

Minutes
HEALTH SERVICES COMMISSION
January 15, 2009

Members Present: Somnath Saha, MD, MPH, Chair; Leda Garside, RN, BSN; Kathryn Weit; Bob Joondeph, Lisa Dodson, MD; Kevin Olson, MD; K. Dean Gubler, DO, MPH; Bruce Abernethy (via teleconference).

Members Absent: Carla McKelvey, MD.

Staff Present: Darren Coffman; Ariel Smits, MD, MPH; Brandon Repp.

Also Attending: Wally Shaffer, MD; Judith Van Osdol, RN; Isabel Bickle and Caroline Price, DHS-Division of Medical Assistance Programs (DMAP); Chris Kirk, MD, OHP Medical Directors; David Pass, MD, Health Resources Commission; Jan Spence, Samaritan Health Systems; Jeanene Smith, MD, MPH, Oregon Health Policy & Research (OHPR).

I. Call to Order

Dr. Som Saha, Chair, called the Health Services Commission (HSC) meeting to order at 1:00 pm in room 117A at Meridian Park Hospital, Community Health Education Center, 19300 SW 65th Avenue, Tualatin, Oregon. Mr. Darren Coffman called the roll.

II. Approval of Minutes

MOTION: To approve the December 4, 2008 minutes without corrections: MOTION CARRIES. 8-0.

III. Chair's Report

Dr. Saha waived his report.

IV. Director's Report

Mr. Coffman shared that CMS has announced that ICD-10-CM conversion and implementation is officially going forward. The timeline for completion has been pushed back by two years, making the official implementation date October 1, 2013. The Commission's work should be completed by the summer of 2012. The next two biennial reports will likely be focused around this work.

Mr. Coffman mentioned that the Oregon Health Plan's 20 year anniversary is soon. The Commission expressed interest in having a privately-sponsored event in commemoration.

V. Medical Director's Report

Dr. Ariel Smits waived her report.

VI. OHFB Update

Mr. Coffman stated that the Oregon Health Fund Board (OHFB) published their final report.

Dr. Jeanene Smith is on the agenda to discuss the OHFB activities and legislation in more detail later in the meeting.

VII. Report from Subcommittee on Mental Health Care and Chemical Dependency (MHCD)

Mr. Coffman notes that the MHCD Subcommittee met in November, 2008. From the Health Resources Commission, Dr. David Pass and Dan Kennedy, RPh, gave the subcommittee an overview of the [Health Resources Commission's report on Autism Spectrum Disorders](#). The report shows little clinical evidence of the effectiveness for the treatment of this disorder as it does not lend well to classic clinical trials. The Subcommittee will continue their investigation regarding this issue.

VIII. Report from Dental Services Subcommittee

Mr. Coffman reports that this group was made an official HSC subcommittee at the December 4, 2008 meeting. Dr. Lisa Dodson is chairing the subcommittee, which will start reviewing all the dental lines and associated guidelines at their February meeting.

IX. Report from Palliative Care Task Force

Dr. Ariel Smits reports that this group, which will meet later this month, is chaired by former HSC Director Eric Walsh, MD, and is reviewing the Commission's Palliative Care Statement of Intent. The task force is working on recommendations for three separate Statements of Intents:

- Death with Dignity Statement of Intent
- Palliative Care Statement of Intent
- Statement of Intent on Treatment of Cancer With Little or No Benefit Provided Near the End of Life

X. Report from Health Outcomes Subcommittee

The Health Outcomes Subcommittee met in December, 2008 and January, 2009 to review new procedure codes and coding related issues. Dr. Lisa Dodson reported a summary of their recommendations to the Commission for approval.

New CPT Codes

The final recommendations are as listed in *Attachment A*.

