELECTIVE MUTISM	MEDICAL/PSYCHOTHERAPY	192
1103	Use of Addictive Substances	MEDICAL THERAPY	192
508	CONDUCT DISORDER, AGE 18 OR UNDER	MEDICAL/PSYCHOTHERAPY	182
518	<i>(DLT) CONVERSION DISORDER, ADULT</i>	<i>MEDICAL/PSYCHOTHERAPY</i>	<i>160</i>
521	GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS	MEDICAL/PSYCHOTHERAPY	160
1106	SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, CONVERSION DISORDER	MEDICAL/PSYCHOTHERAPY	160
544	<i>(DLT) DELUSIONAL DISORDER</i>	<i>MEDICAL/PSYCHOTHERAPY</i>	<i>120</i>
546	SEXUAL DYSFUNCTION	PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT	120
569	IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING	MEDICAL/PSYCHOTHERAPY	80
588	RUMINATION DISORDER OF INFANCY	MEDICAL/PSYCHOTHERAPY	40
1108	PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL	MEDICAL/PSYCHOTHERAPY	30
608	<i>(DLT) ANTI-SOCIAL PERSONALITY DISORDER</i>	<i>MEDICAL/PSYCHOTHERAPY</i>	<i>24</i>
609	<i>(DLT) PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL</i>	<i>MEDICAL/PSYCHOTHERAPY</i>	<i>24</i>
1102	ABUSE OF NONADDICTIVE SUBSTANCES	MEDICAL/PSYCHOTHERAPY	0.8
660	<i>(DLT) PICA</i>	<i>MEDICAL/PSYCHOTHERAPY</i>	<i>0</i>
681	MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION	0

MHCD Recommendations Summary

For Presentation to:
Health Services Commission on
May 12, 2011

For specific coding recommendations, please see the text of the 2/16/11 MHCD minutes.

Rescoring lines for the biennial review

The line containing diagnosis codes and treatment for generalized anxiety disorders was rescored, which would place it on a higher line for the next biennial list effective October 2013.

Recommendation for placement of non-mapped ICD10-CM codes

- Place sexual dysfunction codes on an appropriate non-funded line
- Add a diagnostic code for depression symptoms to DMAP's Signs and Symptoms File
- Add a diagnostic code for involuntary urination (Bedwetting) to DMAP's Signs and Symptoms File

Technical corrections requested by Addictions and Mental Health:

- Recommend adding a residential behavioral health procedure code to the post-traumatic stress disorder line
- Recommend adding a respite care code (providing short-term, temporary care while a longer-term care plan is determined) to the pregnancy, substance induced delusion & mood disorders, and chronic depression lines

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
Clackamas Community College Wilsonville Training Center, Room 218
Wilsonville, Oregon
February 16, 2011
8:30 – 11:00 a.m.

Members Present: Donalda Dodson, RN, MPH, Chair; Michael Reaves, MD; Ann Uhler; Seth Bernstein, PhD; Carole Romm, RN; Larry Betcher, MSW, LCSW.

Members Absent: Kathy Savicki, LCSW; David Pollack, MD; Gary Cobb.

Staff Present: Darren Coffman; Cat Livingston, MD, MPH; Jason Gingerich.

Guests: David Fischer, AMH; Caroline Price, DMAP.

Topic: Review of Meeting Highlights

Discussion: December 15, 2010 draft highlights reviewed and accepted.

Action: Dorothy Allen will post final highlights on the website.

Topic: HSC/OHA Update

Discussion: Darren Coffman said the HSC had met in January to finalize the April 1, 2011 Prioritized List of Health Services including the A&D planning codes recommended by this subcommittee. The HSC heard testimony from Katrina Hedberg, the State Epidemiologist, on the Living Well program. Based on her testimony and efficacy, codes for self-management training by health care professionals were added to six chronic disease lines, including depression. Currently, there is no code equivalent for physical health lines for *peer*-led services as is true for A&D treatment but it is seen as a positive first step. DMAP is still deciding when the approved changes could be implemented as there are fiscal concerns.

