Value-based Benefits Subcommittee Recommendations Summary
For Presentation to:
Health Evidence Review Commission in May 2015

For specific coding recommendations and guideline wording, please see the text of the May 7, 2015 VbBS minutes.

RECOMMENDED CODE MOVEMENT

- Add and delete various straightforward coding changes
- Move several codes for diagnostic tests done during pregnancy from the diagnostic file to the covered pregnancy line
- Add various treatment codes for outpatient minimally invasive therapies for varicose veins to the covered ulcerations caused by varicose veins line
- Delete diagnosis codes for developmental coordination disorder, unspecified delay in development, and unspecified condition of the brain
- Add procedure code for cervical epidural medication injections to two covered dysfunction lines
- Delete procedure codes for epidural medication pumps from the new back lines

ITEMS CONSIDERED BUT NO RECOMMENDATIONS FOR CHANGES MADE

- Yttrium therapy for both primary liver cancer and metastatic cancer to the liver was considered but not added to the Prioritized List

RECOMMENDED GUIDELINE CHANGES

- Correct four guidelines with straightforward changes, clarification of intent, or affirmation of combining changes made at two separate meetings
- Modify the prenatal genetic testing guideline to add several CPT codes and to allow microarray testing when it would replace karyotyping
- Modify the ventral hernia guideline to clarify that this type of hernia is not covered even if incarcerated.
- Add a new guideline covering repair of penile anomalies and delete the two current guidelines dealing with related anomalies
- Modify the guideline regarding maintenance of intrathecal pumps to update line numbers and add a missing CPT code
- Modify the epidural steroid injection guideline to define radiculopathy as pain in a dermatomal distribution, to be consistent with the AHRQ review definition
- Modify the diagnostic guideline for advanced imaging for back pain to include pain in the definition for radiculopathy and to remove any reference to being a candidate for epidural steroid injection from the criteria for MRI for spinal stenosis symptoms
- Add a new guideline regarding revascularization for chronic stable angina

BIENNIAL REVIEW CHANGES (effective 1/1/16)

- Merge the open wound of ear drum medical treatment line with the chronic otitis media line. This follows the previous merging of the open wound of eardrum surgical treatment line with the chronic otitis media line.

VbBS Minutes
May 7, 2015
9:00 AM – 1:00 PM

Members Present: Kevin Olson, MD, Chair; Susan Williams, MD; Mark Gibson; Holly Jo Hodges, MD; Irene Croswell, RPh; David Pollack, MD; Laura Ocker, LAc.

Members Absent: None.

Staff Present: Darren Coffman; Ariel Smits, MD, MPH; Cat Livingston, MD, MPH; Jason Gingerich; Denise Taray, RN; Daphne Peck.

Also Attending: Jessie Little, Actuarial Services Unit of DMAP; Valerie King, MD MPH, OHSU Center for Evidence Based Policy; Edward Toggart, MD; Laurent Beauregard.

- **Roll Call/Minutes Approval/Staff Report**

  The meeting was called to order at 9:05 am and roll was called. Minutes from the March, 2015 VbBS meeting were reviewed and approved. Staff will post the approved minutes on the website as soon as practical.

  Coffman discussed the new sound system options to help with meeting audibility. At the meeting today, wireless microphones were given to committee members to test.

  Coffman also reported that Jim Tyack, DMD, has resigned and the HERC is actively seeking a new dental member. He also discussed the Biennial Report to the Legislature, which is available for review at the members' only website. Member comments and corrections are welcome before the report is submitted to the Legislature.

  Lastly, an errata document was reviewed, which added bone marrow transplant CPT codes to three bone marrow transplant lines that were left off in error. There were no objections to staff adding these code to the appropriate lines.

- **Topic: Straightforward/Consent Agenda**

  Discussion: There was no discussion about the first four consent agenda items. See the next two entries for discussion and decisions regarding revisions to the prenatal testing guideline and the open wound of eardrum line merge.