These recommendations are as presented in the materials distributed at the meeting, except:

- 99466 and 99467 (Critical Care Services Delivered by a Physician, Face-To-Face, During an Interfacility Transport of Critically Ill or Critically Injured Pediatric Patient) recommended to be placed on Ancillary List.
- 99288 (Physician direction of EMS emergency care, ALS) removed from Prioritized List and recommended for placement on Ancillary List.
- 88720 (Bilirubin Total Transcutaneous) recommended to be added to the Diagnostic List
- 41530 (Submucosal Ablation of the Tongue Base) is recommended for placement on the Excluded List.
- All incarcerated hernia CPT codes will appear only on the upper hernia line (176). Remove 49521, 49553, 49557, 49561, 49563, and 49566 from Line 538 (Uncomplicated Hernia) and retain on Line 176 (Complicated hernias and hernias in children). Add new laparoscopic codes for repair of incarcerated hernias only to Line 176 (49653, 49655, 49657).
- Change GUIDELINE NOTE 24, COMPLICATED HERNIAS to read:
Line 176: Complicated hernias are included on this line if they are incarcerated ~~and~~ or have symptoms of obstruction and/or strangulation.

New HCPCS Codes

Please see *Attachment B* for the final recommendations.

Medication policy statement

The following statement was agreed to, pending DOJ review:

HSC Policy Regarding Medications, DME, and Other Ancillary Services

The Health Services Commission (HSC) has authority over the Prioritized List, including placement of conditions and treatments on the List. The HSC is expected to include cost-benefit assessments for treatments considered for inclusion on the List, balancing the needs of the OHP population as a whole and the expenditures of limited resources. The HSC can create, in an open and public manner, guidelines which recommend restrictions or limitations on the coverage of medications, durable medical equipment (DME), or other ancillary services, as they relate to conditions and treatments on the Prioritized List. Such guidelines are expected to be implemented to the best ability of DMAP and prepaid managed care health services organizations, as allowed by federal and state rules and regulations. These guidelines set a minimum coverage level for DMAP and the prepaid managed care health services organizations. Decisions of the HSC regarding medications, DME, or other ancillary services which are not placed into guidelines are considered advisory only.

J codes were removed from the Prioritized List. CPT codes dealing with the infusion or administration of medications should be considered ancillary and removed from the Prioritized List.

Extended counseling codes

Add codes 90808-90809, 90814-90815, 90821-90822 to the following lines:

- 108, Borderline Personality Disorder
- 181, Posttraumatic Stress Disorder
- 315, Acute Stress Disorder
- 387, Conversion Disorder, Child
- 395, Somatization Disorder; Somatoform Pain Disorder

- 412, Separation Anxiety Disorder
- 414, Panic Disorder; Agoraphobia
- 421, Eating Disorder NOS
- 475, Simple and Social Phobias
- 511, Conversion Disorder, Adult
- 514, Gender Identification Disorder, Paraphilias and Other Psychosexual Disorders

Note: Subsequent review by staff found inpatient mental health codes to be absent from lines 387, 412, 475, 511 and 514, making the addition of codes 90821-90822 inappropriate to those lines.

Neonatal resuscitation codes

Remove the following codes from the Prioritized List and are recommended for placement on the Ancillary List

- 32421 (Throacentesis, initial or subsequent), 32422 (Thoracentesis with insertion of tube), and 32551 (Insertion of chest tube)

Intrathecal pumps for non-malignant pain control

- Delete codes 62350-62355 and 62360-62362 from Lines 397 (Disorders of Spine With Neurologic Impairment), 552 (Acute and Chronic Disorders Of Spine Without Neurologic Impairment) and 624 (Disorders of Soft Tissue).
- Maintain these codes on the cancer and dysfunction lines.
- A recommended guideline was added to Lines 397,552,624 as listed in *Attachment C*.

Heart/kidney transplants

- Add renal transplant codes (50300-50370,50547,76776) to Line 279, Congestive Heart Failure, Cardiomyopathy, Transposition of Great Vessels, Hypoplastic Left Heart Syndrome
- Change treatment description of line 279 to "Cardiac Transplant, Heart/Kidney Transplant"
- Renal transplant codes not added to heart-lung transplant lines
- Guideline added to Line 279 as listed in *Attachment C*

Chondromalacia patella

- Remove code 717.7 (chondromalacia patella) from Line 449 (Internal Derangement of The Knee)
- Maintain code 717.7 on Line 628 (Minor Sprains/Strains)

Intestinal malabsorption

- Remove code 579.9 (Unspecified Intestinal Malabsorption) from Line 241 (Intestinal Malabsorption) and recommend placement on the Excluded List
- Add a guideline for code 579.8 (Other specified intestinal malabsorption) to Line 241 as listed in *Attachment C*.

