



# Oregon

Theodore R. Kulongoski, Governor

## Health Services Commission

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September 3, 2008

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

Dear Senator Courtney:

The Health Services Commission of the Department of Human Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), several interim modifications have been made to the Prioritized List of Health Services appearing in the Commission's March 2005 Report to the Governor and 73<sup>rd</sup> Oregon Legislative Assembly as amended as of April 1, 2008. In accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachments A will supersede the previous definition of these lines. Additionally, the new and revised guidelines appearing in Attachments B through E will be associated with the list to better indicate the appropriate and effective use of State resources in the provision of health care to Oregon Health Plan clients.

Attachment A documents the placement of new ICD-9-CM codes on the Prioritized List (340 changes). In addition, 25 changes were made to remove CPT codes to correct for inappropriate pairings, five to correct for omissions of codes, and one to move a code to a more appropriate line, and three changes due to the addition of new CPT-4 codes.

These changes also include the placement of ICD-9-CM codes (3 changes), CPT-4 codes (113 changes) and HCPCS codes (5 changes) to account for appropriate condition-treatment pairings not previously appearing on the list. Finally, 45 changes reflect the designation of certain codes as ancillary services and 53 involve the designation as diagnostic services.

In addition to the changes outlined in Attachment A, there are some changes being made to the practice guidelines associated with the Prioritized List. New guidelines were adopted related to the treatment of cervical dysplasia and the use of enzyme replacement therapy as shown in Attachment B. Revisions to existing guidelines on bariatric surgery, second solid organ transplants, ventricular assist devices, PET scans, tonsillectomies, pharmacist medication management, the prevention of breast cancer in high risk women, and the treatment of sleep apnea and chronic otitis media are detailed in Attachment C. Additional, changes updating the Prevention Tables associated with the Prioritized List to reflect the latest findings of the US Preventive Services Task Force are given in Appendix D.

Attachment E includes a revised guideline for preventive dental services. Dental cleanings and fluoride applications are being increased from once to two times per calendar year for children through age 18. The commission will monitor the utilization of these services to make sure that this policy change results in these services being provided to more children. If it is found that fewer children are receiving additional services instead, likely due to a limited number of providers serving OHP children, the commission will then decide whether to alter or reverse these changes.

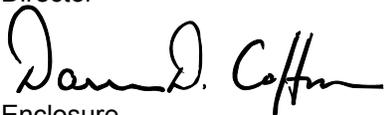
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The changes appearing in Attachments A through E are being forwarded to DMAP who, in consultation with an independent actuarial firm, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, DMAP will determine the effective date for these changes pending approval from CMS, which will be no earlier than October 1, 2008. The change to the preventive dental services guideline in Attachment E is anticipated to have at least some financial impact and further analysis by DMAP will determine the appropriate course of action. This change is not anticipated to be implemented on October 1, 2008 but will go into effect as soon as it is feasible. In the event this or any other technical changes are determined to impact the funding level of this list as defined by DMAP's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

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

Respectfully submitted,

Darren D. Coffman  
Director



Enclosure

cc: Health Services Commission  
Bruce Goldberg, MD, Director, Department of Human Services  
Jim Edge, Administrator, Division of Medical Assistance Programs

## ATTACHMENT A

### Interim Modifications to the October 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on May 22 and August 21, 2008.

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Diagnosis: PREGNANCY (See Guideline Notes 1,2)

Treatment: MATERNITY CARE

Line: 1

ADD 649.70 CERVICAL SHORTENING, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE

ADD 649.71 CERVICAL SHORTENING, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION

ADD 649.73 CERVICAL SHORTENING, ANTEPARTUM CONDITION OR COMPLICATION

ADD 678.00 FETAL HEMATOLOGIC CONDITIONS, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE

ADD 678.01 FETAL HEMATOLOGIC CONDITIONS, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION

ADD 678.03 FETAL HEMATOLOGIC CONDITIONS, ANTEPARTUM CONDITION OR COMPLICATION

ADD 678.10 FETAL CONJOINED TWINS, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE

ADD 678.11 FETAL CONJOINED TWINS, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION

ADD 678.13 FETAL CONJOINED TWINS, ANTEPARTUM CONDITION OR COMPLICATION

ADD 679.00 MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, UNSPECIFIED AS TO EPISODE OF CARE OR NOT

ADD 679.01 MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION

ADD 679.02 MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION

ADD 679.03 MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, ANTEPARTUM CONDITION OR COMPLICATION

ADD 679.04 MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, POSTPARTUM CONDITION OR COMPLICATION

ADD 679.10 FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, UNSPECIFIED AS TO EPISODE OF CARE OR NOT

ADD 679.11 FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION

ADD 679.12 FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION

ADD 679.13 FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, ANTEPARTUM CONDITION OR COMPLICATION

ADD 679.14 FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, POSTPARTUM CONDITION OR COMPLICATION

ADD V23.85 PREGNANCY RESULTING FROM ASSISTED REPRODUCTIVE TECHNOLOGY

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Diagnosis: PREGNANCY (See Guideline Notes 1,2)

Treatment: MATERNITY CARE

Line: 1 (CONT'D)

ADD V23.86 PREGNANCY WITH HISTORY OF IN UTERO PROCEDURE  
DURING PREVIOUS PREGNANCY

ADD V28.81 ENCOUNTER FOR FETAL ANATOMIC SURVEY

ADD V28.82 ENCOUNTER FOR SCREENING FOR RISK OF PRE-TERM LABOR

ADD V28.89 OTHER SPECIFIED ANTENATAL SCREENING

ADD V89.01 SUSPECTED PROBLEM WITH AMNIOTIC CAVITY AND  
MEMBRANE NOT FOUND

ADD V89.02 SUSPECTED PLACENTAL PROBLEM NOT FOUND

ADD V89.03 SUSPECTED FETAL ANOMALY NOT FOUND

ADD V89.04 SUSPECTED PROBLEM WITH FETAL GROWTH NOT FOUND

ADD V89.05 SUSPECTED CERVICAL SHORTENING NOT FOUND

ADD V89.09 OTHER SUSPECTED MATERNAL/FETAL CONDITION NOT FOUND

ADD J2790 INJ RHO D IG HUMN FULL DOSE 300 MCG

NOTE: The new fifth-digit codes 649.70-649.73 being added are already included in the range "640-673" that appears on this line. The new fifth-digit codes V23.85-V23.86 and V28.81-V28.89 being added are classified under existing ICD-9-CM codes V23 and V28, which already appear on this line.

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Diagnosis: BIRTH OF INFANT

Treatment: NEWBORN CARE

Line: 2

ADD 760.61 NEWBORN AFFECTED BY AMNIOCENTESIS

ADD 760.62 NEWBORN AFFECTED BY OTHER IN UTERO PROCEDURE

ADD 760.63 NEWBORN AFFECTED BY OTHER SURGICAL OPERATIONS ON  
MOTHER DURING PREGNANCY

ADD 760.64 NEWBORN AFFECTED BY PREVIOUS SURGICAL PROCEDURE ON  
MOTHER NOT ASSOCIATED WITH PREGNANCY

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Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Prevention Tables)

Treatment: MEDICAL THERAPY

Line: 3

ADD V02.53 METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS

ADD V02.54 METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS

ADD 90681 ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE  
SCHEDULE, LIVE, FOR ORAL USE

ADD 90696 DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS  
VACCINE AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-  
IPV), WHENADMINISTERED TO CHILDREN 4 YEARS  
THROUGH 6 YEARS OF AGE, FOR INTRAMUSCULAR USE

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code V02, which already appears on this line.

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**Interim Modifications to the October 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on May 22 and August 21, 2008.**

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Diagnosis: PREVENTIVE SERVICES, OVER AGE OF 10 (See Prevention Tables) (See Guideline Note 3)

Treatment: MEDICAL THERAPY

Line: 4

ADD V02.53 METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS  
ADD V02.54 METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS  
ADD V07.51 PROPHYLACTIC USE OF SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)  
ADD 90650 HUMAN PAPILLOMAVIRUS (HPV) VACCINE, TYPES 16 AND 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR

NOTE: The new fifth-digit codes V02.53 and V02.54 being added are classified under existing ICD-9-CM code V02, which already appears on this line.

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Diagnosis: CYSTIC FIBROSIS (See Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 26

DELETE 31500 INSERT EMERGENCY AIRWAY  
DELETE 31624 DX BRONCHOSCOPE/LAVAGE  
DELETE 31646 BRONCHOSCOPY, RECLEAR AIRWAY

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Diagnosis: TYPE II DIABETES MELLITUS (See Guideline Notes 1,7,8)

Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI  $\geq$  35 (See Coding Specification)

Line: 33

ADD 90779 UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION  
ADD 92002 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, NEW PATIENT  
ADD 92004 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, NEW PATIENT, ONE OR MORE VISITS  
ADD 92012 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT  
ADD 92014 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, ONE OR MORE VISITS

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Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS

Line: 49

DELETE 519.8 RESP SYSTEM DISEASE NEC

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Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION  
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS  
Line: 49 (CONT'D)

DELETE	31502	CHANGE OF WINDPIPE AIRWAY
DELETE	31630	BRONCHOSCOPY DILATE/FX REPR
DELETE	31631	BRONCHOSCOPY, DILATE W/STENT
DELETE	31635	BRONCHOSCOPY W/FB REMOVAL
DELETE	31636	BRONCHOSCOPY, BRONCH STENTS
DELETE	31637	BRONCHOSCOPY, STENT ADD-ON
DELETE	31638	BRONCHOSCOPY, REVISE STENT
DELETE	31641	BRONCHOSCOPY, TREAT BLOCKAGE

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Diagnosis: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 1,9)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 61

ADD	535.70	EOSINOPHILIC GASTRITIS, WITHOUT MENTION OF HEMORRHAGE
ADD	535.71	EOSINOPHILIC GASTRITIS, WITH HEMORRHAGE
ADD	43227	ESOPH ENDOSCOPY, REPAIR
ADD	43245	UPPR GI SCOPE DILATE STRICTR

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 535, which already appears on this line.

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Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 1,6)  
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)  
Line: 78

ADD	046.11	VARIANT CREUTZFELDT-JAKOB DISEASE
ADD	046.19	OTHER AND UNSPECIFIED CREUTZFELDT-JAKOB DISEASE
ADD	046.71	GERSTMANN-STRÄUSSLER-SCHEINKER SYNDROME
ADD	046.72	FATAL FAMILIAL INSOMNIA
ADD	046.79	OTHER AND UNSPECIFIED PRION DISEASE OF CENTRAL NERVOUS SYSTEM
ADD	337.00	IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSPECIFIED
ADD	337.09	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY
ADD	780.72	FUNCTIONAL QUADRIPLÉGIA
DELETE	31502	CHANGE OF WINDPIPE AIRWAY
DELETE	31622	DX BRONCHOSCOPE/WASH
DELETE	31623	DX BRONCHOSCOPE/BRUSH
DELETE	31624	DX BRONCHOSCOPE/LAVAGE
DELETE	31625	BRONCHOSCOPY W/BIOPSY(S)

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Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,  
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS (See  
Guideline Notes 1,6)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES,  
RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

Line: 78 (CONT'D)

DELETE	31628	BRONCHOSCOPY/LUNG BX, EACH
DELETE	31629	BRONCHOSCOPY/NEEDLE BX, EACH
DELETE	31630	BRONCHOSCOPY DILATE/FX REPR
DELETE	31631	BRONCHOSCOPY, DILATE W/STENT
DELETE	31632	BRONCHOSCOPY/LUNG BX, ADD'L
DELETE	31633	BRONCHOSCOPY/NEEDLE BX ADD'L
DELETE	31635	BRONCHOSCOPY W/FB REMOVAL
DELETE	31636	BRONCHOSCOPY, BRONCH STENTS
DELETE	31637	BRONCHOSCOPY, STENT ADD-ON
DELETE	31638	BRONCHOSCOPY, REVISE STENT
DELETE	31640	BRONCHOSCOPY W/TUMOR EXCISE
DELETE	31641	BRONCHOSCOPY, TREAT BLOCKAGE
DELETE	31643	DIAG BRONCHOSCOPE/CATHETER
DELETE	31645	BRONCHOSCOPY, CLEAR AIRWAYS
DELETE	31646	BRONCHOSCOPY, RECLEAR AIRWAY
DELETE	31656	BRONCHOSCOPY, INJ FOR X-RAY
DELETE	95991	SPIN/BRAIN PUMP REFIL & MAIN

NOTE: The new fifth-digit codes 046.11-046.19 and 046.71-046.79 being added are classified under existing ICD-9-CM code 046, which already appears on this line. The new fifth-digit codes 337.00 and 337.09 being added are classified under existing ICD-9-CM code 337.0, which already appears on this line.