  Recommended Actions:
  1) Add V10.79 (Personal history of other lymphatic and hematopoietic neoplasms) to lines 162 NON-HODGKIN'S LYMPHOMAS **Treatment: MEDICAL THERAPY** and 167 NON-HODGKIN'S LYMPHOMAS Treatment: BONE MARROW TRANSPLANT.

    a. Advise MAP to remove V10.79 from the Non-Covered File
2) Add V07.4 and Z79.890 (Hormone replacement therapy (postmenopausal)) to line 474 GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT
    a. Advise MAP to remove V07.4 and Z79.890 from the Non-Covered File
3) Add 31561 (Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope) and 31588 (Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)) to line 70 LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS
4) Add 27570 (Manipulation of knee joint under general anesthesia) to line 435 INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT
5) Add 743.65 (Specified congenital anomalies of lacrimal passages) to line 398 STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN
6) Add 58661 (Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)) to line 291 CANCER OF VAGINA, VULVA, AND OTHER FEMALE GENITAL ORGANS
7) Remove 377.00 (Papilledema, unspecified) from line 659 INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
    a. Advise MAP to add 377.00 to the Diagnostic Workup file
8) Add G89.3 (Neoplasm related pain (acute) (chronic)) to cancer lines (any line with radiation therapy and/or chemotherapy in the treatment description)
    a. Advise MAP to remove G89.3 from the Exempt file
9) Add G89.4 (Chronic pain syndrome) to line 612 DISORDERS OF SOFT TISSUE for October 1 2015 / line 533 FIBROMYALGIA, CHRONIC FATIGUE SYNDROME, AND RELATED DISORDERS for January 1, 2016
10) Add H32 (Chorioretinal disorders in diseases classified elsewhere) to line 363 CHORIORETINAL INFLAMMATION and advise MAP to remove from the Excluded File
11) Add Z44.8 (Encounter for fitting and adjustment of other external) to line 381 DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
    a. Advise DMAP to remove Z44.8 from the Ancillary file
12) Guideline note 29 was modified as shown in Appendix A
13) Guideline note 51 was modified as shown in Appendix A
14) Guideline note 25 was modified as shown in Appendix A
15) Guideline note 127 was modified as shown in Appendix A

MOTION: To approve the recommendations stated in the consent agenda other than those pertaining to prenatal genetic testing and open wound of eardrum. CARRIES 7-0.

- **Topic: Revisions to the prenatal genetic testing guideline**

Discussion: Smits introduced the summary document. There was considerable discussion regarding possible unintended consequences of allowing microarray testing. For example, this testing may find unexpected information due to the greater amount of genetic information found with this testing. There may be findings with future disease implications, and questions were raised about what should be done with this information. There was concern about giving parents additional genetic information without counseling on its impact or clinical guidelines on what information should be given. There was a sense that there needs to be improved clinical guidelines in medicine in general to deal with the increased availability of genetic information. The change under consideration was considered to be a more pragmatic change, allowing a test which is faster and provides more information and which is approximately the same cost as karyotyping in trying to avoid duplicate testing/costs. Additional wording was added to the microarray testing entry to specify that this testing should only be done if it would replace karyotyping that would generally be performed with amniocentesis or CVS.

There was also discussion about revising guidelines based on coverage guidances. The subcommittee felt strongly that the VBBS needs to have the ability to make changes to these guidelines prior to any review of the coverage guidance. Medical technology may change, or costs or medical practice may change prior to the scheduled re-review of a coverage guidance and the VBBS/HERC needs to be nimble in updating the guidelines. However, a significant change in the evidence, such as significant new study findings, should trigger a full review of the coverage guidance even if the guidance is not yet up for his every other year review.

Recommended Actions:

1) Modify Diagnostic Guideline D17 as shown in Appendix A
2) Add the following CPT codes to line 1 PREGNANCY and advise MAP to remove from the Diagnostic file.
    a. 76945 Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
    b. 76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
    c. 88235 Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
    d. 88267 Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
    e. 88269 Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding

MOTION: To recommend the code changes as presented and guideline note changes as modified. CARRIES 7-0.

- **Topic: Open wound of eardrum**

  Discussion: Smits reviewed the summary document for this topic. There was concern for not covering repair of wounds or perforations of the ear drum when these openings cause complications such as hearing loss. The decision was to approve the line merge as recommended. HERC staff was directed to review adding perforation repair CPT codes to a hearing loss line with a guideline specifying that these repairs should only be covered if there is documented hearing loss.

  Recommended Actions:
  1) Merge line 563 OPEN WOUND OF EAR DRUM Treatment: MEDICAL THERAPY with line 481 CHRONIC OTITIS MEDIA, OPEN WOUND OF EAR DRUM Treatment: PE TUBES/ ADENOIDECTOMY/ TYMPANOPLASTY, MEDICAL THERAPY and keep at line 479 for the January 1, 2016 Biennial Review Prioritized List
  2) HERC staff will bring back a proposal for allowing perforation repair in cases of hearing loss for the August VBBS meeting.

