

PRIORITIZATION OF HEALTH SERVICES

**A Report to the Governor and the 74th Oregon
Legislative Assembly**

**Oregon Health Services Commission
Office for Oregon Health Policy and Research
Department of Administrative Services
2007**



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- DHS, Division of Medical Assistance Programs
- DHS, Seniors & People with Disabilities Division
- Oregon Association of Hospitals and Health Systems
- Oregon Dental Association
- Oregon Health Action Campaign
- Oregon Health Decisions
- Oregon Medical Association
- Meridian Park Hospital

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Executive Summary

The Health Services Commission has fulfilled its legislative mandates during the 2005-07 biennium in regards to its maintenance and review of the Prioritized List of Health Services.

The Commission's work over the past two years has resulted in the Prioritized List of Health Services for the 2005-07 biennium that appears in Appendix C. From July 2005 to July 2006 the Commission conducted the most comprehensive biennial review of the List since its implementation in 1994. The Commission feels that the health of the state's population would benefit the most by providing as many of its citizens as possible with preventive services and treatments for the management of chronic diseases such as diabetes, depression, asthma, and hypertension. While life saving treatments for acute stage disease are very important from the perspective of the individual and continue to rank high on the new Prioritized List, a new prioritization methodology developed by the Commission gives added emphasis to the preventive care and chronic diseases management services that can often prevent these crisis situations. The new methodology uses nine ranked broad categories of care to provide the framework for the new list and a set of measures to compare the impact of conditions on the health of both the individual and the population. OHP clients, their advocates, health care providers and other stakeholders were consulted at various stages of the process and were found to be in support of the new emphasis on prevention and chronic disease management. The Commission believes the list created using the new methodology provides not only a better reflection of the importance of health care services to the population currently being served by the Oregon Health Plan, but also a tool for potential future expansions while ensuring that the available resources are used in a more effective manner.

The Commission continues to use the process it established at the direction of HB 3624 (2003) to use clinical effectiveness and cost-effectiveness in prioritizing health services. Evidence-based research and cost-effectiveness analyses, where available, are used to confirm a service's current placement on the List or determine whether and where a new treatment should be added to the List.

As state resources continue to be stretched by competing demands, the Commission is constantly looking for ways to control costs to the Oregon Health Plan so that the largest number of people can be served. Practice guidelines are becoming an increasingly important mechanism in striving towards this goal. Fifteen new guidelines were developed over the past two years and eight

previously existing guidelines were modified. The Commission is currently working with Oregon Health Plan (OHP) Medical Directors, the Department of Human Services Actuarial Services Unit, and the Division of Medical Assistance Program's Evaluation and Analysis Unit to make sure only appropriate diagnostic services are covered under OHP without being subject to the Prioritized List and that those services are being managed in an efficient manner.

In the process of maintaining the Prioritized List over the last two years, the Commission produced four sets of interim modifications that were forwarded to the President of the Senate and Speaker of the House. Almost 3,000 individual changes were made as part of the interim maintenance of the List, many of which were necessitated by annual updates to the diagnosis and procedure codes used to define the condition-treatment pairs. An independent actuarial firm determined that none of the interim modifications made during the 2005-07 biennium would have a fiscal impact requiring presentation to the Oregon Legislative Emergency Board.

The Health Services Commission stands ready to provide its experience and expertise in setting health care priorities as the Governor and Oregon Legislative Assembly consider reform options to cover the State's 117,000 uninsured children and, potentially, all Oregonians.

CHAPTER ONE:
**A HISTORY OF HEALTH SERVICES
PRIORITIZATION UNDER THE
OREGON HEALTH PLAN**

Enabling Legislation¹

In 1987, the Oregon Legislature realized that it had no method for allocating resources for health care that was both effective and accountable. Over the next two years, policy objectives were developed to guide the drafting of legislation to address this problem. These policy objectives included:

- Acknowledgment that the goal is health rather than health services or health insurance
- Commitment to a public process with structured public input
- Commitment to meet budget constraints by reducing benefits rather than cutting people from coverage or reducing payments to levels below the cost of care
- Commitment to use available resources to fund clinically effective treatments of conditions important to Oregonians
- Development of explicit health service priorities to guide resource allocation decisions
- Commitment to maintain the integrity of the prioritization process, including a prohibition against changes to the priorities as part of Legislative funding decisions

The strategy was to move away from “rationing” by excluding people from health coverage or reducing access through underpayment. Instead, when budget limits required reductions in budget costs, health services would be eliminated according to explicit priorities established by an independent commission through an accountable, public process.

Based on these policy objectives, legislation was passed in 1989 creating the Health Services Commission, a volunteer body charged with developing a list of health services prioritized from most important to least important to the entire population to be covered.² Commission membership is stipulated in statute and must consist of five physicians (including one doctor of osteopathy), one public health nurse, and one social worker, with the remaining four members representing purchasers and consumers of health care.

Early Prioritization Efforts

In setting about its work, the Commission immediately realized that it required the best available information on clinical effectiveness in order to set meaningful priorities, and that specificity would be necessary in defining a particular service for a particular condition. A review of outcomes studies revealed that clinical experience and judgment would need to be the basis for identifying outcomes for most treatments as evidence-based medicine was still in its infancy. The Health Outcomes Subcommittee was established to work with hundreds of specialists and sub-specialists to gauge the In addition to this information on clinical effectiveness, the Commission also requested information on public values concerning health care. The Social Values

¹ The text of Chapter One was adapted from *A Brief History of Prioritization in Oregon*, Bob DiPrete and Darren Coffman, <http://oregon.gov/DAS/OHPPR/HSC/PrioritizationHistory.shtml>.

² Although it was envisioned at this time that the prioritized list would determine the minimum acceptable benefit package for all Oregonians, in fact the only application has been to determine covered benefits for those on Medicaid and SCHIP.

Subcommittee was responsible overseeing the gathering of this public input using three methods: 1) twelve public hearings in which testimony was taken from Oregonians concerning their health care experiences and preferences; 2) approximately 50 focus groups around the state in which facilitators helped citizens to identify health values on which there was some degree of consensus; and 3) a survey of 1001 Oregonians to identify the impact on overall health resulting from a broad range of hundreds of conditions such as shortness of breath, limited range of motion, social dysfunction, and hearing loss. These three methods provided the Commission with a sense of the relative importance of treating a condition as expressed by those who would be covered by the benefit package resulting from the prioritization of services.

Finding no other examples of such an attempt at health care prioritization anywhere else in the world from which to borrow, the Commission began from scratch. Its first approach to prioritization used the formula shown in Figure 1.1 to derive cost/utility values for each condition-treatment (CT) pair, and then ranked these CT pairs as health services accordingly.

**FIGURE 1.1
COST/UTILITY FORMULA USED IN FIRST PRIORITIZATION ATTEMPT**

$$B_n = \frac{c}{Y * \left[\sum_{i=1}^5 (p_{i1} * QWB_{i1}) - \sum_{i=1}^5 (p_{i2} * QWB_{i2}) \right]}$$

[With Treatment]
[Without Treatment]

$$\text{with } QWB_{ik} = 1 + \sum_{j=1}^{30} d_{ijk} w_j \quad k=1,2$$

where:

- B_n = the net benefit value ratio for the nth condition/treatment pair to be ranked.
- c = cost with treatment, including all medications and ancillary services as well as the cost of the primary procedure.
- Y = the years for which the treatment can be expected to benefit the patient with this condition.
- [term] = the difference in probability weighted QWBs with and without treatment.
- QWB = subjectively weighted sum of health limitations associated with a specific outcome.