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Diagnosis: FRACTURE OF HIP, CLOSED (See Guideline Notes 6,15)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 89

ADD	733.96	STRESS FRACTURE OF FEMORAL NECK
DELETE	29730	WINDOWING OF CAST

Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS  
(See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 90

ADD	33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE
ADD	33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR
ADD	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE

**Interim Modifications to the October 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on May 22 and August 21, 2008.**

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Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS  
(See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 90 (CONT'D)

ADD 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, BIVENTRICULAR

NOTE: Change CPT range "33979-33980" to "33975-33980".

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Diagnosis: DISORDERS OF PANCREATIC ENDOCRINE SECRETION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 93

ADD 249.00 SECONDARY DIABETES MELLITUS WITHOUT MENTION OF  
COMPLICATION, NOT STATED AS UNCONTROLLED, OR  
UNSPECIFIED

ADD 249.01 SECONDARY DIABETES MELLITUS WITHOUT MENTION OF  
COMPLICATION, UNCONTROLLED

ADD 249.10 SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT  
STATED AS UNCONTROLLED, OR UNSPECIFIED

ADD 249.11 SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS,  
UNCONTROLLED

ADD 249.20 SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY,  
NOT STATED AS UNCONTROLLED, OR UNSPECIFIED

ADD 249.21 SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY,  
UNCONTROLLED

ADD 249.30 SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT  
STATED AS UNCONTROLLED, OR UNSPECIFIED

ADD 249.31 SECONDARY DIABETES MELLITUS WITH OTHER COMA,  
UNCONTROLLED

ADD 249.40 SECONDARY DIABETES MELLITUS WITH RENAL  
MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR  
UNSPECIFIED

ADD 249.41 SECONDARY DIABETES MELLITUS WITH RENAL  
MANIFESTATIONS, UNCONTROLLED

ADD 249.50 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC  
MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR  
UNSPECIFIED

ADD 249.51 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC  
MANIFESTATIONS, UNCONTROLLED

ADD 249.60 SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL  
MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR  
UNSPECIFIED

ADD 249.61 SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL  
MANIFESTATIONS, UNCONTROLLED

ADD 249.70 SECONDARY DIABETES MELLITUS WITH PERIPHERAL  
CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED,  
OR UNSPECIFIED

**Interim Modifications to the October 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on May 22 and August 21, 2008.**

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Diagnosis: DISORDERS OF PANCREATIC ENDOCRINE SECRETION  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 93 (CONT'D)

- ADD 249.71 SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED
- ADD 249.80 SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
- ADD 249.81 SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, UNCONTROLLED
- ADD 249.90 SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
- ADD 249.91 SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, UNCONTROLLED

NOTE: The new fifth-digit codes being added are classified under the new ICD-9-CM code 249, which will appear on this line.

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Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM (See Guideline Note 1)  
Treatment: RECONSTRUCTION  
Line: 96

- ADD 55175 SCROTOPLASTY; SIMPLE
- ADD 55180 SCROTOPLASTY; COMPLICATED

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 97

- ADD 777.50 NECROTIZING ENTEROCOLITIS IN NEWBORN, UNSPECIFIED
- ADD 777.51 STAGE I NECROTIZING ENTEROCOLITIS IN NEWBORN
- ADD 777.52 STAGE II NECROTIZING ENTEROCOLITIS IN NEWBORN
- ADD 777.53 STAGE III NECROTIZING ENTEROCOLITIS IN NEWBORN

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 777.5, which already appears on this line.

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Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 1,7,11)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION  
Line: 102

- ADD 204.02 ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
- DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

NOTE: The new fifth-digit code being added is classified under existing ICD-9-CM code 204.0, which already appears on this line.

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Diagnosis: ACUTE LEUKEMIAS, MYELOYDYSPLASTIC SYNDROME (See Guideline Notes 1,7,11,14)

Treatment: BONE MARROW TRANSPLANT

Line: 103

ADD 204.02 ACUTE LYMPHOID LEUKEMIA, IN RELAPSE  
ADD 205.02 ACUTE MYELOID LEUKEMIA, IN RELAPSE  
ADD 206.02 ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE  
ADD 207.02 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE  
ADD 208.02 ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN  
ADD 238.77 POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER

NOTE: The new fifth-digit codes 204.02, 205.02, 206.02, 207.02, 208.02, and 238.77 being added are classified under existing ICD-9-CM codes 204.0, 205.0, 206.0, 207.0, 208.0, and 238.7, which already appear on this line.

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Diagnosis: DIABETIC AND OTHER RETINOPATHY

Treatment: LASER SURGERY

Line: 107

ADD 362.20 RETINOPATHY OF PREMATURITY, UNSPECIFIED  
ADD 362.22 RETINOPATHY OF PREMATURITY, STAGE 0  
ADD 362.23 RETINOPATHY OF PREMATURITY, STAGE 1  
ADD 362.24 RETINOPATHY OF PREMATURITY, STAGE 2  
ADD 362.25 RETINOPATHY OF PREMATURITY, STAGE 3  
ADD 362.26 RETINOPATHY OF PREMATURITY, STAGE 4  
ADD 362.27 RETINOPATHY OF PREMATURITY, STAGE 5

NOTE: The new fifth-digit codes 362.20 and 362.22-362.27 being added are already included in the range "362.1-362.2" that appears on this line.

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Diagnosis: HEART FAILURE (See Guideline Notes 1,6,18)

Treatment: MEDICAL THERAPY

Line: 109

ADD 33975 INSERTION OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, SINGLE VENTRICLE  
ADD 33976 INSERTION OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, BIVENTRICULAR  
ADD 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, SINGLE VENTRICLE  
ADD 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, BIVENTRICULAR

NOTE: Change CPT range "33979-33980" to "33975-33980".

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Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL  
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See  
Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 112

DELETE 46600 DIAGNOSTIC ANOSCOPY

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Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See  
Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 114

ADD V87.01 CONTACT WITH AND (SUSPECTED) EXPOSURE TO ARSENIC

ADD V87.09 CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER  
HAZARDOUS METALS

ADD V87.11 CONTACT WITH AND (SUSPECTED) EXPOSURE TO AROMATIC  
AMINES

ADD V87.12 CONTACT WITH AND (SUSPECTED) EXPOSURE TO BENZENE

ADD V87.19 CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER  
HAZARDOUS AROMATIC COMPOUNDS

ADD V87.2 CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER  
POTENTIALLY HAZARDOUS CHEMICALS

ADD V87.31 CONTACT WITH AND (SUSPECTED) EXPOSURE TO MOLD

ADD V87.39 CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER  
POTENTIALLY HAZARDOUS SUBSTANCES

DELETE 43226 ESOPH ENDOSCOPY, DILATION

DELETE 43242 UPPR GI ENDOSCOPY W/US FN BX

DELETE 43243 UPPER GI ENDOSCOPY & INJECT

DELETE 43244 UPPER GI ENDOSCOPY/LIGATION

DELETE 43245 UPPR GI SCOPE DILATE STRICTR

NOTE: The new fifth-digit codes being added are classified under the new ICD-9-CM codes V87.0-V87.3, which will appear on this line.

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Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS

Treatment: REMOVAL OF FOREIGN BODY

Line: 127

DELETE 31635 BRONCHOSCOPY W/FB REMOVAL

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Diagnosis: AMEBIASIS

Treatment: MEDICAL THERAPY

Line: 131

ADD 136.21 SPECIFIC INFECTION DUE TO ACANTHAMOEBA

ADD 136.29 OTHER SPECIFIC INFECTIONS BY FREE-LIVING AMEBAE

ADD 64483 INJ FORAMEN EPIDURAL L/S

ADD 64484 INJ FORAMEN EPIDURAL ADD-ON

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Diagnosis: AMEBIASIS  
Treatment: MEDICAL THERAPY  
Line: 131 (CONT'D)

- ADD 92002 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, NEW PATIENT
- ADD 92004 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, NEW PATIENT, ONE OR MORE VISITS
- ADD 92012 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT
- ADD 92014 OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, ONE OR MORE VISITS
- ADD 92015 REFRACTION
- ADD 92018 NEW EYE EXAM & TREATMENT
- ADD 92019 OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; LIMITED
- ADD 92020 SPECIAL EYE EVALUATION
- ADD 92025 COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATER OR BILATERL, WITH INTERPRETATION AND REPORT
- ADD 92060 SPECIAL EYE EVALUATION
- ADD 92070 FITTING OF CONTACT LENS
- ADD 92081 VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTO PLOT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT)
- ADD 92082 VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; INTERMEDIATE EXAMINATION (EG, AT LEAST 2 ISOPTERS ON GOLDMANN PERIMETER, OR SEMIQUANTITATIVE, AUTOMATED SUPRATHRESHOLD SCREENING PROGRAM, HUMPHREY SUPRATHRESHOLD AUTOMATIC
- ADD 92083 VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; EXTENDED EXAMINATION (EG, GOLDMANN VISUAL FIELDS WITH AT LEAST 3 ISOPTERS PLOTTED AND STATIC DETERMINATION WITHIN THE CENTRAL 30°, OR QUANTITATIVE, AUTOMATED THRESHOLD PERI
- ADD 92100 SERIAL TONOMETRY EXAM(S)

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Diagnosis: AMEBIASIS

Treatment: MEDICAL THERAPY

Line: 131 (CONT'D)

ADD 92120 TONOGRAPHY & EYE EVALUATION  
ADD 92130 WATER PROVOCATION TONOGRAPHY  
ADD 92135 OPHTHALMIC DX IMAGING  
ADD 92136 OPHTHALMIC BIOMETRY  
ADD 92140 GLAUCOMA PROVOCATIVE TESTS  
ADD 92225 SPECIAL EYE EXAM, INITIAL  
ADD 92226 SPECIAL EYE EXAM, SUBSEQUENT  
ADD 92230 FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT  
ADD 92235 FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT  
ADD 92250 FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT  
ADD 92260 OPHTHALMOSCOPY/DYNAMOMETRY  
ADD 92265 EYE MUSCLE EVALUATION  
ADD 92270 ELECTRO-OCULOGRAPHY  
ADD 92275 ELECTRORETINOGRAPHY  
ADD 92283 COLOR VISION EXAMINATION  
ADD 92284 DARK ADAPTATION EYE EXAM  
ADD 92285 EYE PHOTOGRAPHY  
ADD 92286 SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY AND CELL COUNT  
ADD 92287 SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN ANGIOGRAPHY  
ADD 92310 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA  
ADD 92311 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE  
ADD 92312 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES  
ADD 92313 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOSCLERAL LENS

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Diagnosis: AMEBIASIS  
Treatment: MEDICAL THERAPY  
Line: 131 (CONT'D)

- ADD 92314 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS, BOTH EYES EXCEPT FOR APHAKIA
- ADD 92315 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, ONE EYE
- ADD 92316 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, BOTH EYES
- ADD 92317 PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEOSCLERAL LENS
- ADD 92325 MODIFICATION OF CONTACT LENS
- ADD 92326 REPLACEMENT OF CONTACT LENS
- ADD 92340 FITTING OF SPECTACLES, EXCEPT FOR APHAKIA;
- ADD 92341 FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL
- ADD 92342 FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL
- ADD 92352 FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL
- ADD 92353 FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL
- ADD 92358 EYE PROSTHESIS SERVICE
- ADD 92370 REPAIR AND REFITTING SPECTACLES; EXCEPT FOR
- ADD 92371 REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA

NOTE: The new fifth-digit codes 136.21 and 136.29 being added are classified under existing ICD-9-CM code 136.2, which will appear on this line.

---

Diagnosis: BENIGN NEOPLASM OF THE BRAIN (See Guideline Note 1)  
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY,  
WHICH INCLUDES RADIATION THERAPY  
Line: 138

- DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN
-

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-----  
Diagnosis: OPEN FRACTURE/DISLOCATION OF EXTREMETIES (See Guideline Note 6)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 144

DELETE	29125	APPLY FOREARM SPLINT
DELETE	29730	WINDOWING OF CAST
DELETE	29740	WEDGING OF CAST

NOTE: Change CPT range "29035-29131" to "29035-29105,29126-29131" and CPT range "29720-29740" to "29720".