  MOTION: To recommend the line merge as presented. CARRIES 7-0.

- **Topic: Yttrium for liver cancer and liver metastases**

  Discussion: Smits reviewed the summary document. There was significant concern about the low level of evidence supporting the use of yttrium. The cost of this therapy was also concerning—cost was more than $20,000 per treatment. There was also discussion that the evidence best supported treatment of hepatocellular carcinoma (HCC), although this evidence is poor. Evidence for metastatic cancer to the liver is of even a lower level. It was also noted that there are three ongoing RCTs of yttrium as treatment for liver tumors or metastatic disease to the liver (SARAH, SIRT, and FOXFIRE studies). The subcommittee decided to not add yttrium therapy to the Prioritized List. HERC staff will bring this topic back for re-review once the ongoing RCTs are published and this new data can be reviewed. Note: yttrium 90 therapy for cancers other than liver cancer or metastatic cancer in the liver were not included in this discussion.
  Recommended Actions:
  - Do not add yttrium 90 therapy to line 320 for liver tumors

  MOTION: To add yttrium 90 therapy to the list for the treatment of liver cancers. CARRIES 7-0.

- **Topic: Left ventricular assist devices as destination therapy**

  Discussion: Smits reviewed the evidence supporting addition of left ventricular assist devices (LVADs) for destination therapy. There was discussion about the best criteria for patients to qualify for this therapy; staff had recommended CMS

coverage criteria, but the subcommittee felt that this criteria had a problematic exclusion of patients having to not be candidates for heart transplant. The concern was that this wording appears to prevent patients who qualify for transplantation from electing destination therapy. This would force patients onto the transplant list who might not want to be considered for transplant. Currently, LVADs as bridge to transplant are covered, so the guideline should allow patients to choose to receive LVADs for either as bridge to transplant or as destination therapy. The subcommittee wanted more information on what were the criteria for being a candidate for heart transplantation. The group felt that a guideline was needed, to restrict LVADs to only those patients with very severe heart failure. HERC staff were directed to look at cardiac transplant criteria, and to look at the patient inclusion criteria for the destination therapy studies and create a guideline note that reflects the study entry criteria. Dr. Howard Song, the expert from OHSU who previously has spoken to the VBBS on this topic, should be invited back to speak to the subcommittee, or one of his colleagues if he is not available.

Recommended Actions:

- HERC staff to research cardiac transplant criteria and study entry criteria for LVAD as destination therapy. HERC staff to invite experts to discuss this topic at a future meeting. HERC staff to revise the LVAD guideline and bring back to a future meeting for discussion.

➢ **Topic: Treatment for varicose veins**

Discussion: Smits reviewed the summary document. There was some discussion that there was no evidence to support broadening the complications that would allow coverage of varicose veins. The current coverage of varicose veins only being treated if they caused ulceration or infection was felt to encompass the major complications that require treatment of the varicosities. The addition of additional types of treatments based on good efficacy and lower cost was thought to be an excellent idea.

Recommended Actions:

1) Move ICD-9 454.1 (Varicose veins of lower extremities with inflammation) from line 209 SUPERFICIAL ABSCESSES AND CELLULITIS to line 522 PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
2) Add CPT 29582-29584, 36470-36479, 37500, 37700-37761, 37765, 37766, 37785, 37780 to line 522 PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
3) Add CPT 37765 (Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions) to line 648 VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
4) Add CPT 36470 and 36471 (Injection of sclerosing solution) and 36475-36479 (Endovenous ablation therapy of incompetent vein, extremity) to line 383 CHRONIC ULCER OF SKIN

5) Change the title of line 648 to VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR ~~INFLAMMATION~~ OTHER MAJOR COMPLICATION

MOTION: To recommend the code and line title changes as presented. CARRIES 7-0.

- **Topic: Developmental coordination disorder**

Discussion: Smits presented the summary document. There was no discussion.

Recommended Actions:

1) Remove ICD-9 315.4 (developmental coordination disorder, clumsiness syndrome, dyspraxia syndrome, or specific motor development disorder) and ICD-10 F82 (Specific developmental disorder of motor function) from lines 297 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS and 381 DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
    a. Advise MAP to place ICD-9 315.4 and ICD-10 F82 on the MAP "Undefined Conditions File"

MOTION: To recommend the code changes as presented. CARRIES 7-0.