The result was deemed unacceptable because it conflicted substantially with the judgment of all Commission members, both physicians and non-physicians. In brief, the problem was that very inexpensive, very effective treatments for relatively unimportant conditions (e.g. malocclusion due to thumb sucking) ranked higher than moderately expensive, moderately effective treatments for very serious conditions. The lesson learned was that while a cost/utility analysis can gauge the cost of remedying a condition, it cannot address the importance of treating the condition in

the first place. The Commission's response was to abandon the cost/utility formula and base its prioritization on general categories of care, which were ranked to reflect relative importance based on public input first, and effectiveness and cost secondarily. These categories are:

- Category 1: Acute fatal condition, treatment prevents death with full recovery
- Category 2: Maternity care
- Category 3: Acute fatal condition, treatment prevents death without full recovery
- Category 4: Preventive care for children
- Category 5: Chronic fatal condition, treatment improves life span and quality of life
- Category 6: Reproductive services (excluding maternity and infertility services)
- Category 7: Comfort care
- Category 8: Preventive dental care
- Category 9: Proven effective preventive care for adults
- Category 10: Acute non-fatal conditions, treatment causes return to previous health state
- Category 11: Chronic non-fatal condition, one-time treatment improves quality of life
- Category 12: Acute non-fatal condition, treatment does not result in a return to previous health state
- Category 13: Chronic non-fatal condition, repetitive treatment improves quality of life
- Category 14: Self-limiting conditions where treatment expedites recovery
- Category 15: Infertility services
- Category 16: Less effective preventive care for adults
- Category 17: Fatal or non-fatal condition, treatment causes minimal or no improvement in quality of life

Within these ranked categories, specific services were prioritized based on effectiveness and cost. The Commission also established three subcommittees: the Mental Health Care and Chemical Dependency Subcommittee, the Subcommittee on the Aged, Blind and Disabled, and the Health Outcomes Subcommittee. These subcommittees helped to ensure that the needs of vulnerable populations were fully taken into account, and that the best information on health outcomes was continually available to the Commission as it established and maintained the prioritized list.

As a final step in prioritizing health services, Commission members moved CT pairs "by hand" to assure that the prioritized list reflected their best judgment as clinicians and as representatives of those to be covered under the resulting benefit package.

Gaining Waiver Approval

At this point in the development of the first prioritized list, an unforeseen political problem emerged. Attorneys within the federal Department of Health and Human Services (DHHS) interpreted the Americans with Disabilities Act (ADA) in such a way that they construed the Commission's methodology for setting priorities to be in conflict with that law. Put briefly, the perceived problem was that in asking the public for input on social values, the Commission may have come under the influence of biases against people with disabilities. As a result, the Commission was required to remove all public input obtained from the survey described above.

The federal position was that in order to avoid problems with the ADA, priorities could only be based two objective factors: 1) whether the treatment prevents death and, 2) the cost of the treatment. While the Commissioners did not feel that their original methodology was biased against any group, they reluctantly agreed to modify it in order to achieve the goal of greater health care access. Because most objective measures representing health outcomes were not allowed, the subjective collective judgment of the Commissioners became more of a factor. As a result, many of the public values on health that had been expressed through the community meetings, the telephone survey, and in public testimony were reflected through the application of Commissioner judgment in the final prioritization process.

Since its inception in 1993, the Prioritized List of Health Services has been revised every two years as part of Oregon's biennial budget process. An example of a change resulting from these biennial revisions is the movement of cochlear implants to a higher position based on improved outcomes information. Additionally, interim modifications can be made to the list between biennial reviews to account for changes in medical codes and medical advancements that need immediate attention. Examples of the latter include a higher placement for chronic hepatitis C with the treatment of interferon and the inclusion of services related to the Oregon Death With Dignity Act (which became legal in the state of Oregon in 1997). The Commission also establishes guidelines for those instances where over-utilization is a known problem (e.g. back surgery, hysterectomy) or where ICD-9-CM codes do not provide the necessary differentiation between conditions with significantly varying severity levels (e.g. psoriasis).

In 2006 the Commission completed the first revision in the methodology since implementation, resulting in a complete reprioritization of the entire list. Like the methodology that produced the 1991 list, a ranked set of broad categories defines the framework of the list. This time greater emphasis is placed on preventive services and chronic disease management, reflecting the fact that providing health care before reaching crisis mode will prevent avoidable morbidity and mortality. See Chapter 2 for an in depth description of the new methodology developed over the last two years as part of the biennial review of the Prioritized List.

Impact

The Prioritized List has succeeded in guiding decisions about the allocation of public resources for health coverage and in making these decisions more explicit and accountable. It has also succeeded in making health policy more reflective both of the best evidence available on clinical effectiveness and of the preferences of those affected by these health policy decisions. Also, physician practice has altered over time to reflect the benefits defined by the Prioritized List.

The Prioritized List has not succeeded in shifting responses to budget constraints entirely to reductions in benefits, although this was a major policy objective from the beginning. This is because the federal government has been reluctant to allow Oregon to reduce benefits when revenues decline, forcing the state to make adjustments in eligibility and in payment levels to keep within budget. This political constraint has prevented a full exploration of the effectiveness of the prioritization of services in meeting budget limits while maintaining the commitment to cover all those in need and the commitment to pay providers at levels sufficient to cover the cost of care. Even if Oregon were free to move the line further, the range just above the current

funding level begins to include some serious but treatable conditions. Reducing benefits to within this range would present serious medical and ethical difficulties, as this population would likely not be able to afford the care otherwise.

The Prioritized List has had a modest impact on costs per member per month. The actuary has estimated that the costs associated with the funded portion of the List are approximately 90% of the cost of funding the entire List. The reason the impact is not greater is that much of the more expensive care is found high on the List. In fact, diagnostic services - which are very expensive and growing even more costly every year - are in effect ranked at line zero in the sense that the care required to arrive at a diagnosis is always covered.

Public support for the prioritization process was strong at the outset and has never weakened, and the integrity of the Prioritized List has never been questioned by providers or consumers of health services. Moreover, the legislators who make the decisions on allocating public resources for health care have accepted the independence of the prioritization process from the legislature.

In 2002, at the Governor's request, the Commission developed a second prioritized list at a much more summary level to be used in further expanding health coverage. This list prioritized broad categories of service (e.g. hospital inpatient, physician, prescription drugs, and mental health) and identifies cost sharing levels for each category of service at each priority level³ (so that a given category of service may appear more than once on the list with two or more levels of cost sharing). This methodology does not require analysis at the ICD-9-CM/CPT-4 level, and its goal was to develop a public program benefit package that approximates the typical private insurance benefits purchased by Oregon businesses for employees.

A reduced benefit package, called "OHP Standard" was created by overlaying the more detailed Prioritized List of CT pairs with the prioritized categories of services so that within a category (e.g. physician care) nothing is covered that is not "above the line" on the larger Prioritized List of Health Services. This package is available to the optional Medicaid populations that gained eligibility under Oregon's Medicaid Demonstration. The "original" Prioritized List of CT pairs is still used exclusively to define the "OHP Plus" benefits provided to the mandatory Medicaid populations.

Coverage under the Prioritized List has been primarily in managed care, and many participating managed care plans have developed mechanisms for accommodating practice patterns to the benefit package defined by the list. Participating health plans have included large commercial plans, hospital-based plans, and IPA-based plans. In addition, the delivery system has included partial-capitation health plans and primary care case managers outside major population centers.

Since its inception, over 1.5 million Oregonians have been covered under the Prioritized List. Over that same time period, between 5 and 6 million people have lived in the state. In effect, roughly one-third of the state's population has been touched by the expanded access made possible by setting explicit health service priorities.

³ A US District court ruling prompted the State of Oregon to remove the requirement of copays under OHP Standard effective June 19, 2004.

See Figure 1.2 for a chronology of the development and implementation of the Oregon Health Plan.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1987 Legislative Session				Established the Insurance Pool Governing Board (IPGB) ⁴ (HB 2594, 1987)
1989 Legislative Session	Developed the framework for Phase I of the Demonstration ⁵ (SB 27, 1989)	Expanded eligibility to 100% FPL (SB 27, 1989)	Established the Health Services Commission (HSC) ⁶ (SB 27, 1989)	Established the Employer Mandate ⁷ scheduled for implementation in Jan. 1994 (SB 935, 1989) Established the Oregon Medical Insurance Pool (OMIP) ⁸ (SB 534, 1989)
April 1989				IPGB made insurance available to small businesses and offered tax credit
Sept. 1990				OMIP issued its first policies.