Anesthetic injection code placement

- Recommend that codes 64400-64450 are placed on the Ancillary List
- Recommend that codes 64470-64480 are placed on the Excluded List
- Place codes 64483-64484 on Line 165 (Herpes Zoster; Herpes Simplex and with Neurological and Ophthalmological Complications)

- Recommend that codes 64505-64530 are placed on the Ancillary List
- Statement of Intent adopted as listed in *Attachment C*.

Bronchoscopy code placement

- Recommend that codes 31615, 31622-31629, 31632-31633, 31656 are placed on the Diagnostic List
- Recommend that code 31620 is placed on the Excluded List
- Place codes 31631, 31636-31638 and 31641 on Lines 49 (Cleft Palate With Airway Obstruction), 78 (Neurological Dysfunction In Breathing, Eating, Swallowing, Bowel, or Bladder Control Caused By Chronic Conditions), 278 (Cancer Of Lung, Bronchus, Pleura, Trachea, Mediastinum and Other Respiratory Organs), 399 (Benign Neoplasm Of Respiratory and Intrathoracic Organs), 441 (Complications Of A Procedure Usually Requiring Treatment)
- Place codes 31645-31646 on Lines 84 (Deep Abscesses, Including Appendicitis and Periorbital Abscess), 214 (Pneumococcal Pneumonia, Other Bacterial Pneumonia, Bronchopneumonia), 248 (Adult Respiratory Distress Syndrome; Acute Respiratory Failure; Respiratory Conditions Due To Physical and Chemical Agents), 278 (Cancer Of Lung, Bronchus, Pleura, Trachea, Mediastinum and Other Respiratory Organs), 482 (Atelectasis - Collapse of Lung)
- Place code 31630 on Lines 49 (Cleft Palate With Airway Obstruction), 78 (Neurological Dysfunction In Breathing, Eating, Swallowing, Bowel, or Bladder Control Caused by Chronic Conditions), 91, (Deep Open Wound Of Neck, Including Larynx; Fracture Of Larynx or Trachea, Open), 278 (Cancer Of Lung, Bronchus, Pleura, Trachea, Mediastinum and Other Respiratory Organs), 399 (Benign Neoplasm Of Respiratory and Intrathoracic Organs), 441 (Complications of a Procedure Usually Requiring Treatment)
- Place code 31635 on Line 127 (Foreign Body In Pharynx, Larynx, Trachea, Bronchus and Esophagus)
- Place code 31643 on Line 278 (Cancer Of Lung, Bronchus, Pleura, Trachea, Mediastinum and Other Respiratory Organs)

Rigid Proctosigmoidoscopy with dilation

Add code 45303 to the following lines:

- 48, Intussusception, Volvulus, Intestinal Obstruction, and Foreign Body In Stomach, Intestines, Colon, and Rectum
- 112, Congenital Anomalies of Digestive System and Abdominal Wall Excluding Necrosis; Chronic Intestinal Pseudo-Obstruction
- 494, Rectal Prolapse
- 168, Cancer of Colon, Rectum, Small Intestine and Anus, Where Treatment Will Result in a Greater Than 5% 5-Year Survival

Anoscopy with dilation

Add code 46604 to the following lines:

- 48, Intussusception, Volvulus, Intestinal Obstruction, and Foreign Body In Stomach, Intestines, Colon, and Rectum
- 112, Congenital Anomalies Of Digestive System and Abdominal Wall Excluding Necrosis; Chronic Intestinal Pseudo-Obstruction
- 494, Rectal Prolapse
- 168, Cancer of Colon, Rectum, Small Intestine and Anus, Where Treatment Will Result in a Greater Than 5% 5-Year Survival

Rectal Prolapse

- Change treatment description of Line 494 to "Surgical treatment"

Contact lens prescribing by an independent optical technician

- Delete codes 92314-92317 from all lines and recommend adding to the Excluded List.