-----  
Diagnosis: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Note 1)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 150

ADD	66180	IMPLANT EYE SHUNT
ADD	67255	REINFORCE/GRAFT EYE WALL

-----  
Diagnosis: PNEUMOTHORAX AND HEMOTHORAX  
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY  
Line: 154

ADD	511.81	MALIGNANT PLEURAL EFFUSION
ADD	511.89	OTHER SPECIFIED FORMS OF EFFUSION, EXCEPT TUBERCULOUS

NOTE: The new fifth-digit codes 511.81 and 511.89 being added are classified under existing ICD-9-CM code 511.8, which already appears on this line.

-----  
Diagnosis: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS (See Guideline Note 1)  
Treatment: MEDICAL THERAPY  
Line: 165

DELETE	136.2	FREE-LIVING AMEBA INFECT
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Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,23)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 168

ADD	209.00	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION
ADD	209.01	MALIGNANT CARCINOID TUMOR OF THE DUODENUM
ADD	209.02	MALIGNANT CARCINOID TUMOR OF THE JEJUNUM
ADD	209.03	MALIGNANT CARCINOID TUMOR OF THE ILEUM
ADD	209.10	MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION
ADD	209.11	MALIGNANT CARCINOID TUMOR OF THE APPENDIX
ADD	209.12	MALIGNANT CARCINOID TUMOR OF THE CECUM

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Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,23)

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

Line: 168 (CONT'D)

ADD 209.13 MALIGNANT CARCINOID TUMOR OF THE ASCENDING COLON  
ADD 209.14 MALIGNANT CARCINOID TUMOR OF THE TRANSVERSE COLON  
ADD 209.15 MALIGNANT CARCINOID TUMOR OF THE DESCENDING COLON  
ADD 209.16 MALIGNANT CARCINOID TUMOR OF THE SIGMOID COLON  
ADD 209.17 MALIGNANT CARCINOID TUMOR OF THE RECTUM  
ADD 569.44 DYSPLASIA OF ANUS

NOTE: The new fifth-digit codes being added are classified under the new ICD-9-CM codes 209.0-209.1, which will appear on this line.

---

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS (See Guideline Note 1)

Treatment: EXCISION OF POLYP

Line: 174

ADD 209.50 BENIGN CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION  
ADD 209.51 BENIGN CARCINOID TUMOR OF THE APPENDIX  
ADD 209.52 BENIGN CARCINOID TUMOR OF THE CECUM  
ADD 209.53 BENIGN CARCINOID TUMOR OF THE ASCENDING COLON  
ADD 209.54 BENIGN CARCINOID TUMOR OF THE TRANSVERSE COLON  
ADD 209.55 BENIGN CARCINOID TUMOR OF THE DESCENDING COLON  
ADD 209.56 BENIGN CARCINOID TUMOR OF THE SIGMOID COLON  
ADD 209.57 BENIGN CARCINOID TUMOR OF THE RECTUM

NOTE: The new fifth-digit codes being added are classified under the new ICD-9-CM code 209.5, which will appear on this line.

---

Diagnosis: COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18 (See Guideline Note 24)

Treatment: REPAIR

Line: 176

NOTE: Change diagnosis description to "COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE (See Guideline Note 24)".

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Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 1,7,11)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 182

ADD 205.02 ACUTE MYELOID LEUKEMIA, IN RELAPSE  
ADD 206.02 ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE  
ADD 207.02 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE  
ADD 208.02 ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REL

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---

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 1,7,11)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION  
Line: 182 (CONT'D)

DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

NOTE: The new fifth-digit codes 205.02, 206.02, 207.02, and 208.02 being added are classified under existing ICD-9-CM codes 205.0, 206.0, 207.0, and 208.0, which already appear on this line.

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Diagnosis: SEPTICEMIA  
Treatment: MEDICAL THERAPY  
Line: 189

ADD 038.12 METHICILLIN SUSCEPTIBLE STAPHYLOCCOCUS AUREUS  
SEPTICEMIA

NOTE: The new fifth-digit code being added is classified under existing ICD-9-CM code 038, which already appears on this line.

---

Diagnosis: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Note 6)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 190

ADD 733.98 STRESS FRACTURE OF PELVIS

Diagnosis: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 1,6,13)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 196

ADD 414.3 CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE

NOTE: The new fourth-digit code being added is already included in the range "412-414" that appears on this line.

---

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Coding Specification) (See Guideline Notes 1,3,7,11,26)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION  
Line: 198

ADD 611.83 CAPSULAR CONTRACTURE OF BREAST IMPLANT  
ADD 612.0 DEFORMITY OF RECONSTRUCTED BREAST  
ADD 612.1 DISPROPORTION OF RECONSTRUCTED BREAST  
ADD V51.0 ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING  
MASTECTOMY

DELETE 19120 REMOVAL OF BREAST LESION

NOTE: The new fourth-digit codes 612.0 and 612.1 being added are classified under the new ICD-9-CM code 612, which will appear on this line.

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Diagnosis: MULTIPLE MYELOMA (See Guideline Notes 7,11,14)

Treatment: BONE MARROW TRANSPLANT

Line: 199

ADD 203.02 MULTIPLE MYELOMA, IN RELAPSE  
ADD 203.12 PLASMA CELL LEUKEMIA, IN RELAPSE  
ADD 203.82 OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 203, which already appears on this line.

---

Diagnosis: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDRES OF THE SPLEEN (See Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 200

ADD 289.84 HEPARIN-INDUCED THROMBOCYTOPENIA (HIT)

NOTE: The new fifth-digit code being added is classified under existing ICD-9-CM code 289.8, which already appears on this line.

---

Diagnosis: ACUTE PANCREATITIS

Treatment: MEDICAL THERAPY

Line: 201

ADD 43260 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)  
ADD 43261 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE  
ADD 43262 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY  
ADD 43263 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI (PANCREATIC DUCT OR COMMON BILE DUCT)  
ADD 43264 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF CALCULUS/CALCULI FROM BILIARY AND/OR PANCREATIC DUCTS  
ADD 43265 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF CALCULUS/CALCULI, ANY METHOD  
ADD 43267 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF NASOBILIARY OR NASOPANCREATIC DRAINAGE TUBE  
ADD 43268 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF TUBE OR STENT INTO BILE OR PANCREATIC DUCT

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Diagnosis: ACUTE PANCREATITIS  
Treatment: MEDICAL THERAPY  
Line: 201 (CONT'D)

ADD 43269 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY  
(ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF  
FOREIGN BODY AND/OR CHANGE OF TUBE OR STENT  
ADD 43271 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY  
(ERCP); WITH ENDOSCOPIC RETROGRADE BALLOON  
DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC  
ADD 43272 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY  
(ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR  
OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT  
BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE

NOTE: Add CPT range "43260-43272".

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Diagnosis: CONGENITAL CYSTIC LUNG - MILD AND MODERATE  
Treatment: LUNG RESECTION, MEDICAL THERAPY  
Line: 205

ADD 32800 REPAIR LUNG HERNIA

---

Diagnosis: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Note 1)  
Treatment: MEDICAL THERAPY  
Line: 206

ADD 571.42 AUTOIMMUNE HEPATITIS

NOTE: The new fifth-digit code being added is classified under existing ICD-9-CM code 571.4, which already appears on this line.

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Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA,  
BRONCHOPNEUMONIA  
Treatment: MEDICAL THERAPY  
Line: 214

ADD 482.42 METHICILLIN RESISTANT PNEUMONIA DUE TO  
STAPHYLOCOCCUS AUREUS  
DELETE 31645 BRONCHOSCOPY, CLEAR AIRWAYS  
DELETE 31646 BRONCHOSCOPY, RECLEAR AIRWAY

NOTE: The new fifth-digit code being added is already included in the range "481-483" that appears on this line.

---

Diagnosis: SUPERFICIAL ABSCESSSES AND CELLULITIS (See Coding Specification)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 215

DELETE 31500 INSERT EMERGENCY AIRWAY  
DELETE 31502 CHANGE OF WINDPIPE AIRWAY

NOTE: Change CPT range "31360-31502" to "31360-31420".

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-----  
Diagnosis: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11)

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

Line: 221

ADD 237.4 UNCER NEO ENDOCRINE NEC

-----  
Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 1,7,11,19,29)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION

Line: 222

ADD 238.77 POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER

NOTE: The new fifth-digit code being added is already included in the range "238.5-238.7" that appears on this line.

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

Treatment: MEDICAL THERAPY

Line: 226

DELETE 695.1 ERYTHEMA MULTIFORME

ADD 695.12 ERYTHEMA MULTIFORME MAJOR

ADD 695.13 STEVENS-JOHNSON SYNDROME

ADD 695.14 STEVENS-JOHNSON SYNDROME-TOXIC EPIDERMAL NECROLYSIS OVERLAP SYNDROME

ADD 695.15 TOXIC EPIDERMAL NECROLYSIS

NOTE: Change diagnosis description to "TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM". Change ICD-9-CM code "695.1" to "695.12-695.15". Other new fifth-digit codes within 695.1 are being placed on Line 594.

-----  
Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11)

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

Line: 229

ADD 209.24 MALIGNANT CARCINOID TUMOR OF THE KIDNEY

-----  
Diagnosis: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11)

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

Line: 230

ADD 209.23 MALIGNANT CARCINOID TUMOR OF THE STOMACH

DELETE 43250 UPPER GI ENDOSCOPY/TUMOR

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Diagnosis: PULMONARY FIBROSIS (See Guideline Note 1)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 233

DELETE 31624 DX BRONCHOSCOPE/LAVAGE

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Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Note 1)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 238

ADD 275.5 HUNGRY BONE SYNDROME

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Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS  
Treatment: MEDICAL THERAPY  
Line: 248

DELETE 31502 CHANGE OF WINDPIPE AIRWAY  
DELETE 31645 BRONCHOSCOPY, CLEAR AIRWAYS  
DELETE 31646 BRONCHOSCOPY, RECLEAR AIRWAY

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Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 1,7,11)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION  
Line: 249

ADD 203.02 MULTIPLE MYELOMA, IN RELAPSE  
ADD 204.02 ACUTE LYMPHOID LEUKEMIA, IN RELAPSE  
DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

---

NOTE: The new fifth-digit codes 203.02 and 204.02 being added are classified under existing ICD-9-CM codes 203.0 and 204.0, which already appear on this line.

---

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER (See Guideline Notes 1,16)  
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT  
Line: 253

ADD 777.50 NECROTIZING ENTEROCOLITIS IN NEWBORN, UNSPECIFIED  
ADD 777.51 STAGE I NECROTIZING ENTEROCOLITIS IN NEWBORN  
ADD 777.52 STAGE II NECROTIZING ENTEROCOLITIS IN NEWBORN  
ADD 777.53 STAGE III NECROTIZING ENTEROCOLITIS IN NEWBORN

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NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 777.5, which already appears on this line.

---

Diagnosis: CHRONIC OSTEOMYELITIS (See Guideline Notes 1,6)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 271

ADD 28800 AMPUTATION OF MIDFOOT  
ADD 28805 AMPUTATION THRU METATARSAL

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Diagnosis: CHRONIC OSTEOMYELITIS (See Guideline Notes 1,6)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 271 (CONT'D)

ADD 28825 PARTIAL AMPUTATION OF TOE

NOTE: Change CPT range "28810,28820" to "28800-28825".

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Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME (See Guideline Notes 1,7,11)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 276

ADD 209.20 MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE  
ADD 209.22 MALIGNANT CARCINOID TUMOR OF THE THYMUS  
ADD 209.25 MALIGNANT CARCINOID TUMOR OF FOREGUT, NOT OTHERWISE SPECIFIED  
ADD 209.26 MALIGNANT CARCINOID TUMOR OF MIDGUT, NOT OTHERWISE SPECIFIED  
ADD 209.27 MALIGNANT CARCINOID TUMOR OF HINDGUT, NOT OTHERWISE SPECIFIED  
ADD 209.29 MALIGNANT CARCINOID TUMOR OF OTHER SITES  
ADD J2353 INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG  
ADD J2354 INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG

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Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 277

ADD 99374 HOME HEALTH CARE SUPERVISION

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Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,19)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
Line: 278

ADD 209.21 MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG  
DELETE 31636 BRONCHOSCOPY, BRONCH STENTS  
DELETE 31637 BRONCHOSCOPY, STENT ADD-ON  
DELETE 31638 BRONCHOSCOPY, REVISE STENT  
DELETE 31640 BRONCHOSCOPY W/TUMOR EXCISE  
DELETE 31641 BRONCHOSCOPY, TREAT BLOCKAGE

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Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,19)

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

Line: 278 (CONT'D)

DELETE 31643 DIAG BRONCHOSCOPE/CATHETER  
DELETE 31645 BRONCHOSCOPY, CLEAR AIRWAYS

NOTE: Delete CPT range "31636-31645".