⁴ A state agency that offers self-employed and small businesses (1 to 25 employees) the opportunity to purchase affordable small group health insurance from private health insurance companies.

⁵ The Demonstration required waivers of federal law from the Health Care Financing Administration (HCFA) to extend Medicaid coverage to Oregonians with incomes below 100% of the federal poverty level (FPL) through a guaranteed set of benefits (Basic Health Care Package) based on a prioritized list of health services. Phase I covered new eligibles (adults, couples and families with incomes below 100% of FPL who do not qualify for Medicaid under any other category) and Medicaid recipients qualifying under the following categories: Aid to Families with Dependent Children (now known as Temporary Assistance to Needy Families), Poverty Level Medical (PLM) Adults below 133% FPL, PLM Children under 100% of FPL, PLM Children under age 6 and between 100%-133% of FPL, and General Assistance.

⁶ Created to group medical conditions and treatments and then rank them from most to least important to the population to be served.

⁷ Required all employers to either offer group health insurance or pay into a statewide insurance pool through a payroll tax.

⁸ Provides health insurance to people who cannot buy coverage because of preexisting medical problems.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1991 Legislative Session	Developed the framework for Phase II of the Demonstration ⁹ (SB 44, 1991)		Legislature adopted the 1991 prioritized list, funding through line 587/709 Legislature directed HSC to integrate mental health and chemical dependency services into the prioritized list for consideration in future funding (SB 1076, 1991)	Employer Mandate postponed ¹⁰ (SB 1076, 1991) Established the Health Resources Commission (HRC) ¹¹ (SB 1077, 1991) Established Small Employer Health Insurance Reforms (SB 1076, 1991)
5/1/1991			HSC recommended the first prioritized list ¹² to the Governor and Legislature	
Aug. 1991	Submitted the Medicaid waiver application to HCFA			
Aug. 1992	HCFA denied the waiver application because of possible violations of the Americans with Disabilities Act (ADA)			

⁹ Phase II added mental health and chemical dependency services to the benefit package and .Medicaid recipients qualifying under the following categories: Old Age Assistance, Assistance to the Blind and Disabled, and children in the care and/or custody of the state

¹⁰ Required employers by July 1, 1995 to cover employees working 17.5 hours or more per week and their dependents, or pay into a special state insurance fund which will offer coverage to those employees and dependents.

¹¹ Established to develop a process for deciding on the allocation of medical technologies in Oregon.

¹² Methodology documented in HSC's 1991 Prioritization of Health Services Report to the Governor and Legislature.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
Oct. 1992			HSC revised the prioritization methodology and reordered the list ¹³	
Nov. 1992	Resubmitted application for Medicaid waiver to HCFA			
1993 Legislative Session			Legislature directed HSC to review and adopt clinical practice guidelines (SB 757, 1993)	Postponed Employer Mandate ¹⁴ until March 31, 1997 (SB 5530, 1993) Implemented insurance reforms targeted at small employers Created the Office of the Oregon Health Plan Administrator (OHPA) ¹⁵ (SB 5530, 1993)
3/19/1993	HCFA approved Oregon's Demonstration contingent on reordering of the prioritized list ¹⁰			

¹³ Methodology documented in HSC's 1993 Prioritization of Health Services Report to the Governor and Legislature.

¹⁴ Employer mandate deferred again until March 31, 1997, for those with 26 or more employees, and to January 1, 1998, for those with 25 or fewer employees. Implementation dependent on Congressional exemption to the federal Employee Retirement Income Security Act (ERISA). If not exempted by January 2, 1996, the mandate would sunset.

¹⁵ Now known as the Office for Oregon Health Plan Policy and Research (OHPPR).

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
4/19/1993			HSC revised the prioritization methodology and reordered the list which was approved by HCFA ¹⁶	
June 1993			Legislature adopted 1993 HSC report ¹⁷	
Dec. 1993	Submitted Phase II waiver amendment to HCFA			
2/1/1994	OMAP implemented Phase I ¹⁸ of the Medicaid Demonstration (SB 5530, 1993)	Dropped AFDC Medically Needy Program concurrently with the implementation of Phase I.	Began using the 1993 physical health services prioritized list	
Sept. 1994	HCFA approved Phase II waiver amendment request			

¹⁶ Methodology documented in HSC's 1993 Prioritization of Health Services Report to the Governor and Legislature.

¹⁷ This report includes both a physical health services prioritized list, which the legislature funded through line 565 of 696 and an integrated health services prioritized list, including mental health and chemical dependency services, funded through line 606 of 745.

¹⁸ About 120,000 new eligibles joined in the first year, exceeding the enrollment expected by the end of the third year of the demonstration.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1995 Legislative Session			Legislature adopted the 1995 prioritized list, funding through line 581/745 ¹⁹	Merged the Health Division's Office of Health Policy into OHPA (SB 1079, 1995) Adopted small group insurance reform ²⁰ (SB 152, 1995) Established managed care patient protections (SB 979, 1995)
1/1/1995	Added chemical dependency services in all 36 counties Added mental health services in 20 of 36 counties (25% of the Medicaid population)	Added Phase II populations ²¹	Began using the 1993 integrated health services prioritized list	
7/1/1995	Held mental health at 25% of the Medicaid population until 07/01/97 (HB 3445, 1995)			

¹⁹ Beginning with the HSC's 1995 report, a single integrated list of health services was recommended to the Governor and Legislature.

²⁰ A major insurance reform package; including provisions to ensure that health insurance coverage comparable to that available to large groups is available to individuals of groups of two or more.

²¹ Services were covered under fee-for-service until managed care enrollment occurred. The decision making process was completed no later than 10/01/95.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
10/1/1995		Based eligibility on 3 month's average income instead of 1 month Added liquid asset test of \$5,000 Dropped full time college students	Began using the 1995 prioritized list	
12/1/1995		Charged premiums to people classified as New Medicaid Eligibles. ²²		
1/2/1996				Sunset of Employer Mandate according to provision ²³ (SB 5530, 1993)

²² A "new eligible" is an individual enrolled in the Medicaid Program as a result of the Medicaid Demonstration. Premiums ranged from \$6 to \$28 per month for a family of four.

²³ Automatically repealed due to lack of Congressional ERISA waiver.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
10/1/1996	Separated dental and physical health care. Dental delivered through DCO's.			<p>Reduced OMIP rates to 125% of private insurance rates (SB 152, 1995)</p> <p>Implemented IPGB's small employers revisions (SB 152, 1995)</p>
1997 Legislative Session			Legislature adopted 1997 prioritized list ²⁴ with funding through line 574/743	<p>Modified managed care patient protections (SB 21, 1997)</p> <p>Established health insurance reforms (SB 98, 1997)</p> <p>Established the Family Health Insurance Assistance Program (FHIAP)²⁵ (HB 2894, 1997)</p> <p>Changed the name of OHPA to the Office for Oregon Health Plan Policy and Research (OHPPR) (HB 2894, 1997)</p>

²⁴ The list was reorganized during the HSC's biennial review process, resulting in line 574 of the 1997 list equating to line 578 of the 1995 list.