Osteotomy of spine, each additional vertebral segment

Add code 22208 to the following lines:

- 429, Spinal Deformity, Clinically Significant
- 597, Spinal Deformity, Not Clinically Significant

Harvest of ilio-celiac vein

Add 35632 to the following lines, as it was missed in the December CPT code review:

- 270, Arterial Embolism/Thrombosis: Abdominal Aorta, Thoracic Aorta
- 306, Dissecting or Ruptured Aortic Aneurysm
- 330, Disorders Of Arteries, Other Than Carotid or Coronary
- 347, Non-Dissecting Aneurysm Without Rupture
- 465, Atherosclerosis, Aortic and Renal

Silicone oil removal for previous retinal detachment

- Add code 67036 (Vitrectomy, mechanical, pars plana approach) to Line 441 (Complications of a procedure)

Repair of vessels of the head and neck

- Add codes 35201 (Repair blood vessel, direct, neck), 35231 (Repair blood vessel with vein graft, neck), and 35261 (Repair blood vessel with graft other than vein; neck) to Line 143 (Crush injuries)
- Remove codes 35201, 35231, and 35261 from Line 302 (Budd-Chiari Syndrome, and Other Venous Embolism and Thrombosis)
- Codes 900.xx are to remain on Line 302

New and Revised Guidelines

Please see *Attachment C* for recommendations.

MOTION: To approve the recommendations of the HOSC: MOTION CARRIES. 7-0.

(Absent for Vote: Saha)

XI. 2009 Legislative Session

Dr. Jeanene Smith, Oregon Health Policy & Research (OHPR) Administrator began by announcing that Carol Robinson has been appointed as Interim Executive Director of the Oregon Health Fund Board (OHFB), as Barney Speight has stepped down. She distributed the final report of the OHFB, which was delivered to the Governor at the end of last year. Ms. Robinson will formally present this report to the Legislature in the coming days.

Among the report's highlights include recommendations for insurance and delivery reform, a health insurance exchange and the creation of an over-arching "Health Authority" to better coordinate health and health policy organizations across government agencies.

Dr. Smith notes there are several health-related legislative bills including an expansion of Oregon Health Plan Standard coverage to include 100,000 individuals and funding for Oregon Healthy Kids.

XII. Other Business

No other business was offered at this time

XIII. Public Comment

No public comment was offered at this time.

XIV. Adjournment

Dr. Dodson, in the Chair's absence, adjourned the meeting of the Health Services Commission at 3:10 p.m.

**Attachment A
New 2009 CPT CDT Codes**

Code	Description	Recommended Placement	Recommended Lines
27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR TENSOR FASCIA LATA MUSCLE), UNILATERAL	List	143 CRUSH INJURIES OTHER THAN DIGITS
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR TENSOR FASCIA LATA MUSCLE) WITH DEBRIDEMENT OF NONVIABLE MUSCLE, UNILATERAL	List	143 CRUSH INJURIES OTHER THAN DIGITS
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	List	270 ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA 306 DISSECTING OR RUPTURED AORTIC ANEURYSM 330 DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY 347 NON-DISSECTING ANEURYSM WITHOUT RUPTURE 465 ATHEROSCLEROSIS, AORTIC AND RENAL
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	List	307 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 375 ATHEROSCLEROSIS, PERIPHERAL
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	List	270 ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA 306 DISSECTING OR RUPTURED AORTIC ANEURYSM 330 DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY 347 NON-DISSECTING ANEURYSM WITHOUT RUPTURE 465 ATHEROSCLEROSIS, AORTIC AND RENAL
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	List	270 ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA 306 DISSECTING OR RUPTURED AORTIC ANEURYSM 330 DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY 347 NON-DISSECTING ANEURYSM WITHOUT RUPTURE 465 ATHEROSCLEROSIS, AORTIC AND RENAL

**Attachment A
New 2009 CPT CDT Codes**

Code	Description	Recommended Placement	Recommended Lines
43273	ENDOSCOPIC CANNULATION OF PAPANILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(S) AND/OR PANCREATIC DUCT(S) (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	List	60 CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE 201 ACUTE PANCREATITIS 267 CHRONIC PANCREATITIS 318 ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER 339 CANCER OF PANCREAS 453 CANCER OF GALLBLADDER AND OTHER BILIARY 659 GALL STONES WITHOUT CHOLECYSTITIS
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED	List	70 CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE 406 ESOPHAGEAL STRICTURE 408 ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS 416 ACHALASIA, NON-NEONATAL
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	List	492 THROMBOSED AND COMPLICATED HEMORRHOIDS 668 UNCOMPLICATED HEMORRHOIDS
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	List	176 COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE 538 UNCOMPLICATED HERNIA
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	List	176 COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	List	176 COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE 538 UNCOMPLICATED HERNIA
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	List	176 COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	List	176 COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE 538 UNCOMPLICATED HERNIA
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	List	176 COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE