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Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes 1,6,16,18)

Treatment: CARDIAC TRANSPLANT

Line: 279

ADD 414.3 CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE  
ADD 33979 INSERT INTRACORPOREAL DEVICE  
ADD 33980 REMOVE INTRACORPOREAL DEVICE

NOTE: The new fourth-digit code being added is classified under existing ICD-9-CM code 414, which already appears on this line. Change CPT range "33975-33978" to "33975-33980".

---

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA (See Guideline Notes 7,11,14)

Treatment: BONE MARROW TRANSPLANT

Line: 280

ADD 205.12 CHRONIC MYELOID LEUKEMIA, IN RELAPSE  
ADD 206.12 CHRONIC MONOCYTIC LEUKEMIA, IN RELAPSE

NOTE: The new fifth-digit codes 205.12 and 206.12 being added are classified under existing ICD-9-CM codes 205.1 and 206.1, which already appear on this line.

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Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 1,6)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 287

ADD 28810 AMPUTATION TOE & METATARSAL

NOTE: Change CPT range "28800-28805" to "28800-28810".

---

Diagnosis: DEFORMITY/CLOSED DISLOCATION OF JOINT (See Guideline Note 6)

Treatment: SURGICAL TREATMENT

Line: 296

DELETE 29125 APPLY FOREARM SPLINT  
DELETE 29730 WINDOWING OF CAST

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-----  
Diagnosis: DEFORMITY/CLOSED DISLOCATION OF JOINT (See Guideline Note 6)  
Treatment: SURGICAL TREATMENT  
Line: 296 (CONT'D)

DELETE 29740 WEDGING OF CAST  
ADD 29834 ELBOW ARTHROSCOPY/SURGERY

NOTE: Change CPT range "29049-29131" to "29049-29105,29126-29131". Change CPT range "29590-29750" to "29590-29720,29750".

-----  
Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Note 31)  
Treatment: COCHLEAR IMPLANT  
Line: 297

DELETE 69710 IMPLANT/REPLACE HEARING AID  
DELETE 69711 REMOVE/REPAIR HEARING AID

-----  
Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Note 6)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 307

ADD 199.2 MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANT  
ADD 279.50 GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED  
ADD 279.51 ACUTE GRAFT-VERSUS-HOST DISEASE  
ADD 279.52 CHRONIC GRAFT-VERSUS-HOST DISEASE  
ADD 279.53 ACUTE ON CHRONIC GRAFT-VERSUS-HOST DISEASE  
ADD 997.31 VENTILATOR ASSOCIATED PNEUMONIA  
ADD 997.39 OTHER RESPIRATORY COMPLICATIONS  
ADD 998.30 DISRUPTION OF WOUND, UNSPECIFIED  
ADD 998.33 DISRUPTION OF TRAUMATIC WOUND REPAIR  
ADD 999.81 EXTRAVASATION OF VESICANT CHEMOTHERAPY  
ADD 999.82 EXTRAVASATION OF OTHER VESICANT AGENT  
ADD 999.88 OTHER INFUSION REACTION  
ADD 999.89 OTHER TRANSFUSION REACTION  
DELETE 36575 REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE  
DELETE 36576 REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE  
DELETE 36578 REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE  
DELETE 36580 REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCESS

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Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 307 (CONT'D)

DELETE	36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCESS
DELETE	36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME VENOUS ACCESS
DELETE	36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP, THROUGH SAME VENOUS ACCESS
DELETE	36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCESS
DELETE	36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME VENOUS ACCESS

NOTE: The new fifth-digit codes 279.50-279.53 being added are classified under the new ICD-9-CM code 279.5, which will appear on this line. The new fifth-digit codes 997.31-999.39 and 998.30-998.33 being added are already included in the ranges "997.0-997.5" and "998.2-998.3". The new fifth-digit codes 999.81-999.89 being added are classified under existing ICD-9-CM code 999.8, which already appears on this line.

---

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 1,7,11)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY

Line: 309

ADD	203.12	PLASMA CELL LEUKEMIA, IN RELAPSE
ADD	203.82	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
ADD	204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
ADD	204.22	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
ADD	204.82	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
ADD	204.92	UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
ADD	205.12	CHRONIC MYELOID LEUKEMIA, IN RELAPSE
ADD	205.22	SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
ADD	205.32	MYELOID SARCOMA, IN RELAPSE
ADD	205.82	OTHER MYELOID LEUKEMIA, IN RELAPSE
ADD	205.92	UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
ADD	206.12	CHRONIC MONOCYTIC LEUKEMIA, IN RELAPSE
ADD	206.22	SUBACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
ADD	206.82	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
ADD	206.92	UNSPECIFIED MONOCYTIC LEUKEMIA, IN RELAPSE

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Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 1,7,11)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY

Line: 309 (CONT'D)

ADD 207.12 CHRONIC ERYTHREMIA, IN RELAPSE  
ADD 207.22 MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE  
ADD 207.82 OTHER SPECIFIED LEUKEMIA, IN RELAPSE  
ADD 208.12 CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE  
ADD 208.22 SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE  
ADD 208.82 OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, IN  
ADD 208.92 UNSPECIFIED LEUKEMIA, IN RELAPSE

NOTE: The new fifth-digit code 203.12 being added is classified under existing ICD-9-CM code 203.1, which already appears on this line. The new fifth-digit codes of the form 204.x2, 205.x2, 206.x2, 207.x2, and 208.x2 being added are already included in the ranges "204.1-204.9", "205.1-205.9", "206.1-206.9", "207.1-207.8", and "208.1-208.9".

---

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 1,6)

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

Line: 317

ADD 046.11 VARIANT CREUTZFELDT-JAKOB DISEASE  
ADD 046.19 OTHER AND UNSPECIFIED CREUTZFELDT-JAKOB DISEASE  
ADD 046.71 GERSTMANN-STRÄUSSLER-SCHEINKER SYNDROME  
ADD 046.72 FATAL FAMILIAL INSOMNIA  
ADD 046.79 OTHER AND UNSPECIFIED PRION DISEASE OF CENTRAL NERVOUS SYSTEM  
ADD 337.00 IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSPECIFIED  
ADD 337.09 OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY  
ADD 780.72 FUNCTIONAL QUADRIPLÉGIA  
DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

NOTE: The new fifth-digit codes 046.11-046.19 and 046.71-046.79 being added are classified under existing ICD-9-CM code 046, which already appears on this line. The new fifth-digit codes 337.00 and 337.09 being added are classified under existing ICD-9-CM code 337.0, which already appears on this line.

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-----  
Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT  
IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11)

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

Line: 319

DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN-----

-----  
Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER  
THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11,33)

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

Line: 337

DELETE 43216 ESOPHAGUS ENDOSCOPY/LESION

ADD 43228 ESOPH ENDOSCOPY, ABLATION

DELETE 43250 UPPER GI ENDOSCOPY/TUMOR

ADD 43256 UPPR GI ENDOSCOPY W/STENT

NOTE: Change CPT range "43248-43250" to "43248-43249".

-----  
Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A  
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 1,7,11)

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

Line: 354

DELETE A9507 INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER  
STUDY DOSE, UP TO 10 MILLICURIES

-----  
Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS (See Guideline  
Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 366

ADD 33975 INSERTION OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, SINGLE VENTRICLE

ADD 33976 INSERTION OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, BIVENTRICULAR

ADD 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, SINGLE VENTRICLE

ADD 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE;  
EXTRACORPOREAL, BIVENTRICULAR

NOTE: Change CPT range "33979-33980" to "33975-33980".

-----  
Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC  
CONDITIONS (See Guideline Notes 1,6)

Treatment: MEDICAL THERAPY

Line: 372

ADD 046.11 VARIANT CREUTZFELDT-JAKOB DISEASE

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-----  
Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC  
CONDITIONS (See Guideline Notes 1,6)

Treatment: MEDICAL THERAPY  
Line: 372 (CONT'D)

ADD 046.19 OTHER AND UNSPECIFIED CREUTZFELDT-JAKOB DISEASE  
ADD 046.71 GERSTMANN-STRÄUSSLER-SCHEINKER SYNDROME  
ADD 046.72 FATAL FAMILIAL INSOMNIA  
ADD 046.79 OTHER AND UNSPECIFIED PRION DISEASE OF CENTRAL  
NERVOUS SYSTEM  
ADD 337.00 IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY,  
UNSPECIFIED  
ADD 337.09 OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY  
ADD 780.72 FUNCTIONAL QUADRIPLÉGIA

NOTE: The new fifth-digit codes 046.11-046.19 and 046.71-046.79 being added  
are classified under existing ICD-9-CM code 046, which already appears  
on this line. The new fifth-digit codes 337.00 and 337.09 being added  
are classified under existing ICD-9-CM code 337.0, which already appears  
on this line.

-----  
Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline Note 6)

Treatment: OPEN OR CLOSED REDUCTION  
Line: 379

ADD 733.97 STRESS FRACTURE OF SHAFT OF FEMUR  
DELETE 29125 APPLY FOREARM SPLINT  
DELETE 29730 WINDOWING OF CAST  
DELETE 29740 WEDGING OF CAST

NOTE: Change CPT range "29049-29131" to "29049-29105,29126-29131" and CPT  
range "29720-29740" to "29720".

-----  
Diagnosis: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE;  
HYPERTROPHY OF TONSILS AND ADENOIDS; ULCER OF TONSIL (See  
Guideline Note 36)

Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY  
Line: 392

DELETE 474.1 HYPERTROPHY OF TONSILS AND ADENOIDS

NOTE: Change diagnosis description to "STREPTOCOCCAL SORE THROAT AND SCARLET  
FEVER; VINCENT'S DISEASE; ULCER OF TONSIL".

-----  
Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline  
Notes 1,6,37)

Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 397

DELETE 62284 INJECTION FOR MYELOGRAM  
DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

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Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS  
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY  
Line: 399

ADD	209.61	BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG
ADD	209.62	BENIGN CARCINOID TUMOR OF THE THYMUS
DELETE	31636	BRONCHOSCOPY, BRONCH STENTS
DELETE	31637	BRONCHOSCOPY, STENT ADD-ON
DELETE	31638	BRONCHOSCOPY, REVISE STENT
DELETE	31640	BRONCHOSCOPY W/TUMOR EXCISE

NOTE: Delete CPT range "31636-31640".

---

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS,  
EXCLUDING THE KNEE, GRADE II AND III (See Guideline Note 6)  
Treatment: REPAIR  
Line: 403

DELETE	29125	APPLY FOREARM SPLINT
DELETE	29730	WINDOWING OF CAST
DELETE	29740	WEDGING OF CAST

NOTE: Change CPT range "29065-29280" to "29065-29105,29126-29280".

---

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF  
INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS  
THAT CAUSE NEUROLOGICAL DYSFUNCTION (See Guideline Notes 1,6,38)  
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)  
Line: 404

ADD	046.11	VARIANT CREUTZFELDT-JAKOB DISEASE
ADD	046.19	OTHER AND UNSPECIFIED CREUTZFELDT-JAKOB DISEASE
ADD	046.71	GERSTMANN-STRÄUSSLER-SCHEINKER SYNDROME
ADD	046.72	FATAL FAMILIAL INSOMNIA
ADD	046.79	OTHER AND UNSPECIFIED PRION DISEASE OF CENTRAL NERVOUS SYSTEM
ADD	337.00	IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSP
ADD	337.09	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY
ADD	780.72	FUNCTIONAL QUADRIPLÉGIA

NOTE: The new fifth-digit codes 046.11-046.19 and 046.71-046.79 being added are classified under existing ICD-9-CM code 046, which already appears on this line. The new fifth-digit codes 337.00 and 337.09 being added are classified under existing ICD-9-CM code 337.0, which already appears on this line.