The OHA announced their [action plan](#), which includes the Value-based Essential Benefits Package and the potential to offer that package under a proposed insurance exchange.

Topic: AMHD Update

Discussion:

Maternal Depression - David Fischer reports there seems to be no current way to provide care for a non-covered mother under Medicaid. Donalda Dodson and Ann Uhler mentioned there may be legislation ([HB 2235](#)) to address this issue, which would extend maternal Medicaid eligibility for a year after delivery. It is a 3-part bill, with no fiscal impact this session. Donalda will distribute the report to this subcommittee.

Technical adjustment requests

Residential treatment: HCPCS code H0017 Behavioral Health; Residential (Hospital Residential Treatment Program), is an encounter-only code used by two secure adolescent inpatient programs (SCIP & SAIP) for reimbursement. The code is currently paired with several mental health diagnoses codes but not on line 180 POST-TRAUMATIC STRESS DISORDER. AMH requests that code H0017 be added to Line 180.

Respite care: HCPCS code H0045 (Respite Care Services, not in home, per diem) is an encounter-only procedure code used by Mental Health Organizations for reporting various treatment planning options, including pregnant women who present in crises to the ED with depression or other mental health diagnoses. Patients are treated in a hospital's hold room until a treatment plan can be established. This code is paired with many other mental health lines. AMH requests that code H0045 be added to lines 1 PREGNANCY, 67 SUBSTANCE INDUCED DELUSION AND MOOD DISORDERS and 450 CHRONIC DEPRESSION (DYSTHAMIA).

Action:

- Recommend adding code H0017 to Line 180 to the HSC.
- Recommend adding code H0045 to lines 1, 67 and 450. If approved both changes would go into effect 10/1/11.

Topic: ICD-10-CM Conversion

Discussion: Cat asked the members to review a list of ICD-10-CM codes this subcommittee has suggested should be placed on the DMAP Excluded File.

1. Other code phobia codes and their list placement were reviewed as code F34.8 Other persistent mood (affective) disorders is slated to be excluded.
2. Sexual dysfunction codes were also discussed; these conditions have a potential for treatment, even when appearing below the funding line, due to the co-morbidity rule.
3. ICD-10-CM code R45.84, Anhedonia, the inability to experience pleasurable emotions from normally pleasurable life events such as eating, exercise, social interaction or sexual activities, is a symptom of depression and should not be excluded from coverage.
4. ICD-10-CM code F98.0, Enuresis not due to a substance or known physiological condition, is a symptom of anxiety and should not be excluded from coverage.

Action: (Numbers correspond to *Discussion* items above)

1. ICD-10-CM code F34.8, Other persistent mood (affective) disorders, is appropriate as excluded.
2. ICD-10-Codes F65.0 Fetishism, F65.3 Voyeurism, F65.51 Sexual masochism, F65.52 Sexual sadism, F65.81 Frotteurism and F66 Other sexual disorders, were reviewed and placement is recommended on line 513 GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
3. Recommend that DMAP add ICD-10-CM code R45.84, Anhedonia, to the Signs and Symptoms File
4. Recommend DMAP add ICD-10-CM code F98.0, Enuresis not due to a substance or known physiological condition, to the Signs and Symptoms File

If approved, these changes will take effect in conjunction with the implementation of the 2013 Biennial List.

Topic: Line Rescoring (The Prioritization Methodology can be reviewed on **Attachment A**)

Discussion/Action:

- OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER (current line 488)
Scores of other lines ranked near this current line were reviewed and compared to the current line scores of GAD. The review resulted in amendments in scoring of the following impact measures: Tertiary Prevention (which includes effect on family and other ramifications), Impact on Vulnerable Populations (which can lead to addiction) and Net Cost, which produced an overall higher score. This revised scoring will be recommended to the HSC for consideration of the prioritization of services to result in an October 1, 2013 list.