**Attachment A
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Code	Description	Recommended Placement	Recommended Lines
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	List	138 BENIGN NEOPLASM OF THE BRAIN 163 BENIGN NEOPLASM OF PITUITARY GLAND 319 CANCER OF BRAIN AND NERVOUS SYSTEM 340 STROKE 460 TRIGEMINAL AND OTHER NERVE DISORDERS
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	List	138 BENIGN NEOPLASM OF THE BRAIN 163 BENIGN NEOPLASM OF PITUITARY GLAND 319 CANCER OF BRAIN AND NERVOUS SYSTEM 340 STROKE 460 TRIGEMINAL AND OTHER NERVE DISORDERS
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	List	138 BENIGN NEOPLASM OF THE BRAIN 163 BENIGN NEOPLASM OF PITUITARY GLAND 319 CANCER OF BRAIN AND NERVOUS SYSTEM 340 STROKE 460 TRIGEMINAL AND OTHER NERVE DISORDERS
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	List	138 BENIGN NEOPLASM OF THE BRAIN 163 BENIGN NEOPLASM OF PITUITARY GLAND 319 CANCER OF BRAIN AND NERVOUS SYSTEM 340 STROKE 460 TRIGEMINAL AND OTHER NERVE DISORDERS
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	List	138 BENIGN NEOPLASM OF THE BRAIN 163 BENIGN NEOPLASM OF PITUITARY GLAND 319 CANCER OF BRAIN AND NERVOUS SYSTEM 340 STROKE 460 TRIGEMINAL AND OTHER NERVE DISORDERS
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION	List	209 CANCER OF BONES 319 CANCER OF BRAIN AND NERVOUS SYSTEM
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	List	209 CANCER OF BONES 319 CANCER OF BRAIN AND NERVOUS SYSTEM
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)	List	551 LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	List	551 LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS

**Attachment A
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Code	Description	Recommended Placement	Recommended Lines
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	List	307 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 335 CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	List	307 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 335 CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL	List	138 BENIGN NEOPLASM OF THE BRAIN 145 CANCER OF CERVIX 168 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS 198 CANCER OF BREAST 208 CANCER OF SOFT TISSUE 219 CANCER OF UTERUS 275 CANCER OF PENIS AND OTHER MALE GENITAL ORGANS 277 CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY 278 CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS 286 CANCER OF BLADDER AND URETER 310 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS 311 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX 319 CANCER OF BRAIN AND NERVOUS SYSTEM 337 CANCER OF ESOPHAGUS 354 CANCER OF PROSTATE GLAND 399 BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS 613 SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS	List	See 77785
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS	List	See 77785
90951	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS < 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE

**Attachment A
New 2009 CPT CDT Codes**

Code	Description	Recommended Placement	Recommended Lines
90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS < 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE
90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS < 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	List	65 END STAGE RENAL DISEASE
90954	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE
90955	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE
90956	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	List	65 END STAGE RENAL DISEASE
90957	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, COUNSELING OF PARENTS; 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE

**Attachment A
New 2009 CPT CDT Codes**

Code	Description	Recommended Placement	Recommended Lines
90958	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE
90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	List	65 END STAGE RENAL DISEASE
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	List	65 END STAGE RENAL DISEASE
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	List	65 END STAGE RENAL DISEASE
90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	List	65 END STAGE RENAL DISEASE
90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	List	65 END STAGE RENAL DISEASE