²⁵ Provides direct subsidies to qualified Oregonians to help them purchase health insurance through their employer or through the individual market.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1/1/1997	OMAP started weekly enrollment in prepaid health plans			
Feb. 1997			Reduced funding level of 1995 prioritized list from line 581/745 to line 578/745 ²⁶	
7/1/1997		Expanded mental health statewide (HB 3445, 1995)		
1/1/1998		Added uninsured Pell Grant eligible full time college students		
3/1/1998		Expanded PLM to 170% FPL for pregnant woman and their unborns (who remain eligible up to age 1)		
5/1/1998			Began using the 1997 prioritized list	
7/1/1998	HCFA accepted 3-year extension for Demonstration.	Changed income eligibility criteria for self-employed people from using a standard of income total - business expenses to a flat 50% of total revenues ²⁷		Implemented the federal Children's Health Insurance Program (CHIP) ²⁸ Implemented FHIAP (HB 2894, 1997)

²⁶ The Joint Interim Task Force on the Oregon Health Plan and the Emergency Board approved a reduction in funding to 573/745. However, HCFA notified the state that it was approving the movement of the funding line only to 578/745.

²⁷ This policy reverted back to the previous standard, effective 12/98.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
12/1/1998		Returned to pre-July 1998 income eligibility criteria for self-employed people.		
1999 Legislative Session			Legislature adopted 1999 prioritized list with funding through line 564/743	Changed the name of OHPPR to the Office for Oregon Health Policy and Research (OHPR) (HB 2101, 1999)
10/1/1999		Liquid asset limit lowered to \$2,000	Began using the 1999 prioritized list with funding through line 574/743 ²⁹	

²⁸ Provides coverage of uninsured children under age 19 and below 170% of the FPL via the Medicaid Demonstration.

²⁹ The 70th Oregon Legislative Assembly approved a reduction in funding from 574/743 to 564/743. However, HCFA approval of this reduction in services was never received by the state.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2001 Legislative Session	<p>Directed DHS to draft waivers to provide existing benefit package to categorical eligibles (OHP Plus), provide a reduced benefit package to expansion populations up to 185% FPL (OHP Standard), and expand FHIAP (gaining federal match, with a 50-50 split of resources to group and individual coverage) under a method that is budget neutral for the state. Directed HSC to develop Prioritized List of Benefit Packages for OHP Standard. Created Waiver Application Steering Committee (WASC) to recommend benefit package for OHP Standard for 2001-03 biennium. (HB 2519, 2001)</p> <p>Established Practitioner Managed Prescription Drug Plan to create preferred drug list for OHP through an evidence-based process for fee-for-service clients. (SB 819, 2001)</p>		Legislature adopted 2001 prioritized list with funding through line 566/736	

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
May 2002	Emergency Board approves OHP2 waivers, with incremental expansion of Medicaid to 115% FPL (delayed until 7/1/03 at November E-board meeting) and increased expansion of FHIAP to 25,000 enrollees. DHS submits OHP2 waivers on 5/31/02.			
10/15/2002	CMS approves OHP2 waivers.			
11/1/2002				Began expansion of FHIAP towards goal of 25,000 enrollees.
1/1/2003	Charged voluntary copays for ambulatory visits and prescription drugs for adult fee-for-service clients.		Reduced funding level of 2001 prioritized list from line 566/736 to line 558/736 ³⁰ .	

³⁰ This eight-line reduction was the product of a modification to the ten-line reduction originally requested in conjunction with the funding level approved during the 1999 legislative session.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2/1/2003	Implemented OHP Plus and OHP Standard benefit packages, the latter eliminating coverage of non-emergent transportation, vision services, and some dental services and durable medical equipment (DME). Higher mandatory copays imposed on most remaining services. Premiums are raised for some individuals and are subject to a two-month instead of six-month grace period.	Eliminated services to long-term care clients in survivability levels 15-17.		Eliminated Medically Needy Program Eliminated General Assistance Program
3/1/2003	Eliminated prescription drugs, outpatient mental health and chemical dependency services and remaining dental services and DME from OHP Standard benefit package.	Change eligibility date for OHP Standard clients to first of month following eligibility approval.		
3/17/2003	Prescription drug coverage reinstated for OHP Standard benefit package.			
4/1/2003		Eliminated services to long-term care clients in survivability levels 12-14.		

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2003 Legislative Session	Established provider taxes for hospitals and managed care plans, using the revenues generated to act as the sole funding source for OHP Standard (HB 2747, 2003). Requires OHP clients be enrolled in prepaid managed care plan unless certain criteria are met. Directs HSC to contract with actuary to establish benchmark rates for OHP to approximate cost of providing services (HB 3624, 2003).	Prioritized eligibility groups and defined categories of services which, to the level funded, would be available to them (HB 2511, 2003).	Legislature adopted 2003 prioritized list with funding through line 519/730	Abolished Oregon Health Council and created Health Policy Commission to, among other things, develop state's health policy and review OHP related State Medicaid Plan amendments, federal waiver applications, and administrative rules (HB 3653, 2003).
10/1/2003			Began using the 2003 prioritized list with funding through line 549/730	
6/19/2004	Eliminated copayment requirements for OHP Standard.			
7/1/2004		OHP Standard closed to new enrollees.		
8/1/2004	OHP Standard benefit package revised to include outpatient mental health and chemical dependency and a limited hospital benefit.		Reduced funding level of 2003 prioritized list from line 549/730 to line 546/730 ³¹	

³¹ The 72nd Oregon Legislative Assembly approved a reduction in funding to 519/730. However, CMS notified the state that it was approving the movement of the funding line only to 546/730.

FIGURE 1.2 CHRONOLOGY OF OREGON'S HEALTH CARE REFORM INITIATIVES

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2005 Legislative Session	Directed DHS to limit/eliminate certain services in the areas of vision exams/supplies, over-the-counter medications, restorative dental services and hospital visits. Due to delays in obtaining approval of the necessary waiver amendments and improved economic picture, these changes were never implemented.		Legislature adopted 2005 prioritized list with funding through line 530/710	
1/1/2006			Began using the 2005 prioritized list with funding through line 530/710	
6/1/2006	Clients on OHP Standard at or below 10% of FPL exempted from premiums. Those above 10% FPL no longer subject to disqualification for past-due premiums but will need to paid in full for recertification.			
7/1/2006		Proof of citizenship required to enroll or recertify OHP members.		

**CHAPTER TWO:
PRIORITIZATION OF
HEALTH SERVICES
FOR 2008-09**

Charge to the Health Services Commission

The Health Services Commission was established to:

“[R]eport to the Governor and Legislature a list of health services, including health care services of the aged, blind and disabled...and including those mental health and chemical dependency services...ranked by priority, from the most important to the least important, representing the comparative benefits to the entire population to be served....The recommendation shall include practice guidelines reviewed and adopted by the Commission....”³² (emphasis added)

The Commission is composed of eleven members. There are five physicians, including one Doctor of Osteopathy, four consumer representatives, a public health nurse, and a social services worker.³³ The Commission relies heavily on the input from its subcommittees and ad hoc task forces and workgroups.³⁴ A Commissioner will often chair a subcommittee or task force, with their composition depending on the purpose of that body. If appropriate, membership from outside of the Commission will generally include representatives of specialty-specific providers, consumers, and advocacy groups within the area of interest.

The Commission’s Prioritized List of Health Services is made up of condition-treatment pairs composed of diagnostic and treatment codes used to define the services being represented. The conditions on the List are represented by the coding nomenclature of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Medical treatments are listed using codes from the American Medical Association’s Current Procedural Terminology, Fourth Edition (CPT-4), and the Healthcare Common Procedure Coding System (HCPCS), with the later also capturing dental procedures.

The Commission maintains the Prioritized List by making changes in one of two ways:

1. The Biennial Review of the Prioritized List of Health Services, which is completed prior to each legislative session according to the Commission’s established methodology.
2. Interim Modifications to the Prioritized List that consist of:
 - a. Technical Changes due to errors, omissions, and changes in ICD-9-CM, or CPT-4, HCPCS codes; and,
 - b. Advancements in Medical Technology that necessitate changes to the List prior to the next biennial review.

The list assumes that all diagnostic services necessary to determine a diagnosis are covered. Ancillary services necessary for the successful treatment of the condition are to be presumed to be a part of the line items. This means that codes for prescription drugs, durable medical

³² Oregon Revised Statutes (ORS) 414.720(3).