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Diagnosis: ESOPHAGEAL STRICTURE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 406

DELETE	43245	UPPR GI SCOPE DILATE STRICTR
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Diagnosis: CHRONIC ULCER OF SKIN (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 407

ADD	707.20	PRESSURE ULCER, UNSPECIFIED STAGE
ADD	707.21	PRESSURE ULCER, STAGE I
ADD	707.22	PRESSURE ULCER, STAGE II
ADD	707.23	PRESSURE ULCER, STAGE III
ADD	707.24	PRESSURE ULCER, STAGE IV
ADD	707.25	PRESSURE ULCER, UNSTAGEABLE
ADD	15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN
ADD	15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF
ADD	15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS/CHILDREN
ADD	15336	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF
ADD	15340	APPLY CULT SKIN SUBSTITUTE
ADD	15341	APPLY CULT SKIN SUB ADD-ON

NOTE: The new fifth-digit codes 707.20-707.25 being added are classified under existing ICD-9-CM code 707, which already appears on this line. Change CPT range "15300-15321" to "15300-15341".

---

Diagnosis: ESOPHAGITIS; ESOPHAGEAL AND INTRAESPHAGEAL HERNIAS

Treatment: SURGICAL TREATMENT

Line: 408

ADD	530.13	EOSINOPHILIC ESOPHAGITIS
DELETE	32800	REPAIR LUNG HERNIA

NOTE: Change ICD-9-CM codes "530.10,530.11,530.19" to "530.10-530.11,530.13-530.19".

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Diagnosis: ACHALASIA, NON-NEONATAL (See Guideline Note 1)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 416

ADD	43226	ESOPH ENDOSCOPY, DILATION
ADD	43248	UPPR GI ENDOSCOPY/GUIDE WIRE
ADD	43249	ESOPH ENDOSCOPY, DILATION
ADD	43256	UPPR GI ENDOSCOPY W/STENT

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Diagnosis: ESOPHAGITIS (See Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 419

ADD 530.13 EOSINOPHILIC ESOPHAGITIS

ADD 43256 UPPR GI ENDOSCOPY W/STENT

NOTE: The new fifth-digit code being added is already included in the range "530.1-530.2" that appears on this line.

---

Diagnosis: EATING DISORDER NOS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 421

ADD 99366 MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, FACE-TO-FACE WITH PATIENT AND/OR FAMILY, 30 MINUTES OR MORE, PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL

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Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 1,6,41)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 429

DELETE 62284 INJECTION FOR MYELOGRAM

---

Diagnosis: MIGRAINE HEADACHES (See Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 430

ADD 339.00 CLUSTER HEADACHE SYNDROME, UNSPECIFIED

ADD 339.01 EPISODIC CLUSTER HEADACHE

ADD 339.02 CHRONIC CLUSTER HEADACHE

ADD 339.03 EPISODIC PAROXYSMAL HEMICRANIA

ADD 339.04 CHRONIC PAROXYSMAL HEMICRANIA

ADD 339.05 SHORT LASTING UNILATERAL NEURALGIFORM HEADACHE WITH CONJUNCTIVAL INJECTION AND TEARING

ADD 339.09 OTHER TRIGEMINAL AUTONOMIC CEPHALGIAS

ADD 346.02 MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS

ADD 346.03 MIGRAINE WITH AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS

ADD 346.12 MIGRAINE WITHOUT AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS

ADD 346.13 MIGRAINE WITHOUT AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS

ADD 346.22 VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS

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Diagnosis: MIGRAINE HEADACHES (See Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 430 (CONT'D)

- ADD 346.23 VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
- ADD 346.30 HEMIPLEGIC MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS
- ADD 346.31 HEMIPLEGIC MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
- ADD 346.32 HEMIPLEGIC MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
- ADD 346.33 HEMIPLEGIC MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
- ADD 346.40 MENSTRUAL MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
- ADD 346.41 MENSTRUAL MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
- ADD 346.42 MENSTRUAL MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
- ADD 346.43 MENSTRUAL MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
- ADD 346.50 PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
- ADD 346.51 PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
- ADD 346.52 PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
- ADD 346.53 PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
- ADD 346.60 PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
- ADD 346.61 PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
- ADD 346.62 PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
- ADD 346.63 PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS

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---

Diagnosis: MIGRAINE HEADACHES (See Guideline Note 1)

Treatment: MEDICAL THERAPY

Line: 430 (CONT'D)

ADD 346.70 CHRONIC MIGRAINE WITHOUT AURA, WITHOUT MENTION OF  
INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS  
MIGRAINOSUS

ADD 346.71 CHRONIC MIGRAINE WITHOUT AURA, WITH INTRACTABLE  
MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS  
MIGRAINOSUS

ADD 346.72 CHRONIC MIGRAINE WITHOUT AURA, WITHOUT MENTION OF  
INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS

ADD 346.73 CHRONIC MIGRAINE WITHOUT AURA, WITH INTRACTABLE  
MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS

ADD 346.82 OTHER FORMS OF MIGRAINE, WITHOUT MENTION OF  
INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS

ADD 346.83 OTHER FORMS OF MIGRAINE, WITH INTRACTABLE  
MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS

ADD 346.92 MIGRAINE, UNSPECIFIED, WITHOUT MENTION OF  
INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS

ADD 346.93 MIGRAINE, UNSPECIFIED, WITH INTRACTABLE MIGRAINE,  
SO STATED, WITH STATUS MIGRAINOSUS

NOTE: The new fifth-digit codes 339.00-339.09 being added are classified under the new ICD-9-CM code 339.0, which will appear on this line. The new fifth-digit codes from 346.02 to 346.93 being added are classified under existing ICD-9-CM code 346, which already appears on this line.

---

Diagnosis: PERIPHERAL NERVE ENTRAPMENT (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 435

DELETE 29125 APPLY FOREARM SPLINT

---

Diagnosis: DISORDERS OF SHOULDER (See Guideline Note 6)

Treatment: REPAIR/RECONSTRUCTION

Line: 437

NOTE: Change treatment description to "REPAIR/RECONSTRUCTION, MEDICAL THERAPY".

---

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Notes 6,43)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 441

ADD 349.31 ACCIDENTAL PUNCTURE OR LACERATION OF DURA DURING A  
PROCEDURE

ADD 349.39 OTHER DURAL TEAR

DELETE 31502 CHANGE OF WINDPIPE AIRWAY

DELETE 31630 BRONCHOSCOPY DILATE/FX REPR

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-----  
Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Notes 6,43)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 441 (CONT'D)

DELETE	36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS
DELETE	36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN

NOTE: The new fifth-digit codes being added are classified under the new ICD-9-CM code 349.3, which will appear on this line.

-----  
Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENOUS DISRUPTIONS OF THE KNEE, GRADE II AND III (See Guideline Note 6)

Treatment: REPAIR, MEDICAL THERAPY

Line: 449

DELETE	29730	WINDOWING OF CAST
DELETE	29740	WEDGING OF CAST

-----  
Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Note 46)

Treatment: VITRECTOMY, LASER SURGERY

Line: 466

ADD	67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER)
ADD	67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA (EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL)
ADD	67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL NEOVASCULARIZATION), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL) AND LASER PHOTOCOAGULATION

-----  
Diagnosis: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT

Treatment: SURGICAL TREATMENT

Line: 469

ADD	364.82	PLATEAU IRIS SYNDROME
-----	--------	-----------------------

NOTE: The new fifth-digit code being added is classified under existing ICD-9-CM code 364.8, which already appears on this line.

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---

Diagnosis: URINARY INCONTINENCE (See Guideline Notes 1,47)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 470

ADD 788.91 FUNCTIONAL URINARY INCONTINENCE

---

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG)  
Treatment: MEDICAL THERAPY  
Line: 482

DELETE 31645 BRONCHOSCOPY, CLEAR AIRWAYS  
DELETE 31646 BRONCHOSCOPY, RECLEAR AIRWAY

---

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 1,49)  
Treatment: COCHLEAR IMPLANT  
Line: 483

DELETE 69710 IMPLANT/REPLACE HEARING AID  
DELETE 69711 REMOVE/REPAIR HEARING AID

---

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT  
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY  
Line: 486

ADD 259.50 ANDROGEN INSENSITIVITY, UNSPECIFIED  
ADD 259.51 ANDROGEN INSENSITIVITY SYNDROME  
ADD 259.52 PARTIAL ANDROGEN INSENSITIVITY

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 259.5, which already appears on this line.

---

Diagnosis: CHRONIC SINUSITIS (See Guideline Note 35)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 489

ADD 42830 ADENOIDECTOMY, PRIMARY; UNDER AGE 12  
ADD 42835 ADENOIDECTOMY, SECONDARY; UNDER AGE 12

---

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 501

DELETE 611.8 OTHER DISORDERS OF BREAST  
ADD 611.89 OTHER SPECIFIED DISORDERS OF BREAST  
DELETE 19120 REMOVAL OF BREAST LESION

NOTE: Change ICD-9-CM code "611.8" to "611.89". Other new fifth-digit codes within 611.8 are being placed on Lines 198 and 638. Change CPT range "19110-19126" to "19110-19112,19125-19126".

---

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---

Diagnosis: SPASTIC DIPLEGIA  
Treatment: RHIZOTOMY  
Line: 513

DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

---

Diagnosis: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS  
Treatment: MEDICAL THERAPY  
Line: 520

ADD 372.34 PINGUECULITIS

NOTE: The new fifth-digit code being added is already included in the range "372.2-372.3" that appears on this line.

---

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 529

ADD 209.64 BENIGN CARCINOID TUMOR OF THE KIDNEY

---

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Hospitalization for Acute Viral Infections Statement of Intent)  
Treatment: MEDICAL THERAPY  
Line: 541

ADD 558.41 EOSINOPHILIC GASTROENTERITIS

ADD 558.42 EOSINOPHILIC COLITIS

NOTE: The new fifth-digit codes being added are classified under existing ICD-9-CM code 558, which already appears on this line.

---

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Note 55)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 544

ADD 625.70 VULVODYNIA, UNSPECIFIED

ADD 625.71 VULVAR VESTIBULITIS

ADD 625.79 OTHER VULVODYNIA

NOTE: Change ICD-9-CM range "625.8-625.9" to "625.7-625.9".

---

Diagnosis: HYPOTENSION  
Treatment: MEDICAL THERAPY  
Line: 547

ADD 337.01 CAROTID SINUS SYNDROME

---

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 6, 56)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 552

DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

---

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---

Diagnosis: TENSION HEADACHES  
Treatment: MEDICAL THERAPY  
Line: 554

ADD 339.10 TENSION TYPE HEADACHE, UNSPECIFIED  
ADD 339.11 EPISODIC TENSION TYPE HEADACHE  
ADD 339.12 CHRONIC TENSION TYPE HEADACHE  
ADD 339.20 POST-TRAUMATIC HEADACHE, UNSPECIFIED  
ADD 339.21 ACUTE POST-TRAUMATIC HEADACHE  
ADD 339.22 CHRONIC POST-TRAUMATIC HEADACHE  
ADD 339.3 DRUG INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED  
ADD 339.41 HEMICRANIA CONTINUA  
ADD 339.42 NEW DAILY PERSISTENT HEADACHE  
ADD 339.43 PRIMARY THUNDERCLAP HEADACHE  
ADD 339.44 OTHER COMPLICATED HEADACHE SYNDROME  
ADD 339.81 HYPNIC HEADACHE  
ADD 339.82 HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY  
ADD 339.83 PRIMARY COUGH HEADACHE  
ADD 339.84 PRIMARY EXERTIONAL HEADACHE  
ADD 339.85 PRIMARY STABBING HEADACHE  
ADD 339.89 OTHER HEADACHE SYNDROMES

NOTE: The new fifth-digit codes from 339.10 to 339.89 being added are classified under the new ICD-9-CM codes 339.1-339.8, which will appear on this line.

---

Diagnosis: MACROMASTIA  
Treatment: SUBCUTANEOUS TOTAL MASTECTOMY, BREAST REDUCTION  
Line: 571

NOTE: Change treatment description to "BREAST REDUCTION".

---

Diagnosis: ERYTHEMA MULTIFORME  
Treatment: MEDICAL THERAPY  
Line: 594

DELETE 695.1 ERYTHEMA MULTIFORME  
ADD 695.10 ERYTHEMA MULTIFORME, UNSPECIFIED  
ADD 695.11 ERYTHEMA MULTIFORME MINOR  
ADD 695.19 OTHER ERYTHEMA MULTIFORME

NOTE: Change diagnosis description to "ERYTHEMA MULTIFORME MINOR". Change ICD-9-CM code "695.1" to "695.10-695.11,695.19". Other new fifth-digit codes within 695.1 are being placed on Line 226.