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Code	Description	Recommended Placement	Recommended Lines
90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	List	65 END STAGE RENAL DISEASE
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OLDER	List	65 END STAGE RENAL DISEASE
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE	List	65 END STAGE RENAL DISEASE
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 2-11 YEARS OF AGE	List	65 END STAGE RENAL DISEASE
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 12-19 YEARS OF AGE	List	65 END STAGE RENAL DISEASE
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY; FOR PATIENTS 20 YEARS OF AGE AND OLDER	List	65 END STAGE RENAL DISEASE
93279	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE LEAD PACEMAKER SYSTEM	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93280	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; DUAL LEAD PACEMAKER SYSTEM	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS

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Code	Description	Recommended Placement	Recommended Lines
93281	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; MULTIPLE LEAD PACEMAKER SYSTEM	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93283	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; DUAL LEAD IMPLANTABLE CARDIOVERTER- DEFIBRILLATOR	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93284	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; MULTIPLE LEAD IMPLANTABLE CARDIOVERTER- DEFIBRILLATOR	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93286	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY, PROCEDURE, OR TEST WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93287	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY, PROCEDURE, OR TEST WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS

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Code	Description	Recommended Placement	Recommended Lines
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM, INCLUDING ANALYSIS	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; WEARABLE DEFIBRILLATOR SYSTEM	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM, INCLUDES RECORDING WITH AND WITHOUT MAGNET APPLICATION WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT(S), UP TO 90 DAYS	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM WITH INTERIM PHYSICIAN ANALYSIS, REVIEW(S) AND REPORT(S)	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH INTERIM PHYSICIAN ANALYSIS, REVIEW(S) AND REPORT(S)	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS

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Code	Description	Recommended Placement	Recommended Lines
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM OR IMPLANTABLE CAROTID-DIVERTER-DEFIBRILLATOR SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW, TECHNICAL SUPPORT AND DISTRIBUTION OF RESULTS	List	76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION 110 CARDIOMYOPATHY, HYPERTROPHIC MUSCLE 196 CHRONIC ISCHEMIC HEART DISEASE 303 LIFE-THREATENING CARDIAC ARRHYTHMIAS 373 CARDIAC ARRHYTHMIAS
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	List	530 VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	List	2 BIRTH OF INFANT
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER	List	2 BIRTH OF INFANT
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	List	2 BIRTH OF INFANT
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE	List	2 BIRTH OF INFANT
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN	List	2 BIRTH OF INFANT
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR LESS	List	99XXX code containing lines
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE, 28 DAYS OF AGE OR LESS	List	99XXX code containing lines
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	List	99XXX code containing lines
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	List	99XXX code containing lines
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 2 THROUGH 5 YEARS OF AGE	List	99XXX code containing lines
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 2 THROUGH 5 YEARS OF AGE	List	99XXX code containing lines

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Code	Description	Recommended Placement	Recommended Lines
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT LESS THAN 1500 GRAMS)	List	99XXX code containing lines
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT OF 1500-2500 GRAMS)	List	99XXX code containing lines
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT (PRESENT BODY WEIGHT OF 2501-5000 GRAMS)	List	99XXX code containing lines

ANCILLARY

Code	Description	Recommended Placement	Recommended Lines
00211	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION OF HEMATOMA	Ancillary	
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITH PUMP OXYGENATOR	Ancillary	
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	Ancillary	
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	Ancillary	
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST >1 HOUR	Ancillary	
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	Ancillary	
96367	IV NFS THER PROPH/DX ADDL SEQUENTIAL NFS >1 HR	Ancillary	
96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	Ancillary	
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	Ancillary	
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	Ancillary	
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	Ancillary	
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	Ancillary	
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	Ancillary	

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Code	Description	Recommended Placement	Recommended Lines
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	Ancillary	
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ancillary	
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ancillary	
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	Ancillary	
Exempt			
Code	Description	Recommended Placement	Recommended Lines
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND/OR CARDIAC OUTPUT	Always covered	
99466	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR LESS; FIRST 30-74 MINUTES OF HANDS-ON CARE DURING TRANSPORT	Always covered	
99467	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT, 24 MONTHS OF AGE OR LESS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	Always covered	