³³ A list of the Commission membership can be found in Appendix A.

³⁴ Chapter Four outlines the activities of the Commission’s subcommittees, task forces and workgroups.

equipment and supplies, laboratory services, and most imaging services are not included on the prioritized list but are still reimbursed as long as the condition for which they are being used to treat appears in the funded region.

Biennial Review of the Prioritized List

In the summer of 2005, as the HSC began to prepare for the biennial review of the list, they heard a presentation by original HSC member (1989-1993) Rick Wopat, MD. He encouraged the Commission to ask themselves whether the basic structure of the list represented what they truly considered to be the most important to the least important. Dr. Wopat suggested that a higher emphasis on preventive services and chronic disease management would ensure a benefit package that provides the services necessary to best keep a population healthy, not wait until an individual gets sick before higher cost services are offered to try to restore good health again.

The HSC believed that placing a higher value on prevention and chronic disease management was a good idea on its face and could be crucial in maintaining a sustainable program as we face an aging population. The Commission put together a workgroup that included HSC members, stakeholders, and health policy experts to study the issue further³⁵. This workgroup reviewed the principles on which the OHP was based, the values expressed in the four sets of public forums held by the HSC since 1990, and the results of the biennial public surveys on health care conducted by Oregon Health Decisions. The workgroup found evidence in all of these sources that supported such a shift in health care priorities and recommended the HSC pursue a reprioritization of the list to reflect this new emphasis.

A New Prioritization Methodology

In December 2005 the HSC embarked on the development of a new prioritization methodology for the first time since the list was initially implemented in February 1994. First the HSC developed the framework of what they thought the new list should look like by defining a rank ordered list of nine broad categories of health care (see Figure 2.1).

Next, each of the 710 line items on the 2006-07 Prioritized List were assigned to one of the nine health care categories. During this process, as has occurred with all biennial reviews, lines were merged or split where appropriate. For example, all superficial abscesses were combined into one line as outcomes and costs are similar regardless of where the abscess is located. In contrast, the Commission found relatively minor birth traumas lumped together with imminently life-threatening conditions and split these into two separate lines. Figures 2.2 through 2.5 show the major changes in the composition of line items as a result of the biennial review process. During this process, other changes were made at the coding level to modify the composition of the lines where appropriate. The changes involving ICD-9-CM diagnosis codes are listed in Appendix B. The changes involving CPT-4 and HCPCS procedure codes were much more numerous and simply represent matching appropriate procedures with one or more diagnoses rather than a reprioritization of services.

³⁵ See Chapter 4 for a discussion of the work of the Prioritization Principles Workgroup.

As more lines were merged together than split, the new list is 680 lines long compared to the length of the list for the 2005-07 biennium at 710 lines. As most of these mergers involved previously funded condition-treatment pairs, new line 503 best equates to the benefit package represented in lines 1-530 (the funded portion) of the 2006-07 list.

FIGURE 2.1 RANK ORDER OF HEALTH CARE CATEGORIES

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

FIGURE 2.2
DELETED LINES
1/1/06 POSITION AND LINE DESCRIPTION LISTED

Line: 80 ³⁶	FEEDING PROBLEMS IN NEWBORN / MEDICAL THERAPY
Line: 568 ⁴²	INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE/REPAIR, MEDICAL THERAPY
Line: 710 ³⁷	DISORDERS OF REFRACTION AND ACCOMODATION/RADIAL KERATOTOMY

FIGURE 2.3
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

08-09 Line	08-09 Line Description	06-07 Lines	06-07 Line Description
7	REPRODUCTIVE SERVICES/ CONTRACEPTION MANAGEMENT; STERILIZATION	53	BIRTH CONTROL/ CONTRACEPTION MANAGEMENT
		92	STERILIZATION/VASECTOMY
		93	STERILIZATION/TUBAL LIGATION
61	ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE/MEDICAL AND SURGICAL TREATMENT	189	ULCERS, GASTRITIS AND DUODENITIS/MEDICAL THERAPY
		194	ULCERS, GI HEMORRHAGE/ SURGICAL TREATMENT
84	DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS/MEDICAL AND SURGICAL TREATMENT	3	PERITONITIS AND RETROPERITONEAL INFECTIONS/ MEDICAL AND SURGICAL TREATMENT
		12	APPENDICITIS/ APPENDECTOMY
		28	ACUTE PYELONEPHRITIS, RENAL AND PERINEPHRIC ABSCESS/ MEDICAL AND SURGICAL TREATMENT
		30	LIVER ABSCESS/MEDICAL THERAPY
		43	INTRA-ABDOMINAL ABSCESS/ DRAIN ABSCESS, MEDICAL THERAPY
		49	ACUTE ORBITAL CELLULITIS/ MEDICAL THERAPY
		132	DISEASES OF PHARYNX INCLUDING RETRO-PHARYNGEAL ABSCESS/ MEDICAL AND SURGICAL TREATMENT
		169	EMPHYEMA AND ABSCESS OF LUNG/MEDICAL AND SURGICAL TREATMENT

³⁶ The ICD-9-CM codes on this line were found to represent the signs and symptoms of a disease, not a definitive disease, and will be covered as part of a diagnostic workup.

³⁷ This service is now obsolete and therefore removed from the list.

FIGURE 2.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

08-09 Line	08-09 Line Description	06-07 Lines	06-07 Line Description
84	DEEP ABSCESES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS/MEDICAL AND SURGICAL TREATMENT (Cont'd)	214 243 334 355 680 ³⁸	INTRASPINAL AND INTRACRANIAL ABSCESS/ MEDICAL AND SURGICAL TREATMENT PERITONSILLAR ABSCESS/ INCISION AND DRAINAGE OF ABSCESS, MEDICAL THERAPY ACUTE THYROIDITIS/ MEDICAL THERAPY ABSCESS OF BURSA OR TENDON/ INCISION AND DRAINAGE DISEASES OF THYMUS GLAND/ MEDICAL THERAPY
98	TRANSPOSITION OF GREAT VESSELS/REPAIR	101 150	COMPLETE, CORRECTED AND OTHER TRANS-POSITION OF GREAT VESSELS/REPAIR BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE: DOUBLE OUTLET RIGHT VENTRICLE/SHUNT/REPAIR
114	EBSTEIN'S ANOMALY/REPAIR SEPTAL DEFECT/VALVULOPLASTY/ REPLACEMENT	60 249	DRUG REACTIONS AND INTOXICATIONS SPECIFIC TO NEWBORN/MEDICAL THERAPY POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS/MEDICAL THERAPY
140	COMMON TRUNCUS/ TOTAL REPAIR/REPLANT ARTERY	144 148	COARCTATION OF THE AORTA/BALLOON DILATION COMMON TRUNCUS/TOTAL REPAIR/REPLANT ARTERY
144	OPEN FRACTURE/DISLOCATION OF EXTREMITIES/ MEDICAL AND SURGICAL TREATMENT	131 286 287	OPEN FRACTURE OF EXTREMITIES/ MEDICAL AND SURGICAL TREATMENT DISLOCATION KNEE AND HIP, OPEN DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND SHOULDER, OPEN/SURGICAL TREATMENT

³⁸ Abscess of thymus (ICD-9-CM 254.1) was merged into new line 84. Persistent hyperplasia of thymus (254.0), other specified diseases of thymus gland (254.8) and unspecified disease of thymus gland (254.9) were merged into new line 672, Endocrine and Metabolic Conditions with No Effective Treatments or No Treatment Necessary.