- **Topic: Unspecified developmental diagnoses**

Discussion: Smits presented the summary document. There was no discussion.

Recommended Actions:

1) Remove ICD-9 315.9 (Unspecified delay in development) from lines 297 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS and 381 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
2) Remove ICD-9 348.9 (Unspecified condition of brain) from lines 75 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES, 297, 349 NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS and 318
3) Advise MAP to place ICD-9 315.9 and 348.9 on the DMAP "Undefined Conditions File"

MOTION: To recommend the code changes as presented. CARRIES 7-0.

- **Topic: Ventral hernia guideline**

  Discussion: Livingston reviewed the summary document. The discussion centered around whether a ventral hernia could cause serious disability if not repaired. Staff noted that the evidence for success for repairs was very poor; repairs of these types of hernia have a very low success rate. The guideline note changes were accepted without much discussion.

  Recommended Actions:
  1) Modify Guideline Note 24 as shown in Appendix A
  2) Rename Line 530 UNCOMPLICATED HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA); ~~AND~~ INCARCERATED VENTRAL HERNIA

  MOTION: To recommend the line title and guideline note changes as presented. CARRIES 7-0.

- **Topic: Penile anomalies**

  Discussion: Smits reviewed the summary document. There was minimal discussion.

  Recommended Actions:
  1) Add ICD-9 752.69 (Other penile anomalies) to line 667 GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
  2) Adopt a new guideline regarding repair of anomalies of penis as shown in Appendix B
  3) Delete current GN73 and GN89

  MOTION: To recommend the guideline note changes as presented. CARRIES 7-0.

- **Topic: Low back line reorganization follow-up issues**

  Discussion: Smits reviewed the recommended changes in the summary document. The first four changes had no discussion. There was considerable discussion about the definition of radiculopathy for GN105. There was concern that changing the definition to allow just radiating pain would widely expand the number of patients eligible for epidural steroid injection. However, staff noted that this definition was used by AHRQ in the major evidence review supporting use of lumbar epidural steroid injections. The subcommittee decided to follow the AHRQ definition.

Note: further discussion at HERC added “lower extremity” to the definition of radiculopathy in GN105 to be completely consistent with the AHRQ meta-analysis definition.

There was discussion about whether exercise therapy or PT should be included as a requirement for epidural steroid injections. It was felt to be a hard to enforce administrative burden. However, Hodges felt that she would be able to use this criteria in her prior authorization process without much issue.

There was discussion about the definition of radiculopathy in diagnostic guideline D4. The group felt that for this guideline, radiculopathy should include sensory and/or motor loss in addition to pain. It was stressed that the qualification for MRI for radiculopathy included being a surgical or lumbar epidural steroid injection candidate. Olson suggested changing the asterisks in the table to footnote numbers, which was felt to be an excellent idea. A fourth footnote was created to apply to spinal stenosis which only required the patient to be a surgical candidate, as lumbar epidural steroid injections are not indicated for spinal stenosis.

Recommended Actions:

1) Rename the lower surgical line 532 CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS
2) Add CPT 62310 (Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic) to lines 75 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES and 297 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
3) Remove CPT 62360-62362 (Implantation or replacement of device for intrathecal or epidural drug infusion) from lines 351 CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS, 366 SCOLIOSIS and 532
4) Remove CPT 62355 (Removal of previously implanted intrathecal or epidural catheter) and 62365 (Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion) from lines 351, 366 and 532
5) Modify GN72 as shown in Appendix A
6) Modify diagnostic guideline note D4 as shown in Appendix A
7) Modify GN105 as shown in Appendix A

MOTION: To recommend the code and guideline note changes as amended for the January 1, 2016 List. CARRIES 7-0.

- **Topic: Coverage Guidance—Revascularization for chronic stable angina**

  Discussion: Livingston presented the draft coverage guidance for revascularization for chronic stable angina recommended by the Evidence-based Guidelines Subcommittee. King presented the evidence summary. Dr. Edward Toggart, the HERC appointed expert, answered questions from the subcommittee. Toggart answered questions about the physiology of drug eluting stents and how this may contribute to their relative effectiveness. It was clarified that there is no controversy over the understanding that PCI does not improve mortality.

  There was a discussion about making ad hoc decisions for interventions during a diagnostic angiogram in high risk patients. In general, the coverage guidance language was concordant with common practice, and specific examples of high risk patients and the lack of evidence of the optimal strategy in this population was discussed. One grammatical change was made to the guideline. There were no concerns about the coding changes.