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DIAGNOSTIC			
Code	Description	Recommended Placement	Recommended Lines
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE	Diagnostic	
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE FOR DIAGNOSTIC PURPOSES	Diagnostic	
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS (EG, PARATHYROID ADENOMA)	Diagnostic	
83876	MYELOPEROXIDASE MPO	Diagnostic	
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG, ADAMTS-13), EACH ANALYTE	Diagnostic	
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	Diagnostic	
93228	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS	Diagnostic	
93229	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS	Diagnostic	
93285	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT; IMPLANTABLE LOOP RECORDER SYSTEM	Diagnostic	
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM, INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC CARDIOVASCULAR DATA ELEMENTS FROM ALL INTERNAL AND EXTERNAL SENSORS	Diagnostic	

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Code	Description	Recommended Placement	Recommended Lines
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; IMPLANTABLE LOOP RECORDER SYSTEM, INCLUDING HEART RHYTHM DERIVED DATA ANALYSIS	Diagnostic	
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM, INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC CARDIOVASCULAR DATA ELEMENTS FROM ALL INTERNAL AND EXTERNAL SENSORS, PHYSICIAN ANALYSIS, REVIEW(S)	Diagnostic	
93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE LOOP RECORDER SYSTEM, INCLUDING ANALYSIS OF RECORDED HEART RHYTHM DATA, PHYSICIAN ANALYSIS, REVIEW(S) AND REPORT(S)	Diagnostic	
93299	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM OR IMPLANTABLE LOOP RECORDER SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW, TECHNICAL SUPPORT AND DISTRIBUTION OF RESULTS	Diagnostic	
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	Diagnostic	
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Diagnostic	
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Diagnostic	

**Attachment A
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Excluded			
Code	Description	Recommended Placement	Recommended Lines
20696	APPLICATION OF MULTIPLANE, UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT, INCLUDING IMAGING; INITIAL AND SUBSEQUENT ALIGNMENT(S), ASSESSMENT(S), AND COMPUTATION(S) OF ADJUSTMENT SCHEDULE(S)	Excluded	
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG, SPATIAL FRAME), INCLUDING IMAGING; EXCHANGE (IE, REMOVAL AND REPLACEMENT) OF STRUT, EACH	Excluded	
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH...SINGLE INTERSPACE, CERVICAL	Excluded	
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Excluded	
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Excluded	
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	Excluded	
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	Excluded	
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	Excluded	
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)	Excluded	
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	Excluded	
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	Excluded	
95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	Excluded	

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New CDT Codes			
Code	Description	Recommended Placement	Recommended Lines
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	Never Covered	
D0418	analysis of saliva sample - Chemical or biological analysis of saliva sample for diagnostic purposes	Never Covered	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development - Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy.	List	59 DENTAL CONDITIONS (EG. INFECTIONS) Treatment: URGENT AND EMERGENT DENTAL SERVICES 357 DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) Treatment: BASIC RESTORATIVE
D5991	topical medicament carrier - A custom fabricated carrier that covers the teeth and alveolar mucosa, or alveolar mucosa alone, and is used to deliver topical corticosteroids and similar effective medicaments for maximum sustained contact with the alveolar ridge and/or attached gingival tissues for the control and management of immunologically mediated vesiculobullous mucosal, chronic recurrent ulcerative, and other desquamative diseases of the gingiva and oral mucosa.	List	59 DENTAL CONDITIONS (EG. INFECTIONS) Treatment: URGENT AND EMERGENT DENTAL SERVICES

ATTACHMENT B

PLACEMENT OF NEW 2009 HCPCS CODES

HCPCS Code	Code Description	List	Line(s)
G0406	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	List	Lines with telephone consultation codes
G0407	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	List	Lines with telephone consultation codes
G0408	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	List	Lines with telephone consultation codes
G0409	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING THE PATIENT'S REHABILITATION GOALS, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL (SERVICES PROVIDED BY A CORF-QUALIFIED SOCIAL WORKER OR PSYCHOLOGIST IN A CORF)	List	Any line with PT codes: 12,50,51,52,63,74,75,76,78,80,85,89,90, 94,95,98,99,100,101,109,110,116,117, 123,130,140,142,143,144,146,147,159, 162,166,180,185,186,190,191,193,195, 196,202,203,209,217,227,237,239,270, 271,273,274,279,287,288,292,296,301, 303,306,307,308,317,334,340,347,348, 362,366,368,372,373,375,379,381,382, 384,397,403,404,429,435,437,441,449, 461,481,498,509,540,552,570,588,611, 628
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES	List	Mental health lines containing inpatient and partial inpatient services
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTE	List	Mental health lines containing inpatient and partial inpatient services
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL OR BILATERAL FOR PELVIC BONE FRACTURE PATTERNS WHICH DO NOT DISRUPT THE PELVIC RING INCLUDES INTERNAL FIXATION, WHEN PERFORMED	List	190 FRACTURE OF PELVIS, OPEN AND CLOSED