FIGURE 2.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

08-09 Line	08-09 Line Description	06-07 Lines	06-07 Line Description
150	GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE/ MEDICAL AND SURGICAL TREATMENT	390 401 403	GLAUCOMA/MEDICAL THERAPY GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS/ EXTRACTION OF CATARACT PRIMARY AND OPEN ANGLE GLAUCOMA/TRABECULECTOMY, CYCLOCRYOTHERAPY, LASER TRABECULOPLASTY
172	LEUKOPLAKIA AND CARCINOMA IN SITU OF ORAL MUCOSA, INCLUDING TONGUE/INCISION/ EXCISION, MEDICAL THERAPY	221 222	ERYTHROPLAKIA, LEUKOEDEMA OF MOUTH OR TONGUE/INCISION/ EXCISION, MEDICAL THERAPY LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TONGUE/INCISION/ EXCISION, MEDICAL THERAPY
206	CHRONIC HEPATITIS; VIRAL HEPATITIS/MEDICAL THERAPY	329 585	CHRONIC HEPATITIS, INCLUDING VIRAL HEPATITIS B AND C/MEDICAL THERAPY VIRAL HEPATITIS, EXCLUDING CHRONIC VIRAL HEPATITIS B AND C/MEDICAL THERAPY
215	SUPERFICIAL ABSCESES AND CELLULITIS/MEDICAL AND SURGICAL TREATMENT	351 353 356	ABSCESS AND CELLULITIS, NON- ORBITAL/MEDICAL AND SURGICAL TREATMENT PILONIDAL CYST WITH ABSCESS/ MEDICAL & SURGICAL TREATMENT ABSCESS OF PROSTATE/TURP, DRAIN ABSCESS
217	DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT /MEDICAL AND SURGICAL TREATMENT	375 486	DEEP OPEN WOUND/REPAIR, SURGICAL TREATMENT PERIPHERAL NERVE INJURY WITH OPEN WOUND/ NEUROPLASTY
292	INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY/ REPAIR	95 114	SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART/RESECTION, REPAIR INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY/REPAIR
248 305	ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL & CHEMICAL AGENTS/MEDICAL THERAPY CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE/MEDICAL THERAPY	128 158 281	ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE TO PHYSICAL & CHEMICAL AGENTS/MEDICAL THERAPY RESPIRATORY FAILURE/MEDICAL THERAPY CHRONIC OBSTRUCTIVE PULMONARY DISEASE/MEDICAL THERAPY

FIGURE 2.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

08-09 Line	08-09 Line Description	06-07 Lines	06-07 Line Description
365	NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS/ MEDICAL THERAPY INCLUDING DIALYSIS	219	TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULO-NEPHRITIS/MEDICAL THERAPY
		247	NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS/ MEDICAL THERAPY INCLUDING DIALYSIS
395	SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER/ CONSULTATION/BEHAVIORAL MANAGEMENT	502	SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES/CONSULTATION/BEHAVIORAL MANAGEMENT
		591	HYPOCHONDRIASIS; SOMATOFORM DISORDER, NOS AND UNDIFFERENTIATED/ CONSULTATION
434	TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION/MEDICAL THERAPY; THROMBOENDARTERECTOMY	245	OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES/ THROMBOENDARTERECTOMY
		267	TRANSIENT CEREBRAL ISCHEMIA/ MEDICAL THERAPY
447	NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; STREAK OVARIES/ MEDICAL AND SURGICAL TREATMENT	428	NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS/ MEDICAL AND SURGICAL TREATMENT
		429	STREAK OVARIES/ OOPHORECTOMY, OVARIAN CYSTECTOMY
296	DEFORMITY/CLOSED DISLOCATION OF JOINT/SURGICAL TREATMENT	472	DISLOCATION/DEFORMITY KNEE AND HIP/SURGICAL TREATMENT
		473	DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE AND SHOULDER/ SURGICAL TREATMENT
459	VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION/LASER SURGERY	394	VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION/LASER SURGERY
		688	UNSPECIFIED RETINAL VASCULAR OCCLUSION/LASER SURGERY

FIGURE 2.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

08-09 Line	08-09 Line Description	06-07 Lines	06-07 Line Description
619	CONGENITAL DEFORMITIES OF KNEE/MEDICAL AND SURGICAL TREATMENT	605	CONGENITAL DEFORMITIES OF KNEE/ARTHROSCOPIC REPAIR
		634	CONGENITAL DEFORMITY OF KNEE/MEDICAL THERAPY
672	ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY/EVALUATION	581	SIMPLE AND UNSPECIFIED GOITER; NONTOXIC NODULAR GOITER/ MEDICAL THERAPY, THYROIDECTOMY
		703	ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY/EVALUATION
679	MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY/ EVALUATION	642	CERVICAL RIB/SURGICAL TREATMENT
		700	MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY/ EVALUATION

FIGURE 2.4
NEWLY SPLIT LINES PREVIOUSLY FOUND ON A SINGLE LINE

08-09 Line	08-09 Line Description	06-07 Lines	06-07 Line Description
19	CONGENITAL SYPHILIS/MEDICAL THERAPY	52	CONGENITAL, PRIMARY, AND SECONDARY SYPHILIS/MEDICAL THERAPY
44	PRIMARY, AND SECONDARY SYPHILIS/MEDICAL THERAPY		
20	VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS)/MEDICAL THERAPY	70	LOW BIRTH WEIGHT (UNDER 2500 GRAMS)/MEDICAL THERAPY
25	LOW BIRTH WEIGHT (1500-2500 GRAMS)/MEDICAL THERAPY		
76	ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION/MEDICAL AND SURGICAL TREATMENT	261	ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION/MEDICAL AND SURGICAL TREATMENT
196	CHRONIC ISCHEMIC HEART DISEASE/MEDICAL AND SURGICAL TREATMENT		

FIGURE 2.4 (CONT'D)
NEWLY SPLIT LINES PREVIOUSLY FOUND ON A SINGLE LINE

08-09 Line	08-09 Line Description	06-07 Lines	06-07 Line Description
223	PATHOLOGICAL GAMBLING/ MEDICAL & PSYCHOTHERAPY	545	IMPULSE DISORDERS/MEDICAL & PSYCHOTHERAPY
560	IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING/ MEDICAL & PSYCHOTHERAPY		
143	CRUSH INJURIES OTHER THAN DIGITS/MEDICAL AND SURGICAL TREATMENT	146	CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB INCLUDING BLOOD VESSELS/SURGICAL TREATMENT
314	CRUSH INJURIES OF DIGITS/ MEDICAL AND SURGICAL TREATMENT		
37	SEVERE BIRTH TRAUMA FOR BABY/MEDICAL THERAPY	74	BIRTH TRAUMA FOR BABY/ MEDICAL THERAPY
374	MILD/MODERATE BIRTH TRAUMA FOR BABY/MEDICAL THERAPY		
394	AMBLYOPIA/MEDICAL AND SURGICAL TREATMENT	462	STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE/ MEDICAL AND SURGICAL TREATMENT
446	STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE/MEDICAL AND SURGICAL TREATMENT		
22	CONGENITAL HYDROCEPHALUS/ SHUNT	86	ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS/SHUNT
398	ENCEPHALOCELE/SURGICAL TREATMENT		
450	OPEN WOUND OF EAR DRUM/TYMPANOPLASTY	500	OPEN WOUND OF EAR DRUM/ TYMPANOPLASTY, MEDICAL THERAPY
573	OPEN WOUND OF EAR DRUM/ MEDICAL THERAPY		
491	SELECTIVE MUTISM/MEDICAL & PSYCHOTHERAPY	426	AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM/MEDICAL & PSYCHOTHERAPY
566	SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE/ MEDICAL & PSYCHOTHERAPY		
496	FOREIGN BODY IN EAR AND NOSE/REMOVAL OF FOREIGN BODY	532	CERUMEN IMPACTION, FOREIGN BODY IN EAR AND NOSE/REMOVAL OF FOREIGN BODY
518	CERUMEN IMPACTION/REMOVAL OF EAR WAX		