  Recommended Actions:
  1) Add ICD-10 I25.119, I25.709, I25.719, I25.729, I25.739, I25.759, I25.769, I25.799 (Atherosclerosis with unspecified angina) to line 193
     a. Advise MAP to remove from the Excluded File
  2) Adopt a new guideline regarding revascularization for chronic stable angina as shown in Appendix B

  MOTION: To approve the recommended code changes and guideline note to the Prioritized List based on the draft revascularization for chronic stable angina coverage guidance scheduled for review by HERC at their May 7, 2015 meeting. CARRIES 7-0.

- **Public Comment:**

  No additional public comment was received.

- **Issues for next meeting:**
  -Coverage of repair of eardrum perforations in cases of hearing loss
  -Left ventricular assist devices for destination therapy
  -Dysfunction line review
  -Optic neuritis
  -Temporary ureteral stents
  -Tobacco cessation coverage
  -Craniofacial anomalies and obstructive sleep apnea
  -Coverage for vaginal pap smears

- **Next meeting:**

  August 13, 2015 at Clackamas Community College, Wilsonville Training Center, Wilsonville Oregon, Rooms 111-112.

- **Adjournment:**

  The meeting adjourned at 12:55 PM.

Appendix A

Revised Guideline Notes

GUIDELINE NOTE 24, COMPLICATED HERNIAS

Line 172, 530

Complicated hernias ~~(excluding ventral hernias)~~ are included on ~~this line~~ Line 172 if they ~~are incarcerated (defined as non-reducible by physical manipulation) or have~~ cause symptoms of obstruction and/or strangulation. ~~Chronic incarceration that does not place the patient at risk for impending strangulation (e.g. such as a large ventral hernia with loss of domain), is included on Line 530 UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA).~~ Incarcerated hernias (defined as non-reducible by physical manipulation) are also included on Line 172, excluding ventral hernias. Incarcerated ventral hernias are included on Line 530, because the chronic incarceration of large ventral hernias does not place the patient at risk for impending strangulation.

GUIDELINE NOTE 25, MENTAL HEALTH PROBLEMS IN CHILDREN AGE FIVE AND UNDER RELATED TO NEGLECT OR ABUSE

Line 177

ICD-10-CM T76.02xA and T76.02xD (Child neglect or abandonment, suspected), (ICD-10-CM T74.02xA and T74.02xD (Child neglect or abandonment, confirmed), T74.22xA and T74.22xD (Child sexual abuse, confirmed), T76.22xA and T76.22xD (Child sexual abuse, suspected), T76.12xA and T76.12xD (Child physical abuse, suspected, ~~subsequent encounter~~) or T74.12xA and T74.12xD (Child physical abuse, confirmed) and corresponding ICD-9-CM codes 995.52, 995.53, 995,54 and ~~–~~ 995.59, may be used in any children when there is evidence or suspicion of abuse or neglect. These codes are to be used when the focus of treatment is on the alleged child victim. This can include findings by child welfare of abuse or neglect; or statements of abuse or neglect by the child, the perpetrator, or a caregiver or collateral report. Although these diagnoses can be used preventively, i.e. for children who are not yet showing symptoms, presence of symptoms should be demonstrated for interventions beyond evaluation or a short-term child or family intervention.

The codes T74.02xA, T74.02xD, T764.02XA, T764.02XD, T74.22xA, T74.22xD, T76.22xA, T76.22xD, T76.12xA, T76.12xD, T74.12xA or T74.12xD and corresponding ICD-9-CM codes 995.52, 995.53, 995,54 and ~~–~~995.59 may be used in children age five and younger and, in these instances only, is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual counseling and therapy: 90785, 90832-90838, 99201-99215
- Group therapy: 90832-90838, 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA

Line 394

Tympanostomy tubes (CPT 69436) are only included on this line as treatment for

1) recurrent acute otitis media (three or more well-documented and separate episodes in six months or four or more well-documented and separate episodes in ~~one year~~ the past 12 months with at least 1 episode in the past 6 months) ~~that fail appropriate medical management~~ in patients who have unilateral or bilateral middle ear effusion at the time of assessment for tube candidacy, or

~~2) for patients who fail medical treatment secondary to multiple drug allergies or who fail two or more consecutive courses of antibiotics, or~~

3) 2) patients with complicating conditions (immunocompromised host, meningitis by lumbar puncture, acute mastoiditis, sigmoid sinus/jugular vein thrombosis by CT/MRI/MRA, cranial nerve paralysis, sudden onset dizziness/vertigo, need for middle ear culture, labyrinthitis, or brain abscess).