ATTACHMENT B

HCPCS Code	Code Description	List	Line(s)
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	List	190 FRACTURE OF PELVIS, OPEN AND CLOSED
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION WHEN PERFORMED	List	190 FRACTURE OF PELVIS, OPEN AND CLOSED
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	List	190 FRACTURE OF PELVIS, OPEN AND CLOSED
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS	List	381 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE
S2270	INSERTION OF VAGINAL CYLINDER FOR APPLICATION OF RADIATION SOURCE OR CLINICAL BRACHYTHERAPY	List	145 CANCER OF CERVIX 219 CANCER OF UTERUS 252 CANCER OF OVARY, 310 CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS

ATTACHMENT C

GUIDELINE AND STATEMENT OF INTENT CHANGES

New Guidelines

Guideline 68 HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION

Line 7

Placement of permanent implants in the fallopian tubes to induce bilateral occlusion (CPT code 58565) is covered only if the procedure is done in the office setting, not in the ambulatory surgical center or hospital setting.

GUIDELINE 69 INTESTINAL MALABSORPTION

Line 241

ICD-9 code 579.8 (Other specified intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.

GUIDELINE NOTE 70 HEART-KIDNEY TRANSPLANTS

Line 279

Patients under consideration for heart/kidney transplant must qualify for each individual type of transplant under current DMAP administrative rules and transplant center criteria with the exception of any exclusions due to heart and/or kidney disease.

GUIDELINE 71 HIP RESURFACING

Line 381

Hip resurfacing is a covered service for patients who are likely to outlive a traditional prosthesis and who would otherwise require a total hip replacement, and should only be done by surgeons with specific training in this technique.

Patients who are candidates for hip resurfacing must not be:

- A. Patients with infection or sepsis
- B. Patients who are skeletally immature
- C. Patients with any vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
- D. Patients with bone stock inadequate to support the device, including severe osteopenia or a family history of severe osteoporosis or osteopenia
- E. Patients with osteonecrosis or avascular necrosis with >50% involvement of the femoral head
- F. Patients with multiple cysts of the femoral head
- G. Females of childbearing age
- H. Patients with known moderate-to-severe renal insufficiency
- I. Patients who are immunosuppressed with diseases such as AIDS or persons receiving high doses of corticosteroids
- J. Patients who are severely overweight
- K. Patients with known or suspected metal sensitivity

ATTACHMENT C

GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS

Lines 397,552,624

Electronic analysis of intrathecal pumps, with or without programming (CPT codes 62367-62368), is included on these lines only for pumps implanted prior to April 1, 2009.

New Statement of Intent

STATEMENT OF INTENT FOR NERVE BLOCKS

The Health Services Commission intends that single injection and continuous nerve blocks should be covered services if they are required for successful completion of, peri-operative pain control for, or post-operative recovery from a covered operative procedure when the diagnosis requiring the operative procedure is also covered. Additionally, nerve blocks are covered services for patients hospitalized with trauma, cancer, or intractable pain conditions if the underlying condition is a covered diagnosis.

Revised Guideline

GUIDELINE NOTE 43, LYMPHEDEMA

Lines 441,589

Lymphedema treatments are included on these lines when medically appropriate. These services are to be provided by a licensed practitioner who is certified by one of the accepted lymphedema training certifying organizations or a graduate of one of the National Lymphedema Network accepted training courses ~~and certified within the past 2 years of such a course~~. The only accepted certifying organization at this time is LANA (Lymphology Association of North America; <http://www.clt-lana.org>). Treatments for lymphedema are not subject to the visit number restrictions found in Guideline Note 6, Rehabilitative Therapies.