---

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---

Diagnosis: MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT  
RESULT IN A 5% 5 YEAR SURVIVAL (See Guideline Notes 7, 11)

Treatment: MEDICAL AND SURGICAL TREATMENT  
Line: 613

ADD 209.30 MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE  
CARCINOMA, ANY SITE

---

Diagnosis: DISORDERS OF SOFT TISSUE

Treatment: MEDICAL THERAPY  
Line: 624

ADD 729.90 DISORDERS OF SOFT TISSUE, UNSPECIFIED  
ADD 729.91 POST-TRAUMATIC SEROMA  
ADD 729.92 NONTRAUMATIC HEMATOMA OF SOFT TISSUE  
ADD 729.99 OTHER DISORDERS OF SOFT TISSUE  
DELETE 95991 SPIN/BRAIN PUMP REFIL & MAIN

NOTE: The new fifth-digit codes being added are already included in the ICD-9-  
CM range "729.4-729.9" that appears on this line.

---

Diagnosis: VIRAL WARTS EXCLUDING VENEREAL WARTS

Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY  
Line: 633

ADD 078.12 PLANTAR WART

NOTE: Change ICD-9-CM code "078.19" to "078.12-078.19".

---

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY  
SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Hospitalization for  
Acute Viral Infections Statement of Intent)

Treatment: MEDICAL THERAPY  
Line: 635

ADD 051.01 COWPOX  
ADD 051.02 VACCINIA NOT FROM VACCINATION  
ADD 059.00 ORTHOPOXVIRUS INFECTION, UNSPECIFIED  
ADD 059.01 MONKEYPOX  
ADD 059.09 OTHER ORTHOPOXVIRUS INFECTIONS  
ADD 059.10 PARAPOXVIRUS INFECTION, UNSPECIFIED  
ADD 059.11 BOVINE STOMATITIS  
ADD 059.12 SEALPOX  
ADD 059.19 OTHER PARAPOXVIRUS INFECTIONS  
ADD 059.20 YATAPOXVIRUS INFECTION, UNSPECIFIED  
ADD 059.21 TANAPOX  
ADD 059.22 YABA MONKEY TUMOR VIRUS  
ADD 059.8 OTHER POXVIRUS INFECTIONS  
ADD 059.9 POXVIRUS INFECTIONS, UNSPECIFIED

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---

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Hospitalization for Acute Viral Infections Statement of Intent)

Treatment: MEDICAL THERAPY

Line: 635 (CONT'D)

NOTE: The new fifth-digit codes 051.01 and 051.02 being added are classified under existing ICD-9-CM code 051.0, which will appear on this line. The new fifth-digit codes from 059.00 to 059.9 being added are classified under the new ICD-9-CM code 059, which is being added this line.

---

Diagnosis: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 638

ADD 611.81 PTOSIS OF BREAST

ADD 611.82 HYPOPLASIA OF BREAST

---

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES

Treatment: MEDICAL THERAPY

Line: 646

ADD 209.60 BENIGN CARCINOID TUMOR OF UNKNOWN PRIMARY SITE

ADD 209.69 BENIGN CARCINOID TUMOR OF OTHER SITES

DELETE 19120 REMOVAL OF BREAST LESION

---

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM

Treatment: SURGICAL TREATMENT

Line: 656

ADD 209.40 BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION

ADD 209.41 BENIGN CARCINOID TUMOR OF THE DUODENUM

ADD 209.42 BENIGN CARCINOID TUMOR OF THE JEJUNUM

ADD 209.43 BENIGN CARCINOID TUMOR OF THE ILEUM

ADD 209.63 BENIGN CARCINOID TUMOR OF THE STOMACH

ADD 209.65 BENIGN CARCINOID TUMOR OF FOREGUT, NOT OTHERWISE SPECIFIED

ADD 209.66 BENIGN CARCINOID TUMOR OF MIDGUT, NOT OTHERWISE SPECIFIED

ADD 209.67 BENIGN CARCINOID TUMOR OF HINDGUT, NOT OTHERWISE SPECIFIED

DELETE 43202 ESOPHAGUS ENDOSCOPY, BIOPSY

DELETE 43216 ESOPHAGUS ENDOSCOPY/LESION

DELETE 43217 ESOPHAGUS ENDOSCOPY

ADD 43228 ESOPH ENDOSCOPY, ABLATION

ADD 43236 UPPR GI SCOPE W/SUBMUC INJ

DELETE 43251 OPERATIVE UPPER GI ENDOSCOPY

ADD 43256 UPPR GI ENDOSCOPY W/STENT

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---

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM  
Treatment: SURGICAL TREATMENT  
Line: 656 (CONT'D)

DELETE 43258 OPERATIVE UPPER GI ENDOSCOPY

NOTE: The new fifth-digit codes 209.40-209.43 being added are classified under the new ICD-9-CM code 209.4, which will appear on this line. Change CPT range "43248-43251" to "43248-43250".

---

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY  
Treatment: EVALUATION  
Line: 669

NOTE: Change diagnosis description to "MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

---

Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY  
Treatment: EVALUATION  
Line: 670

NOTE: Change diagnosis description to "INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

---

Diagnosis: INFECTIOUS DISEASES WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY  
Treatment: EVALUATION  
Line: 671

NOTE: Change diagnosis description to "INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

---

Diagnosis: ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY  
Treatment: EVALUATION  
Line: 672

ADD J3490 UNCLASSIFIED DRUGS  
ADD 272.7 LIPIDOSES  
ADD 277.5 MUCOPOLYSACCHARIDOSIS

NOTE: Change diagnosis description to "ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

---

Diagnosis: CARDIOVASCULAR CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY  
Treatment: EVALUATION  
Line: 673

NOTE: Change diagnosis description to "CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

---

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-----  
Diagnosis: SENSORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO  
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 674

DELETE 379.54 NYSTAGMS W VESTIBULR DIS

NOTE: Change diagnosis description to "SENSORY ORGAN CONDITIONS WITH NO OR  
MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

-----  
Diagnosis: NEUROLOGIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO  
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 675

NOTE: Change diagnosis description to "NEUROLOGIC CONDITIONS WITH NO OR  
MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

-----  
Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO  
TREATMENT NECESSAR (See Guideline Note 29)

Treatment: EVALUATION

Line: 676

NOTE: Change diagnosis description to "DERMATOLOGICAL CONDITIONS WITH NO OR  
MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

-----  
Diagnosis: RESPIRATORY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO  
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 677

NOTE: Change diagnosis description to "RESPIRATORY CONDITIONS WITH NO OR  
MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

-----  
Diagnosis: GENITOURINARY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO  
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 678

NOTE: Change diagnosis description to "GENITOURINARY CONDITIONS WITH NO OR  
MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

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

Treatment: EVALUATION

Line: 679

NOTE: Change diagnosis description to "MUSCULOSKELETAL CONDITIONS WITH NO OR  
MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

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---

Diagnosis: GASTROINTESTINAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

Treatment: EVALUATION

Line: 680

NOTE: Change diagnosis description to "GASTROINTESTINAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY".

---

## **ATTACHMENT B**

### **New Guidelines for the Prioritized List of Health Services Approved May 22 and August 21, 2008**

#### **GUIDELINE NOTE 66, CERVICAL DYSPLASIA**

*Line 31*

Work up and treatment of cervical dysplasia should follow the American Society for Cervical Colposcopy and Pathology guidelines as published in the American Journal of Obstetrics & Gynecology, October 2007.

#### **GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY**

*Line 672*

Inclusion of code J3490 (Unspecified drug) on this line represents treatment using enzyme replacement therapy.

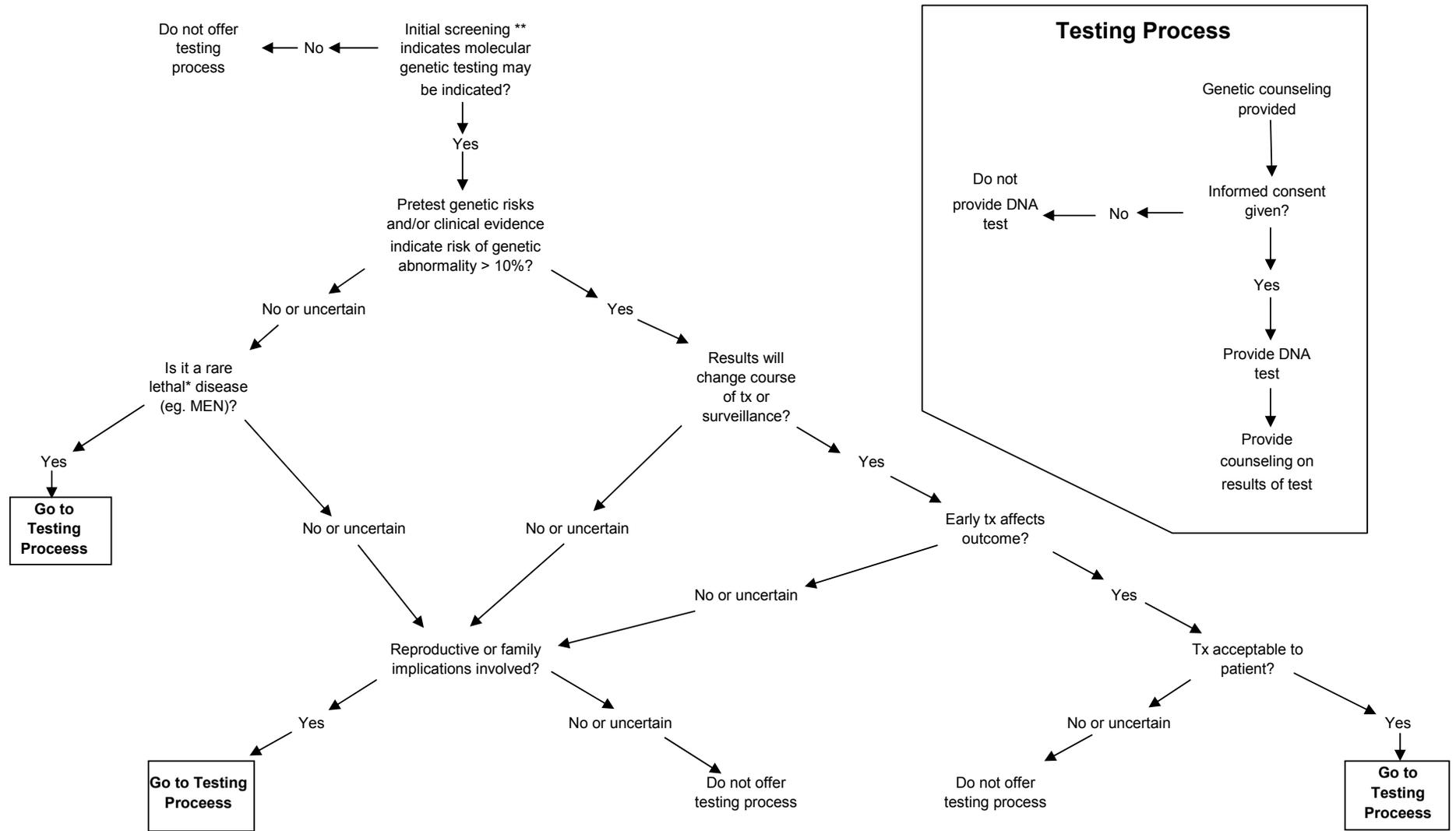
## ATTACHMENT C

### Revised Guidelines for Diagnostic Services and for the Prioritized List of Health Services Approved May 22 and August 21, 2008

#### **GUIDELINE NOTE D1, NON-PRENATAL GENETIC TESTING GUIDELINES**

- I. Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure C.1 unless otherwise specified below.
- II. Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer suspected to be hereditary, or patients at increased risk to due to family history.
  - A. Services are provided according to the Comprehensive Cancer Network Guidelines.
    1. NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2006 (1/3/06). [www.nccn.org](http://www.nccn.org)
    2. ~~NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). [www.nccn.org](http://www.nccn.org)~~  
BRCA1/BRCA2 testing services for women without a personal history of breast and/or ovarian cancer should be provided to high risk women as defined by the US Preventive Services Task Force definition given in the Prevention Tables (see "Interventions for High Risk Populations" in the tables for ages 11 and above).
    3. BRCA1/BRCA2 testing services for women with a personal history of breast and/or ovarian cancer and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). [www.nccn.org](http://www.nccn.org)
  - B. Genetic counseling should precede genetic testing for hereditary cancer. Very rarely, it may be appropriate for a genetic test to be performed prior to genetic counseling for a patient with cancer. If this is done, genetic counseling should be provided as soon as practical.
    1. Pre and post-test genetic counseling by the following providers should be covered.
      - i. Medical Geneticist (M.D.) – Board Certified or Active Candidate Status from the American Board of Medical Genetics
      - ii. Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics.
      - iii. Genetic Counselor - Board Certified or Active Candidate Status from the American Board of Genetic Counseling, or Board Certified by the American Board of Medical Genetics.
      - iv. Advance Practice Nurse in Genetics – Credential from the Genetic Nursing Credentialing Commission.
  - C. If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 or 2 has been identified in a family, a single site mutation analysis for that mutation is covered, while a full sequence BRCA 1 and 2 analyses is not.
  - D. Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.