Patients with craniofacial anomalies, Down's syndrome, cleft palate, permanent hearing loss of 25dB or greater independent of otitis media with effusion, and patients with speech and language delay may be considered for tympanostomy if unresponsive to appropriate medical treatment or having recurring infections (without needing to meet the strict "recurrent" definition above).

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on line 427 as a complication, pairing with 385.83/ H74.8xX

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION

Line 317,481

Antibiotic and other medication therapy (including antihistamines, decongestants, and nasal steroids) are not indicated for children with chronic otitis media with effusion (OME) (without another appropriate diagnosis).

Patients with specific higher risk conditions (including craniofacial anomalies, Down's syndrome, and cleft palate, or documented speech and language delay) along with hearing loss and chronic otitis media with effusion are intended to be included on Line 317. Otherwise hearing loss associated with chronic otitis media with effusion (without those specific higher risk conditions) is only included on Line 481.

For coverage to be considered on either Line 317 or 481, there should be a 3 to 6 month watchful waiting period after diagnosis of otitis media with effusion, and if documented hearing loss is greater than or equal to 25dB in the better hearing ear, tympanostomy surgery may be indicated, given short- but not long- term improvement in hearing. Formal audiometry is indicated for children with chronic OME present for 3 months or longer. Children with language delay, learning problems, or significant hearing loss should have hearing testing upon diagnosis. Children with chronic OME who are not at risk for language delay (such as those with hearing loss <25dB in the better hearing ear) or developmental delay (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.

Adenoidectomy is not indicated at the time of first pressure equalization tube insertion. It may be indicated in children over 3 years who are having their second set of tubes.

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on line 427 as a complication, pairing with 385.83/ H74.8xX.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-management-chronic-otitis.aspx

GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS

Lines ~~374,545,~~ 351, 366, 532, 607

Electronic analysis of intrathecal pumps, with or without programming (CPT codes 62367-~~62368~~62370), is included on these lines only for pumps implanted prior to April 1, 2009.

Appendix A

GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS FOR LOW BACK PAIN

Line 407

Epidural lumbar steroid injections (CPT 62311, 64483, 64484) are included on this line for patients with persistent radiculopathy due to herniated lumbar disc, where radiculopathy is defined as [lower extremity[1]] pain in a nerve root distribution, with or without weakness or sensory deficits. ~~showing objective evidence of one or more of the following:~~

~~A) Markedly abnormal reflexes~~
~~B) Segmental muscle weakness~~
~~C) Segmental sensory loss~~
~~D) EMG or NCV evidence of nerve root impingement~~

One epidural steroid injection is included on ~~these lines~~ this line; a second epidural steroid injection may be provided after 3-6 months only if objective evidence of 3 months of sustained pain relief was provided by the first injection. It is recommended that shared decision-making regarding epidural steroid injection include a specific discussion about inconsistent evidence showing moderate short-term benefits, and lack of long-term benefits. Epidural lumbar steroid injections are not included on ~~these lines~~ this line for spinal stenosis or for patients with low back pain without radiculopathy. Epidural steroid injections are only included on this line when the patient is also participating in an active therapy such as physical therapy or home exercise therapy.
The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-percutaneous-low-back.aspx

[1] Change approved by HERC on May 7, 2015 HERC

GUIDELINE NOTE 127, GENDER DYSPHORIA

Line 413

Hormone treatment ~~is included on this line only for use in delaying the onset of puberty and/or continued pubertal development~~ with GnRH analogues for delaying the onset of puberty and/or continued pubertal development is included on this line for gender questioning children and adolescents. This therapy should be initiated at the first physical changes of puberty, confirmed by pubertal levels of estradiol or testosterone, but no earlier than Tanner stages 2-3. Prior to initiation of puberty suppression therapy, adolescents must fulfill eligibility and readiness criteria and must have a comprehensive mental health evaluation. Ongoing psychological care is strongly encouraged for continued puberty suppression therapy.