	Category	Impact on Healthy Life Years	Impact on Suffering	Population Effects	Impact on Vulnerable Populations	Tertiary Prevention	Effectiveness	Need for services	Net Cost	Score	Hand ranked?
Current	7	2	2	0	0	0	3	1	3	240	No
New	7	2	2	0	1	1	3	1	4	360	No

- Obsessive-Compulsive Disorders (current line 487)
Line scoring was reviewed but no changes were recommended.

Topic: Proposed 38 line change reductions

Darren informed the members about the proposal in the Governor's Recommended Budget to raise the funding line to line 473, de-funding lines 474-511. Please see **Attachment B**.

Topic: Public Comment

No public comment was offered at this time.

Issues for next meeting:

- Line rescoring for:
 - Abuse of Nonaddictive Substances (new line)
 - Other Disorders Due to Substances (new line)
 - Somatization disorder (new line)
 - Feeding and Eating Disorders of Infancy or Childhood (new line)
 - Personality Disorders Excluding Borderline and Schizotypal (new line)
- Use of DSM-V vs. ICD-10-CM
- Proposed guideline for COMD Line

Next meeting:

Next meeting is scheduled for April 20, 2011 in room 218 of the Wilsonville Training Center.

Prioritization Equation

Category weight x

Impact Healthy Life Years			
+ Impact on Suffering			Need for
+ Population Effects	X	Effectiveness	X Service
+ Vulnerable of Population Affected			
+ Tertiary Prevention (categories 6 & 7 only)			

Rank Order of Health Care Categories

- 1) Maternity & Newborn Care (100) - Obstetrical care for pregnancy. Prenatal care; delivery services; postpartum care; newborn care for conditions intrinsic to the pregnancy.
- 2) Primary Prevention and Secondary Prevention (95) - Effective preventive services used prior to the presence of disease and screenings for the detection of diseases at an early stage. Immunizations; fluoride treatment in children; mammograms; pap smears; blood pressure screening; well child visits; routine dental exams.
- 3) Chronic Disease Management (75) - Predominant role of treatment in the presence of an established disease is to prevent an exacerbation or a secondary illness. Medical therapy for diabetes mellitus, asthma, and hypertension. Medical/psychotherapy for schizophrenia.
- 4) Reproductive Services (70) - Excludes maternity and infertility services. Contraceptive management; vasectomy; tubal occlusion; tubal ligation.
- 5) Comfort Care (65) - Palliative therapy for conditions in which death is imminent. Hospice care; pain management.
- 6) Fatal Conditions, Where Treatment is Aimed at Disease Modification or Cure (40) - Appendectomy for appendicitis; medical & surgical treatment for treatable cancers; dialysis for end-stage renal disease; medical therapy for stroke; medical/psychotherapy for single episode major depression.
- 7) Nonfatal Conditions, Where Treatment is Aimed at Disease Modification or Cure (20) - Treatment of closed fractures; medical/psychotherapy for obsessive-compulsive disorders; medical therapy for chronic sinusitis.
- 8) Self-limiting conditions (5) - Treatment expedites recovery for conditions that will resolve on their own whether treated or not. Medical therapy for diaper rash, acute conjunctivitis and acute pharyngitis.
- 9) Inconsequential care (1) - Services that have little or no impact on health status due to the nature of the condition or the ineffectiveness of the treatment. Repair fingertip avulsion that does not include fingernail; medical therapy for gallstones without cholecystitis, medical therapy for viral warts.

Population and Individual Impact Measures

Impact on Health Life Years - to what degree will the condition impact the health of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, where the impacts could potentially be experienced over a person's entire lifespan)? Range of 0 (no impact) to 10 (high impact).

Impact on Suffering - to what degree does the condition result in pain and suffering? Effect on family members (e.g. dealing with a loved one with Alzheimer's disease or needing to care for a person with a life-long disability) should also be factored in here. Range of 0 (no impact) to 5 (high impact).

Population Effects - the degree to which individuals other than the person with the illness will be affected. Examples include public health concerns due the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness. Range of 0 (no effects) to 5 (widespread effects).