**FIGURE C.1  
NON-PRENATAL GENETIC TESTING ALGORITHM (See Guideline Note D1)**



\* Greater than a 1% chance of death within five years due to the condition, in the absence of treatment

\*\* Examples of initial screening: physical exam, medical history, family history, laboratory studies, imaging studies

**GUIDELINE NOTE D1, NON-PRENATAL GENETIC TESTING GUIDELINES (CONT'D)**

III. Related to genetic testing for infants and children with developmental delay:

- A. Chromosome studies and Fragile X testing is covered without a visit or consultation with a specialist.
- B. A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.
- C. Coverage for genetic testing for other conditions should continue to be made on a case-by-case basis according to the algorithm in Figure C.1.

**GUIDELINE NOTE 3, ~~PROPHYLACTIC BREAST REMOVAL~~ PROPHYLACTIC TREATMENT FOR PREVENTION OF BREAST CANCER IN HIGH RISK WOMEN**

*Lines 4,198*

Prophylactic breast removal is included on this line in the case of high risk for breast cancer defined as being BRCA positive.

Selective estrogen receptor modulators (SERMs) are appropriate for use in woman at high risk for breast cancer.

**GUIDELINE NOTE 7, BARIATRIC SURGERY FOR OBESITY WITH COMORBID TYPE II DIABETES & BMI ≥ 35**

*Line: 33*

Bariatric surgery for obesity is included on Line 33, TYPE II DIABETES, under the following criteria:

- 1. Age ≥ 18
- 2. BMI ≥ 35 with co-morbid type II diabetes
- 3. Participate in the following four evaluations and meet criteria as described.
  - A. Psychosocial evaluation: (Conducted by a licensed mental health professional)
    - i. Evaluation to assess compliance with post-operative requirements.
    - ii. No current abuse of or dependence on alcohol. Must remain free of abuse of or dependence on alcohol during a six-month observation period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.
    - iii. No mental or behavioral disorder that may interfere with postoperative outcomes<sup>1</sup>.
    - iv. Patient with previous psychiatric illness must be stable for at least 6 months.

## **GUIDELINE NOTE 7, BARIATRIC SURGERY FOR OBESITY WITH COMORBID TYPE II DIABETES & BMI ≥ 35 (CONT'D)**

- B. Medical evaluation: (Conducted by OHP primary care provider)
    - i. Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
    - ii. Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
    - iii. Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
  - C. Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program<sup>2</sup>)
    - i. Patient found to be an appropriate candidate for surgery at initial evaluation and throughout a six-month observation period while continuously enrolled on OHP.
    - ii. Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure<sup>3</sup> and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
    - iii. If the patient is found to no longer be an appropriate candidate for surgery for any reason listed in these criteria during the six-month observation period, a new six-month observation period will be required to precede surgery once surgical candidacy has been re-established.
  - D. Dietician evaluation: (Conducted by licensed dietician)
    - i. Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
    - ii. Counseling in dietary lifestyle changes
4. Participate in additional evaluations:
- A. Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

<sup>1</sup> Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

<sup>2</sup> All surgical services including evaluation are to be performed at a center of excellence for bariatric surgery as recognized by Medicare.

<sup>3</sup> Only Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding are approved for inclusion.

<sup>4</sup> The patient must meet criteria #1 and #2, and be referred by the OHP primary care provider as a medically appropriate candidate, to be approved for evaluation at a qualified bariatric surgery program.

## **GUIDELINE NOTE 16, SECOND SOLID ORGAN TRANSPLANTS**

*Lines 92,170,253,254,255,256,279,332,575*

Second solid organ transplants of the same type of organ are not covered except for acute graft failure that occurs during the original hospitalization for transplantation.

**GUIDELINE NOTE 18, ~~HEART FAILURE~~ VENTRICULAR ASSIST DEVICES**

*Lines 90,109,279,366*

Ventricular assist devices are covered only in the following circumstances:

1. as a bridge to cardiac transplant;
2. as treatment for pulmonary hypertension when pulmonary hypertension is the only contraindication to cardiac transplant and the anticipated outcome is cardiac transplant; or,
3. as a bridge to recovery.

Ventricular assist devices are not covered for destination therapy.

Ventricular assist devices are covered for cardiomyopathy only when the intention is bridge to cardiac transplant.

**GUIDELINE NOTE 19, PET SCAN GUIDELINES**

*Lines 126,171,183,208,209,221,222,243,276,278,291,311,337*

PET Scans are indicated only for diagnosis and staging of the following cancers:

- Solitary pulmonary nodules and non-small cell lung cancer
- Lymphoma
- Melanoma
- Colon
- Testicular

PET scan is covered only for the initial staging of cervical cancer when initial MRI or CT is negative for extra-pelvic metastasis.

PET scan of head and neck cancer is only covered for 1) initial staging when initial MRI or CT is equivocal, 2) evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor, and 3) evaluation of suspected recurrence of head and neck cancer when CT or MRI does not demonstrate a clear cut recurrence.

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

For staging, PET is covered in the following situations:

The stage of the cancer remains in doubt after standard diagnostic work up

OR

PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient

AND

Clinical management of the patient will differ depending on the stage of the cancer identified

## **GUIDELINE NOTE 19, PET SCAN GUIDELINES (CONT'D)**

Restaging is covered only for cancers for which staging is covered, and for testicular cancer. For restaging, PET is covered after completion of treatment for the purpose of detecting residual disease, for detecting suspected recurrence or to determine the extent of a known recurrence. PET is not covered to monitor tumor response during the planned course of therapy. PET scans are NOT indicated for routine follow up of cancer treatment or routine surveillance in asymptomatic patients.

PET scans are also indicated for preoperative evaluation of the brain in patients who have intractable seizures and are candidates for focal surgery. PET scans are NOT indicated for ~~routine follow up of cancer treatment or~~ for cardiac evaluation.

## **GUIDELINE NOTE 27, SLEEP APNEA**

*Line 211*

Surgery for sleep apnea for adults is only covered after documented failure of both CPAP and an oral appliance.

## **GUIDELINE NOTE 36, TONSILLECTOMY**

*Line 49,84,211,392,565*

Tonsillectomy is an appropriate treatment in a case with:

- 1) Five ~~three~~ documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in each of two consecutive years where an attack is considered a positive culture/screen and where ~~10 days of continuous~~ an appropriate course of antibiotic therapy has been completed;
- 2) Peritonsillar abscess unresponsive to medical management and drainage documented by surgeon, unless surgery performed during acute stage ~~Second occurrence of peritonsillar abscess, or if first abscess, has to be drained under general anesthesia;~~
- 3) Airway obstruction with presence of right ventricular hypertrophy or cor pulmonale; and/or, Moderate or severe obstructive sleep apnea (OSA) in children 18 and younger, or mild OSA in children with daytime symptoms and/or other indications for surgery. For children 3 and younger or for children with significant co-morbidities, OSA must be diagnosed by nocturnal polysomnography. For children older than 3 who are otherwise healthy, OSA must be diagnosed by either nocturnal polysomnography, use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), or consultation with a Sleep Medicine specialist.
- 4) 4+ tonsils, which result in obstruction of breathing, swallowing and/or speech

## GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA

Line 493

Antibiotic and other medication therapy are not indicated for children with bilateral chronic nonsuppurative otitis media. Observation OR antibiotic therapy are treatment options for children with effusion that has been present less than 4 to 6 months and at any time in children without a 20 decibel hearing threshold level or worse in the better hearing ear. Children with bilateral chronic nonsuppurative otitis media present for 3 months or longer or with language delay, learning problems, or significant hearing loss at any time should have hearing testing. Children with bilateral chronic nonsuppurative otitis media who are not at risk should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

For the child who has had bilateral chronic nonsuppurative otitis media and who has a bilateral hearing deficiency diagnosed by formal audiometry testing (defined as a 20 decibel hearing threshold level or worse in the better hearing ear), bilateral myringotomy with tube insertion recommended after a total of 4 to 6 months of bilateral effusion with a documented bilateral hearing deficit.

Adenoidectomy is an appropriate surgical treatment for bilateral chronic nonsuppurative otitis media ~~serous otitis media with persistent effusion~~ in children over 3 ~~4~~ years with their second set of tubes. First time tubes are not an indication for an adenoidectomy.

## GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT

*Included on all lines with evaluation & management (E&M) codes*

Pharmacy medication management services must be provided by a pharmacist who has:

1. A current and unrestricted license to practice as a pharmacist in Oregon.
2. One of the following qualifications:
  - a. Graduated from a college of pharmacy after May 2003.
  - b. Passed Accreditation Council of Pharmacy Education (ACPE) Medication Therapy Management certification program (e.g. American Pharmacist Association MTM training program)
- ~~23.~~ Services must be provided based on referral from a physician or licensed provider or health plan.
- ~~34.~~ Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

# ATTACHMENT D

## Revisions to the Prevention Tables

### Ages 11-24 Years

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#### Interventions Considered and Recommended for the Periodic Health Examination

#### Leading Causes of Death

- Motor vehicle/other unintentional injuries
- Homicide
- Suicide
- Malignant neoplasms
- Heart diseases

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### Interventions for the General Population

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#### SCREENING

Height and weight  
Blood pressure<sup>1</sup>  
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)<sup>2</sup>  
Papanicolaou (Pap) test<sup>3</sup>  
Chlamydia screen<sup>3</sup> (females <25 yr)  
Rubella serology or vaccination hx<sup>5</sup> (females >12 yr)  
Learning and attention disorders<sup>6</sup>  
Signs of child abuse, neglect, family violence  
Alcohol, inhalant, illicit drug use<sup>7</sup>  
Eating disorders<sup>8</sup>  
Anxiety and mood disorders<sup>9</sup>  
Suicide risk factors<sup>10</sup>

#### COUNSELING

##### Injury Prevention

Lap/shoulder belts  
Bicycle/motorcycle/ATV helmet\*  
Smoke detector\*  
Safe storage/removal of firearms\*  
Smoking near bedding or upholstery

##### Substance Use

Avoid tobacco use  
Avoid underage drinking and illicit drug use\*  
Avoid alcohol/drug use while driving, swimming, boating, etc.\*

#### Sexual Behavior

STD prevention: abstinence\*; avoid high-risk behavior\*; condoms/female barrier with spermicide\*  
Unintended pregnancy: contraception

#### Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables  
Adequate calcium intake (females)  
Regular physical activity\*

#### Dental Health

Regular visits to dental care provider\*  
Floss, brush with fluoride toothpaste daily\*

#### Mental Health/Chemical Dependency

Parent education regarding:

- Adolescent development
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
  - Familial stress or disruption
  - Health problems
  - Temperamental incongruence with parent
  - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

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<sup>1</sup>Periodic BP for persons aged  $\geq 18$  yr. <sup>2</sup>High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. <sup>3</sup>Screening to start at age 21 or 3 years after onset of sexual activity (whichever comes first); screening should occur at least every 3 years. <sup>3</sup>If sexually active at present or in the past: q < 3 yr. If sexual history is unreliable, begin Pap test at age 18 yr. <sup>4</sup>If sexually active. <sup>5</sup>Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. <sup>6</sup>Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. <sup>7</sup>Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. <sup>8</sup>Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. <sup>9</sup>In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. <sup>10</sup>Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

\*The ability of clinical counseling to influence this behavior is unproven.

## Ages 11-24 Years (Cont'd)

### Interventions for the General Population (Cont'd)

#### IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters (11-16 yr)  
 Hepatitis B<sup>1</sup>  
 MMR (11-12 yr)<sup>2</sup>  
 Varicella (11-12 yr)<sup>3</sup>

Rubella<sup>4</sup> (females >12 yr)

#### CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/  
 capable of pregnancy)

<sup>1</sup>If not previously immunized: current visit, 1 and 6 mo later. <sup>2</sup>If no previous second dose of MMR. <sup>3</sup>If susceptible to chickenpox. <sup>4</sup>Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives.