Cross-sex hormone therapy is included on this line for treatment of adolescents and adults with gender dysphoria who meet appropriate eligibility and readiness criteria. To qualify for cross-sex hormone therapy, the patient must:

1. have persistent, well-documented gender dysphoria
2. have the capacity to make a fully informed decision and to give consent for treatment
3. have any significant medical or mental health concerns reasonably well controlled
4. have a thorough psychosocial assessment by a qualified mental health professional with experience in working with patients with gender dysphoria

Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria. To qualify for surgery, the patient must:

1. have persistent, well documented gender dysphoria
2. have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
3. have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient

4. have the capacity to make a fully informed decision and to give consent for treatment
5. have any significant medical or mental health concerns reasonably well controlled
6. have two referrals from qualified mental health professionals with experience in working with patients with gender dysphoria who have independently assessed the patient. Such an assessment should include the clinical rationale supporting the patient's request for surgery, as well as the rationale for the procedure(s)

DIAGNOSTIC GUIDELINE D4, ADVANCED IMAGING FOR LOW BACK PAIN

In patients with non-specific low back pain and no "red flag" conditions [see Table D4], imaging is not a covered service; otherwise work up is covered as shown in the table.
Electromyelography (CPT 96002-4) is not covered for non-specific low back pain.

Table D4
Low Back Pain - Potentially Serious Conditions ("Red Flags") and Recommendations for Initial Diagnostic Work-up

Possible cause	Key features on history or physical examination	Imaging[1]	Additional studies[1]
Cancer	• History of cancer with new onset of LBP	MRI	ESR
	• Unexplained weight loss • Failure to improve after 1 month • Age >50 years • Symptoms such as painless neurologic deficit, night pain or pain increased in supine position	Lumbosacral plain radiography	
	• Multiple risk factors for cancer present	Plain radiography or MRI	
Spinal column infection	• Fever • Intravenous drug use • Recent infection	MRI	ESR and/or CRP
Cauda equina syndrome	• Urinary retention • Motor deficits at multiple levels • Fecal incontinence • Saddle anesthesia	MRI	None
Vertebral compression fracture	• History of osteoporosis • Use of corticosteroids • Older age	Lumbosacral plain radiography	None
Ankylosing spondylitis	• Morning stiffness • Improvement with exercise • Alternating buttock pain • Awakening due to back pain during the second part of the night • Younger age	Anterior-posterior pelvis plain radiography	ESR and/or CRP, HLA-B27
Nerve compression/ disorders (e.g. herniated disc with radiculopathy)	• Back pain with leg pain in an L4, L5, or S1 nerve root distribution present < 1 month • Positive straight-leg-raise test or crossed straight-leg-raise test	None	None
	• Radiculopathic signs[2] present >1 month • Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness	MRI[3]	Consider EMG/NCV
Spinal stenosis	• Radiating leg pain • Older age • Pain usually relieved with sitting (Pseudoclaudication a weak predictor)	None	None
	• Spinal stenosis symptoms present >1 month	MRI[4]	Consider EMG/NCV

Appendix A

[1] Level of evidence for diagnostic evaluation is variable

[2] Radiculopathic signs are defined for the purposes of this guideline ~~is defined~~ as ~~the presence of~~ ~~as in Guideline Note 37 with~~ ~~any of the following:~~ pain, weakness, or sensory deficits, in a nerve root distribution

~~A. Markedly abnormal reflexes~~
~~B. Segmental muscle weakness~~
~~C. Segmental sensory loss~~
~~D. EMG or NCV evidence of nerve root impingement~~
~~E. Cauda equina syndrome,~~
~~F. Neurogenic bowel or bladder~~
~~G. Long tract abnormalities~~

[3] Only if patient is a potential candidate for surgery or, if indicated, lumbar epidural steroid injection (see guideline note 105)

[4] Only if patient is a potential candidate for surgery

Red Flag: Red flags are findings from the history and physical examination that may be associated with a higher risk of serious disorders. CRP = C-reactive protein; EMG = electromyography; ESR = erythrocyte sedimentation rate; MRI = magnetic resonance imaging; NCV = nerve conduction velocity.