Vulnerability of Population Affected - to what degree does the condition affect vulnerable populations such as those of certain racial/ethnic decent or those afflicted by certain debilitating illnesses such as HIV disease or alcohol & drug dependence? Range of 0 (no vulnerability) to 5 (high vulnerability).

Tertiary Prevention - in considering the ranking of services within new categories 6 and 7, to what degree does early treatment prevent complications of the disease (not including death)? Range of 0 (doesn't prevent complications) to 5 (prevents severe complications).

Effectiveness - to what degree does the treatment achieve its intended purpose? Range of 0 (no effectiveness) to 5 (high effectiveness).

Need for Medical Services - the percentage of time in which medical services would be required after the diagnosis has been established. Percentage from 0 (services never required) to 1 (services always required).

Net Cost - the cost of treatment for the typical case (including lifetime costs associated with chronic diseases) minus the expected costs if treatment is not provided -- including costs incurred through safety net providers (e.g., emergency departments) for urgent or emergent care related to the injury/illness or resulting complications. Range of 0 (high net cost) to 5 (cost saving).

Attachment B

Line	Condition	Diagnoses Included	Treatments Included	Description
511	Cysts of Bartholin's Gland And Vulva	Cysts in the vaginal and vulvar area	Opening the abscess, drainage	Drainage of infected areas or collections of fluid in the vaginal area
510	Cervicitis, Endocervicitis, Hematoma of Vulva, And Noninflammatory Disorders Of The Vagina	Infections of the cervix which are not sexually transmitted, vaginal yeast infections, vaginal injuries other than from childbirth	Drainage of abscess, destruction of lesion, repair of injuries to the vagina	Drainage of infected areas, destruction of lesions, and repair of injuries to the vagina not resulting from childbirth.
509	Breast Cysts and Other Disorders of the Breast	Breast cysts, benign breast masses, cracked nipples	Drainage of cyst or abscess, removal of benign mass	Drainage or removal of breast cysts (collections of fluid) or removal of non-cancerous breast lumps
508	Conduct Disorder, Age 18 Or Under	Conduct disorder in children (delinquency, disruptive behavior)	Counseling, psychotherapy	Counseling for children with conduct disorders such as delinquency or disruptive behavior
507	Closed Dislocations/Fractures of Non-Cervical Vertebral Column without Spinal Cord Injury	Fractures of the mid or lower spine without injury to the spinal cord		Surgery to repair a broken bone in the back that has not injured the spinal cord
506	Anal Fistula; Chronic Anal Fissure	Anal fissures		Surgery to correct a tear in the anal wall or a connection between the anus and the skin
505	Foreign Body in Ear and Nose	FB in ear or nose	removal	Removing a foreign body (e.g. a Q-tip end or a bug) from the ear or the nose
504	Otosclerosis	otosclerosis		Surgery to correct a bone growth in the inner ear that can cause hearing loss
503	Rectal Prolapse	rectal prolapse	surgery	Surgery to replace rectal tissue into its correct location when it falls through the anal opening
502	Chronic Otitis Media	chronic otitis media	PE tubes, tonsillectomy	Surgery to place tubes in the ears and/or remove the tonsils in children with chronic fluid or infection in the inner ear; repair of certain injuries to the ear canal
501	Thrombosed and Complicated Hemorrhoids	thrombosed hemorrhoids	surgery	Surgery to remove hemorrhoids that are causing pain or issues with stools; removal of a blood clot in a hemorrhoid
500	Selective Mutism	selective mutism		Talk therapy for a person who is unable to speak in certain situations