### Interventions for the High-Risk Population

#### POPULATION

High-risk sexual behavior

Injection or street drug use

TB contacts; immigrants; low income  
 Native American/Alaska Native

Certain chronic medical conditions

Settings where adolescents and young adults  
 congregate  
 Susceptible to varicella, measles, mumps  
 Blood transfusion between 1975-85  
 Institutionalized persons

Family h/o skin cancer; nevi; fair skin, eyes, hair

Prior pregnancy with neural tube defect  
 Inadequate water fluoridation  
 History of multiple injuries

High risk for mental health disorders

High risk family history for deleterious mutations in BRCA1  
 or BRCA2 genes

#### POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)  
 RPR/VDRL (HR1); screen for gonorrhea (female)  
 (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis  
 A vaccine (HR5)  
 RPR/VDRL (HR1); HIV screen (HR3); hepatitis A  
 vaccine (HR5); PPD (HR6); advice to reduce  
 infection risk (HR7)  
 PPD (HR3)  
 Hepatitis A vaccine (HR5); PPD (HR6);  
 pneumococcal vaccine (HR8)  
 PPD (HR6); pneumococcal vaccine (HR8);  
 influenza vaccine (HR9)  
 Second MMR (HR10)

Varicella vaccine (HR11); MMR (HR12)  
 HIV screen (HR3)  
 Hepatitis A vaccine (HR5); PPD (HR6); influenza  
 vaccine (HR9)  
 Avoid excess/midday sun, use protective  
 clothing\* (HR9)  
 Folic acid 4.0 mg (HR14)  
 Daily fluoride supplement (HR8)  
 Screen for child abuse, neurological, mental  
 health conditions  
 Increased well-child/adolescent visits (HR16)  
Refer for genetic counseling and evaluation for BRCA testing  
 by appropriately trained health care provider (HR17).

### High Risk Groups

**HR1** = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

**HR2** = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

## Ages 11-24 Years (Cont'd)

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**HR3** = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

**HR4** = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

**HR5** = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Vaccine may be considered for institutionalized persons. Clinicians should also consider local epidemiology.

**HR6** = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

**HR7** = Persons who continue to inject drugs.

**HR8** = Immunocompetent persons with certain medical conditions, including chronic cardiopulmonary disorders, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments/social settings (e.g., certain Native American and Alaska Native populations).

**HR9** = Annual vaccination of: residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

**HR10** = Adolescents and young adults in settings where such individuals congregate (e.g., high schools and colleges), if they have not previously received a second dose.

**HR11** = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr.

**HR12** = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

**HR13** = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

**HR14** = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

## Ages 11-24 Years (Cont'd)

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**HR15** = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

**HR16** = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

**HR17** = A family history of breast or ovarian cancer that includes a relative with a *known* deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

## Ages 25-64 Years

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### Interventions Considered and Recommended for the Periodic Health Examination

### Leading Causes of Death Malignant neoplasms Heart diseases Motor vehicle/other unintentional injuries Human immunodeficiency virus infection Suicide and homicide

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### Interventions for the General Population

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#### SCREENING

Blood pressure  
Height and weight  
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk<sup>1</sup>)  
Papanicolaou (Pap) test<sup>2</sup>  
Fecal occult blood test<sup>3</sup> (FOBT) and/or flexible sigmoidoscopy, or colonoscopy (>50 yr)<sup>3</sup>  
Mammogram + clinical breast exam<sup>4</sup> (women 40+ yrs)  
Rubella serology or vaccination hx<sup>5</sup> (women of childbearing age)  
Bone density measurement (women age 60-64 if high-risk)<sup>6</sup>  
Fasting plasma glucose for patients with hypertension or hyperlipidemia  
Learning and attention disorders<sup>7</sup>  
Signs of child abuse, neglect, family violence  
Alcohol, inhalant, illicit drug use<sup>8</sup>  
Eating disorders<sup>9</sup>  
Anxiety and mood disorders<sup>10</sup>  
Suicide risk factors<sup>11</sup>  
Somatoform disorders<sup>12</sup>  
Environmental stressors<sup>13</sup>

#### COUNSELING

##### Substance Use

Tobacco cessation  
Avoid alcohol/drug use while driving, swimming, boating, etc.\*

#### Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables  
Adequate calcium intake (women)  
Regular physical activity\*

#### Injury Prevention

Lap/shoulder belts  
Bicycle/motorcycle/ATV helmet\*  
Smoke detector\*  
Safe storage/removal of firearms\*  
Smoking near bedding or upholstery

#### Sexual Behavior

STD prevention: abstinence\*; avoid high-risk behavior\*; condoms/female barrier with spermicide\*  
Unintended pregnancy: contraception

#### Dental Health

Regular visits to dental care provider\*  
Floss, brush with fluoride toothpaste daily\*

#### IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters  
Rubella<sup>5</sup> (women of childbearing age)

#### CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy)  
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

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<sup>1</sup>High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors.

<sup>2</sup>Women who are or have been sexually active and who have a cervix: q < 3 yr. <sup>3</sup>FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. <sup>4</sup>Screening mammography should be performed every 1-2 years. <sup>5</sup>Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. <sup>6</sup>High-risk defined as weight <70kg, not on estrogen replacement. <sup>7</sup>Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. <sup>8</sup>Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. <sup>9</sup>Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. <sup>10</sup>In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. <sup>11</sup>Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. <sup>12</sup>Multiple unexplained somatic complaints. <sup>13</sup>Community violence or disaster, immigration, homelessness, family medical problems.

\*The ability of clinical counseling to influence this behavior is unproven.

## Ages 25-64 Years (Cont'd)

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### Interventions for the High-Risk Population

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POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7) advice to reduce Infection risk (HR8)
Low income; TB contacts; immigrants; alcoholics Native American/Alaska Native	PPD (HR7) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9)
Certain chronic medical conditions	PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Blood product recipients Susceptible to varicella, measles, mumps Institutionalized persons	HIV screen (HR3); hepatitis B vaccine (HR5) MMR (HR11); varicella vaccine (HR12) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Family h/o skin cancer; fair skin, eyes, hair Previous pregnancy with neural tube defect High risk family history for deleterious mutations in BRCA1 or BRCA2 genes	Avoid excess/midday sun, use protective clothing* (HR13) Folic acid 4.0 mg (HR14) <u>Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR15)</u>

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### High Risk Groups

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**HR1** = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

**HR2** = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

**HR3** = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

**HR4** = Sexually active women with multiple risk factors including: history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology.

**HR5** = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

**HR6** = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized persons. Clinicians should also consider local epidemiology.

## Ages 25-64 Years (Cont'd)

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**HR7** = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

**HR8** = Persons who continue to inject drugs.

**HR9** = Immunocompetent institutionalized persons >50 yr and immunocompetent with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations).

**HR10** = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction.

**HR11** = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

**HR12** = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

**HR13** = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

**HR14** = Women with previous pregnancy affected by neural tube defect who are planning pregnancy.

**HR15** = A family history of breast or ovarian cancer that includes a relative with a *known* deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of 3 or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

## Age 65 and Older

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### Interventions Considered and Recommended for the Periodic Health Examination

### Leading Causes of Death

**Heart diseases**  
**Malignant neoplasms (lung, colorectal,  
breast)**  
**Cerebrovascular disease**  
**Chronic obstructive pulmonary disease**  
**Pneumonia and influenza**

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### Interventions for the General Population

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#### SCREENING

Blood pressure  
Height and weight  
Fecal occult blood test<sup>†</sup> (FOBT) and/or flexible sigmoidoscopy or colonoscopy<sup>1</sup>  
Mammogram + clinical breast exam<sup>2</sup>  
Bone density measurement (women)  
Fasting plasma glucose for patients with hypertension or hyperlipidemia  
Vision screening  
Assess for hearing impairment  
Signs of elder abuse, neglect, family violence  
Alcohol, inhalant, illicit drug use<sup>3</sup>  
Anxiety and mood disorders<sup>4</sup>  
Somatoform disorders<sup>5</sup>  
Environmental stressors<sup>6</sup>  
Abdominal aortic aneurysm (AAA) (men aged 65 to 75 who have ever smoked)<sup>7</sup>

#### COUNSELING

##### Substance Use

Tobacco cessation  
Avoid alcohol/drug use while driving, swimming, boating, etc.\*

##### Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables  
Adequate calcium intake (women)

Regular physical activity\*

Assess eating environment

#### Injury Prevention

Lap/shoulder belts  
Motorcycle and bicycle helmets\*  
Fall prevention\*  
Safe storage/removal of firearms\*  
Smoke detector\*  
Set hot water heater to <120-130°F  
CPR training for household members  
Smoking near bedding or upholstery

#### Dental Health

Regular visits to dental care provider\*  
Floss, brush with fluoride toothpaste daily\*

#### Sexual Behavior

STD prevention: avoid high-risk sexual behavior\*;  
use condoms

#### IMMUNIZATIONS

Pneumococcal vaccine  
Influenza<sup>1</sup>  
Tetanus-diphtheria (Td) boosters

#### CHEMOPROPHYLAXIS

Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

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<sup>†</sup>FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. <sup>2</sup>Screening mammography should be performed every 1-2 years. <sup>3</sup>Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders; smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. <sup>4</sup>In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. <sup>5</sup>Multiple unexplained somatic complaints. <sup>6</sup>Community violence or disaster, immigration, homelessness, family medical problems. <sup>7</sup>One-time ultrasound

\*The ability of clinical counseling to influence this behavior is unproven.

## Age 65 and Older (Cont'd)

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### Interventions for the High-Risk Population

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POPULATION	POTENTIAL INTERVENTIONS
Institutionalized persons	(See detailed high-risk definitions) PPD (HR1); hepatitis A vaccine (HR2); amantadine/ rimantadine (HR4) PPD (HR1)
Chronic medical conditions; TB contacts; low income; immigrants; alcoholics Persons >75 yr; or >70 yr with risk factors for falls Cardiovascular disease risk factors Family h/o skin cancer; fair skin, eyes, hair Native American/Alaska Native Blood product recipients High-risk sexual behavior	Fall prevention intervention (HR5) Consider cholesterol screening (HR6) Avoid excess/midday sun, use protective clothing* (HR7) PPD (HR1); hepatitis A vaccine (HR2) HIV screen (HR3); hepatitis B vaccine (HR8) Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9) PPD (HR1); hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9); advice to reduce Infection risk (HR10)
Injection or street drug use	Varicella vaccine (HR11) Refer to meal and social support resources <u>Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR12)</u>
Persons susceptible to varicella Persons living alone and with poor nutrition <u>High risk family history for deleterious mutations in BRCA1 or BRCA2 genes</u>	

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### High Risk Groups

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**HR1** = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

**HR2** = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized. Clinicians should also consider local epidemiology.

**HR3** = Men who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

**HR4** = Consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

**HR5** = Persons aged 75 years and older; or aged 70-74 with one or more additional risk factors including: use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); use of >4 prescription medications; impaired cognition, strength, balance, or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services.

**HR6** = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking, diabetes, or hypertension).

## Age 65 and Older (Cont'd)

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**HR7** = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

**HR8** = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

**HR9** = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

**HR10** = Persons who continue to inject drugs.

**HR11** = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults

**HR12** = A family history of breast or ovarian cancer that includes a relative with a *known* deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second- degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

## ATTACHMENT E

### Revised Guidelines to the Prioritized List of Health Services with Potential Fiscal Impact Approved August 21, 2008

The following guideline change has been adopted by the Health Services Commission but it is recognized that it may carry potential financial implications and staff will be working with DMAP in terms of the timing of the implementation of this particular change.

#### **GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE**

*Line 105*

~~Dental cleaning and fluoride limited to once per calendar year. Dental cleaning and fluoride treatments are limited to once per calendar year for adults and twice per calendar year for children 18 and younger. Additional provision of prophylaxis for persons with disabilities who cannot perform adequate daily oral health care, severe periodontal disease and/or rampant caries, or with disabilities who cannot perform adequate daily oral health care by report. More frequent dental cleanings and/or fluoride treatments may be required for certain higher risk populations.~~ (D0120, D0150, D1110, D1120, D1204).

Used up to 4 times per year (maximum once per week) for patients over 18 who are mentally disabled or are truly dental phobic in order to determine the need to use IV or GA sedation to render necessary treatment (D9920).