Extracted and modified from Chou R, Qaseem A, Snow V, et al: Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007; 147:478-491.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-adv-imaging-low-back.aspx

DIAGNOSTIC GUIDELINE D17, PRENATAL GENETIC TESTING

The following types of prenatal genetic testing and genetic counseling are covered for pregnant women:

1. Genetic counseling (CPT 96040, HPCPS S0265) for high risk women who have family history of inheritable disorder or carrier state, ultrasound abnormality, previous pregnancy with aneuploidy, or elevated risk of neural tube defect.
2. Genetic counseling (CPT 96040, HPCPS S0265) prior to consideration of chorionic villus sampling (CVS), amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening
3. Validated questionnaire to assess genetic risk in all pregnant women
4. Screening high risk ethnic groups for hemoglobinopathies (CPT 83020, 83021)
5. Screening for aneuploidy with any of five screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, and contingency] (CPT 76813, 76814, 81508-81511)
6. Cell free fetal DNA testing (CPT 81507) for evaluation of aneuploidy in women who have an elevated risk of a fetus with aneuploidy (maternal age >34, family history or elevated risk based on screening).
7. Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
8. CVS or amniocentesis (CPT 59000, 59015, 76945, 76946, 88235, 88267, 88280, 88291) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
9. Array CGH (CPT 81228, 81229) when major fetal congenital anomalies are apparent on imaging, or with normal imaging when array CGH would replace karyotyping performed with CVS or amniocentesis in #8 above ~~and karyotype is~~ ~~normal~~
10. FISH testing (CPT 88271, 88275) only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)

Appendix A

11. Screening for Tay-Sachs carrier status (CPT 81255) in high risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
12. Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
13. Screening for fragile X status (CPT 81243, 81244) in patients with a personal or family history of
    a. fragile X tremor/ataxia syndrome
    b. premature ovarian failure
    c. unexplained early onset intellectual disability
    d. fragile X intellectual disability
    e. unexplained autism through the pregnant woman's maternal line
14. Screening for spinal muscular atrophy (CPT 81401) once in a lifetime
15. Screening those with Ashkenazi Jewish heritage for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255)
16. Expanded carrier screening only for those genetic conditions identified above

The following genetic screening tests are not covered:

1. Serum triple screen
2. Screening for thrombophilia in the general population or for recurrent pregnancy loss
3. Expanded carrier screening which includes results for conditions not explicitly recommended for coverage

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/CoverageGuidances/Prenatal%20Genetic%20Testing.pdf

Appendix B

New Guideline Notes

GUIDELINE NOTE XXX, PENILE ANOMALIES

Lines 438, 667

Anomalies of the penis (ICD-9 752.63, 752.65, 752.69/ICD-10 Q54.4, Q55.5, Q55.6x) are included on line 438 only when they

1) Are associated with hypospadias, OR
2) Result in documented urinary retention, OR
3) Result in repeated urinary tract infections, OR
4) Result in recurrent infections such as meatitis or balanitis, OR
5) Involve 35 degrees of curvature or greater for conditions resulting in lateral or ventral curvature, OR
6) Involve 60 degrees of rotation or greater for conditions resulting in penile torsion, OR
7) Involve aplasia/congenital absence of the penis.

Otherwise, these diagnoses are included on line 667.

GUIDELINE NOTE XXX, REVASCULARIZATION FOR CHRONIC STABLE ANGINA

Line 193

Coronary revascularization with percutaneous coronary intervention (PCI; CPT 92920-92944) or coronary artery bypass surgery (CABG; CPT 33510-33516, 33517-33530, 33533-33536) is included on this line for patients with stable angina (ICD-9 413.x, 414.0x, 414.8, 414.9/ICD-10 I20.x, I25.111-119, I25.701-9, I25.711-9, I25.721-9, I25.731-9, I25.751-9, I25.761-9, I25.791-9,I25.89, I25.9) whose symptoms are not controlled with optimal medical therapy for angina or who cannot tolerate such therapy.

Optimal medical therapy for angina symptom control is defined as two or more antianginals (beta-blocker, nitrate, calcium channel blocker, or ranolazine) in addition to standard treatment for coronary artery disease.

For those with left main coronary artery stenosis or three-vessel coronary artery stenosis, CABG is included on this line with or without a trial of optimal medical therapy.

Appendix C

Deleted Guideline Notes

~~GUIDELINE NOTE 73, CONGENITAL CHORDEE~~

~~*Line 438*~~

~~Congenital chordee (ICD-10-CM Q54.4/ICD-9-CM 752.63) is included on Line 438 only for severe cases (35 degrees of curvature or greater) and for all cases associated with hypospadias.~~

~~GUIDELINE NOTE 89, REPAIR OF HIDDEN PENIS~~

~~*Line 438*~~

~~Repair of hidden penis (ICD-10-CM Q55.64/ICD-9-CM 752.65) is only covered if the patient has documented urinary retention, repeated urinary tract infections, meatitis, or balanitis.~~