FIGURE 2.5 POPULATION AND INDIVIDUAL IMPACT MEASURES

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

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

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

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

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

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

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

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

Once the line items were assigned to one of the nine health care categories, a list of criteria was developed to sort the line items within the categories (see Figure 2.5). These measures were felt to best capture the impacts on both the individual's health and the population health that the Commission thought were essential in determining the relative importance of a condition-treatment pair. The HSC Medical Director and HSC Director worked with two HSC physician members to established ratings for the criteria for over 100 lines in order to establish a

general scale to follow for each of the criteria. The HSC Medical Director (and in most cases HSC Director) then met with individual HSC physician members and other volunteer physicians with OHP experience. After ratings were established for all 710 lines, they were reviewed by the HSC Medical Director and HSC physician members for accuracy and consistency. A total score was then calculated for each line using the following formula to sort all line items within each of the health care categories, with the lowest net cost used to break any ties:

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

A workgroup of the HSC members then met to explore the best method for intermixing CT pairs across health care categories. While the nine health care categories were meant to establish the framework of the new list it was always clear that not every service in Category 1 was more important than every service in Category 2 and so on. In the methodology used to develop the initial prioritized list implemented in February 1994, approximately 75% of the line items were hand adjusted after an initial computer sort on the treatment's prevention of death and cost of the treatment. The workgroup found that applying a weight to each category that was then multiplied by the total criteria score for each condition-treatment pair achieved an appropriate adjustment in the majority of the cases. The full commission agreed with the conclusions of the workgroup and approved the weights shown in parentheses after the title for each category in Figure 2.2. Hand adjustments were applied where the application of this methodology did not result in a ranking that reflected the importance of the service, which was the case in fewer than 5% of the line items.

The following two examples illustrate line items that were given a very high score and a very low score as a result of this process.

Schizophrenic Disorders
 (Old line: 159, New line: 27)
 Impact on Healthy Life Years: 8
 Impact on Suffering: 4
 Effects on Population: 4
 Vulnerability of Population Affected: 0
Effectiveness: 3
Need for Service: 1
Net Cost: 5
Category 3 Weight: 75
 Total Score: 3600

Grade I Sprains of Joints and Muscles
 (Old line: 626, New line: 628)
 Impact on Healthy Life Years: 1
 Impact on Suffering: 1
 Effects on Population: 0
 Vulnerability of Population Affected: 0
Effectiveness: 2
Need for Service: 0.1
Net Cost: 4
Category 8 Weight: 5
 Total Score: 2

$$[(8+4+4+0) \times 3 \times 1] \times 75 = 3600$$

$$[(1+1+0+0) \times 2 \times 0.1 \times 5] = 2$$

Some of the services moving towards the top of the list as a result of this reprioritization include maternity care and newborn services, preventive services found to be effective by the US Preventive Services Task Force, and treatments for chronic diseases such as diabetes, major depression, asthma, and hypertension, where ongoing maintenance therapy can prevent exacerbations of the disease that lead to avoidable high-intensity service utilization, morbidity, and death.

Public Input

The HSC solicited public and stakeholder input throughout the process. As always, all commission meetings are open to the public and time is set aside for public testimony. When the Commission was initially considering reprioritizing the list, they sent out a survey to over 200 stakeholders. This included physicians randomly selected from the Board of Medical Examiners mailing list, specialty societies, hospitals, safety net clinics and school-based health centers. Thirty-one responses were received and, of these, thirty were supportive of a new emphasis on prevention and chronic disease management.

After the methodology had taken shape, the Commission conducted five focus groups with specialty society presidents, members of the Oregon Academy of Family Practice, representatives from service providers (hospitals, physicians, OHP managed care plans, mental health, chemical dependency, dentistry and home health), consumers, and consumer advocates. While there was no objection to the direction that the HSC was taking, there were concerns aired about things beyond the control of the Commission, including funding sources for the Oregon Health Plan, provider reimbursement and access to care. Medical directors and administrators for the contracted managed care plans were kept up to date on the HSC's work and also were supportive of the reprioritization effort.

Next Steps

A group of stakeholders brought together by the Governor's office in 2006 examined whether this new list could be used to expand coverage to a larger segment of Oregon's population living under the federal poverty level who don't meet categorical Medicaid eligibility criteria (through OHP Standard). Over the last three years, OHP Standard has seen its enrollment decrease from over 100,000 to under 24,000 as revenues became tighter. This group, called the OHP Standard Benefit Design Workgroup, considered trade-offs in benefit coverage should additional revenues not be available for an expansion, potential issues involved in implementing such a benefit package, and whether the principles of the Oregon Health Plan would be followed under such a scenario. To note, the present cost of covering the much reduced OHP Standard population is currently higher at a per-person level due to higher chronic disease prevalence and service utilization. Therefore, after detailed analysis, the workgroup concluded that the over 200 line items that would need to be eliminated from coverage in order to increase enrollment in OHP Standard from a baseline level of 24,000 for the 2007-09 biennium to approximately 28,000 individuals was not justifiable at this time. Health Services Commission members continue to believe that it is preferable to provide a reduced benefit package focused on preventive services and chronic disease management to the OHP Standard population and encourage the legislature to consider ways to use the new Prioritized List as a means to achieve expanded access.

Interim Modifications to the Prioritized List

In addition to the work on the biennial review of the Prioritized List, the Commission continues to maintain the list as necessary during the interim periods. They were aware from the outset that this unique process for determining health benefit coverage would need further refinement as feedback was received after implementation and to account for changes in the medical codesets on which the List was built. The Commission asked for the authority to make adjustments to the List during the interim period that was granted in 1991 in the following statute:

“The commission may alter the list during the interim only under the following conditions:

- a) technical changes due to errors and omission; or,*
- b) changes due to advancements in medical technology or new data regarding health outcomes.*

If a service is deleted or added and no new funding is required, the Commission shall report to the Speaker of the House of Representative and the President of the Senate. However, if a service to be added requires increased funding to avoid discontinuing another service, the Commission must report to the Emergency Board for funding.”³⁹
(emphasis added)

The Commission established a process whereby requests for interim modifications can be considered. This process requires acknowledgment of the requests within 10 days of their receipt, along with an inquiry for additional information where necessary. Notice of the need for interim modifications may come from staff, other state agencies, health care providers, participating health care plans or other interested entities. The request is then sent to the Health Outcomes Subcommittee for consideration. The Subcommittee will usually require at least two meetings to first hear the request and then have staff collect the necessary information in order to make a decision. If their recommendation is for approval of the modification to the List, the issue is then considered at the next full Commission meeting. A requesting party can assume that this process will take at least 3-4 months depending on the completeness of the information and the timing of the receipt of the request in comparison to the next scheduled Commission meeting. It should also be noted that the Commission’s decisions are based on what is best for the entire OHP population, not on any one individual case.

While these considerations continue to be used when new line items are created or entire line items are moved, most changes to the Prioritized List over the last thirteen years since its implementation have involved decisions to place/move individual codes representing specific medical treatments. In years past, most new technologies were added to the List in the absence of specific knowledge on the ineffectiveness of such a service. However, legislation passed during the 2003 session has had a profound effect on which services are included on the Prioritized List since then. House Bill 3624 directed that the Health Services Commission:

³⁹ ORS 414.720(5)a, (5)b and (6)

“Shall consider both the clinical effectiveness and cost-effectiveness of health services in determining their relative importance using peer-reviewed medical literature as defined in ORS 743.695.”⁴⁰

The Commission incorporated both clinical effectiveness and cost-effectiveness into an algorithm describing the Health Services Commission’s process for following the direction given by HB 3624, resulting in that shown in Figure 2.6. Finally, Figure 2.7 describes in which instances the prioritization methodology involving line rankings is employed and when the change can be done during the interim period between biennial reviews of the Prioritized List, using evidence-based research when available.

A complete listing of all biennial review changes occurring at the diagnosis coding level can be found in Appendix B. This includes specific codes moved as the result of lines being split as reflected in Figure 2.4 as well as other changes involving the movement of individual codes from one line to another. Since all codes on a line are affected the same way in the case of line mergers (as shown in Figure 2.3), these types of changes are not reflected in Appendix B.