Attachment B

Line	Condition	Diagnoses Included	Treatments Included	Description
499	Keratoconjunctivitis, Corneal Abscess and Neovascularization	Keratoconjunctivitis, corneal abscess		Medical and surgical methods to help with inflamed or infected corneas (the clear outer portion of the eye)
498	Chronic Sinusitis	chronic sinusitis		Medical treatments and surgeries for sinuses which have been inflamed or infected for more than 3 months
497	Ptosis (Acquired) With Vision Impairment	ptosis	repair	Repair of a drooping eyelid that is affecting vision
496	Functional Encopresis	functional encopresis		Talk or play therapy to help a child who has stool leakage due to psychological reasons
495	Ovarian Dysfunction, Gonadal Dysgenesis, Menopausal Management	ovarian dysfunction, menopause		Removal of ovaries in women who have abnormal ovaries due to birth defects; hormone treatment in women without functional ovaries due to birth defects, surgery, or menopause
494	Dental Conditions (Eg. Caries, Fractured Tooth)	caries, fractured tooth	crowns	Crowns for teeth that are fractured or have severe dental decay
493	Brachial Plexus Lesions	brachial plexus lesions	medical tx	Physical therapy for injuries to the nerve group that help move the arm
492	Uterine Prolapse; Cystocele	uterine prolapse, cystocele	repair	Repair of weakened pelvic structures causing pelvic organs such as the bladder or uterus to fall out of the usual position
491	Sensorineural Hearing Loss - Over Age of Five	sensorineuroal hearing loss	cochlear implant	Cochlear implant to help a person over age 5 with hearing loss due injury to the inner ear
490	Atelectasis (Collapse of Lung)	atelectasis		Non-surgical treatment of a collapsed lung (i.e. using medications, broncheal suction, etc.)
489	Osteoarthritis and Allied Disorders	osteoarthritis	injections, medications	Medications, office visits, and injections (of steroids or pain killers) into joints with pain or stiffness due to arthritis
488	Overanxious Disorder; Generalized Anxiety Disorder; Anxiety Disorder, Unspecified	anxiety		Talk therapy for people with anxiety
487	Obsessive-Compulsive Disorders	OCD		Talk therapy for people with obsessive-compulsive disorder

Attachment B

Line	Condition	Diagnoses Included	Treatments Included	Description
486	Branchial Cleft Cyst; Thyroglossal Duct Cyst; Cyst of Pharynx or Nasopharynx	brachial cleft cysts	excision	Removal of cysts in the neck area which arise from a particular birth defect
485	Central Pterygium	central pterygium	excision	Removal of benign growths on the surface of the eye that can cause visual problems
484	Acute Bronchitis and Bronchiolitis	bronchitis	medical tx	Medications and other treatments for acute bronchitis; medical treatments for the treatment of respiratory infections caused by the RSV virus in children
483	Simple and Social Phobias	phobias		Talk therapy for people with phobias (irrational fears, e.g. fear of heights)
482	Neonatal Conjunctivitis, Dacryocystitis And Candida Infection	neonatal conjunctivitis and candida	medical tx	Medications and office visits to treat infections in newborn babies eyes and yeast infections in babies (thrush)
481	Factitious Disorders	factitious disorders	consultation	Office visit to develop a plan to help a patient who acts as if he or she has an illness by deliberately producing or exaggerating symptoms. Such plans typically involve reducing the amount of medical care consumed by such a person (for example, ER visits)
480	Dental Conditions (E.G. Pulpal Pathology, Permanent Anterior Tooth)	pulpal pathology	advanced endodontics	Advanced dental treatments for severely diseased teeth
479	Disorders of Plasma Protein Metabolism	disorder of plasma protein metabolism		Office visits and medical treatments for patients with a wide variety of difficult to treat or unnecessary to treat disorders of the immune system cells
478	Urinary Incontinence	urinary incontinence		Surgery, medical devices and medications for conditions which cause urine leakage
477	Dental Conditions (Eg. Missing Teeth, Prosthesis Failure)	missing teeth		Dentures for missing teeth
476	Exophthalmos and Cysts of the Eye and Orbit	exophthalmos and cysts of the eye and orbit	surgery	Surgical correction of bulging eyes or cysts of the eye or eye socket.

Attachment B

Line	Condition	Diagnoses Included	Treatments Included	Description
475	Disorders of Refraction and Accommodation	disorders of refraction and accommodation		Glasses and other medical therapy for poor eyesight
474	Reactive Attachment Disorder of Infancy or Early Childhood	reactive attachment disorder of infancy		Talk therapy to deal with infants who have difficulty bonding with caregivers.