On July 7, 2006, the Commission completed their most recent biennial review process. The revised Prioritized List of Health Services appearing in Appendix C was then forwarded to the independent actuarial firm of PricewaterhouseCoopers for pricing determinations. The actuarial analysis of the average per-member-per-month costs of providing various levels of services for the different Medicaid eligibility groups appears in their September 2006 report titled, “Oregon Health Plan Medicaid Demonstration: Analysis of Federal Fiscal Years 2008-2009 – Average Costs⁴¹.”

Upon the approval of this Health Services Commission report, the 74th Oregon Legislative Assembly will set a funding level for the enclosed Prioritized List of Health Services for calendar years 2008-09. This will establish the OHP Plus benefit package for the Medicaid Demonstration and will be the basis for the OHP Standard benefit package whereby further exclusions may be applied.

Technical Changes

As the Prioritized List attempts to match some 13,000+ ICD-9-CM diagnosis codes with 7,000+ CPT-4 treatment codes, the Commission is aware that some appropriate condition-treatment groupings do not appear on the List. Some of these codes are omitted purposefully. For instance, appropriate diagnostic services are covered under OHP whether or not the final diagnosis appears in the funded region. Additionally, appropriate ancillary services such as prescription drugs and durable medical equipment are covered if the condition which they are being used to treat lie in the funded region. Because of the volume of codes that represent diagnostic and ancillary services, and the fact that they are often associated with many different diagnoses, these codes usually do not appear on the list. Instead, the Division of Medical Assistance Programs (DMAP) maintains electronic files to account for these codes and

⁴⁰ ORS 414.720 (4b).

⁴¹ Available at http://www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/main.html.

FIGURE 2.6
PROCESS FOR INCORPORATING EVIDENCE-BASED HEALTH
TECHNOLOGY ASSESSMENT AND COST-EFFECTIVENESS INTO THE
PRIORITIZED LIST

- The HSC will examine pooled data from one of the recognized sources/websites (see “Sources Of Information For Evidence-Based Health Technology Assessment” on the following page)
- Exceptions may be made for rare diseases
- The HSC will consider new sources/websites as they are identified
- Evidence regarding the effectiveness of a treatment will be used according to the following algorithm:

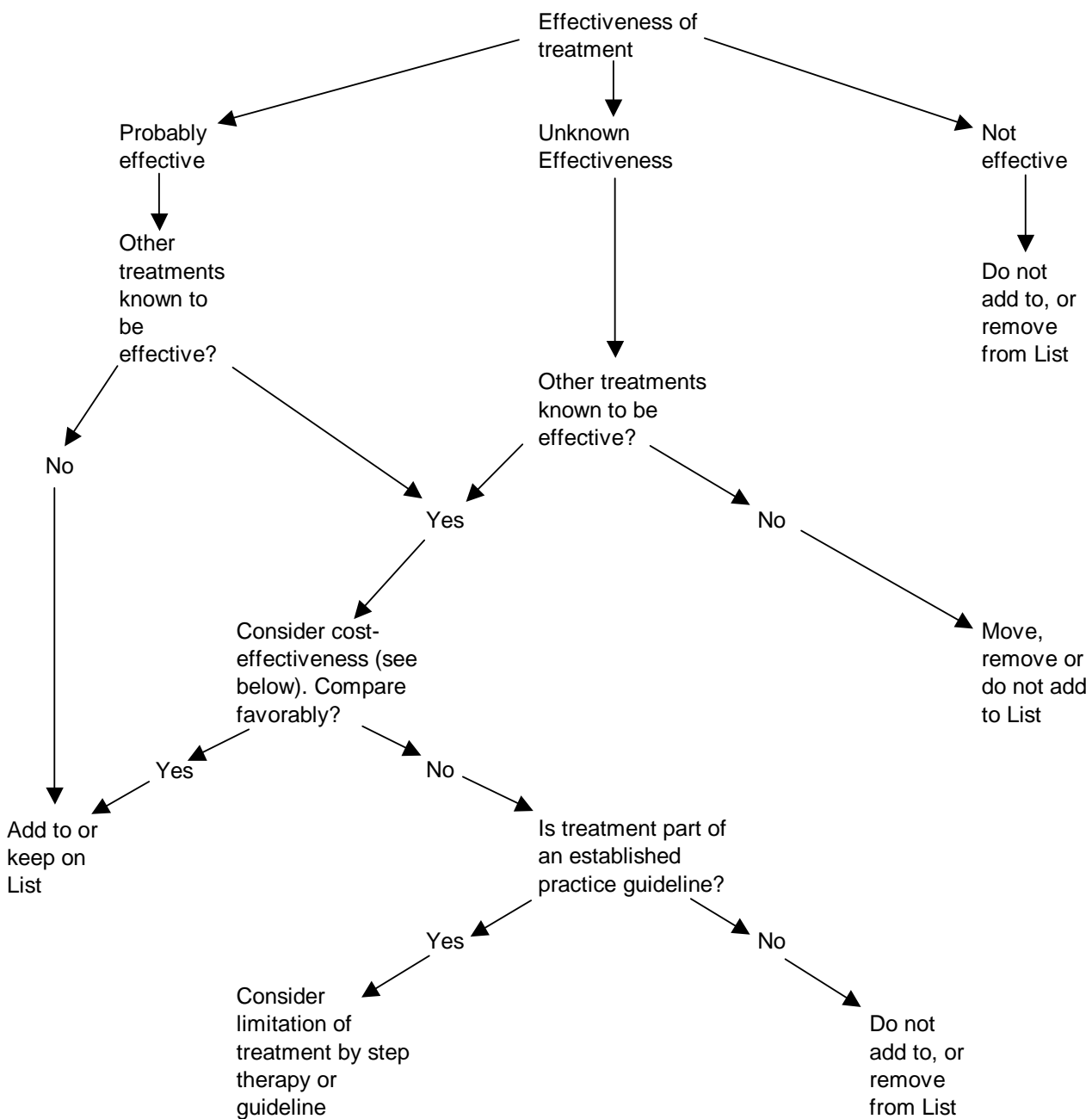


FIGURE 2.6 (CONT'D)

The cost of a technology will be considered according to the grading scale below, with “A” representing compelling evidence for adoption, “B” representing strong evidence for adoption, “C” representing moderate evidence for adoption, “D” representing weak evidence for adoption and “E” being compelling evidence for rejection:

- A = more effective and cheaper than existing technology
- B = more effective and costs < \$25,000/LYS or QALY > existing technology
- C = more effective and costs \$25,000 to \$125,000/LYS or QALY > existing technology
- D = more effective and costs > \$125,000/LYS or QALY > existing technology
- E = less or equally as effective and more costly than existing technology

Sources Of Information For Evidence-Based Health Technology Assessment

Sources of evidence must have the following characteristics:

- The research must be current (either completed in, or updated within, the last three years)
- The investigator cannot have a vested interest in the outcome of the research
- The investigator must use accepted methods of research based on the outcomes of *multiple studies*
- The research must be peer-reviewed and published in the scientific literature

Below is a list of the sources that have been identified to date. Clinical judgment will still need to be used by the Commission to determine the strength of evidence appearing on any of these sites.

First Priority

- a. BMJ Clinical Evidence <http://www.clinicalevidence.com>
- b. Evidence-Based Practice Centers (EPC) www.ahrq.gov/clinic/epc
- c. Cochrane Collaboration www.cochrane.org/cochrane/revabstr/mainindex.htm
- d. University of York nhscrd.york.ac.uk
- e. Agency for Healthcare Research and Quality (AHRQ) www.ahrq.gov
- f. Health Technology Assessment Programme – United Kingdom
<http://www.hta.nhsweb.nhs.uk/ProjectData>
- g. National Institute for Clinical Excellence (NICE) – United Kingdom
www.nice.org.uk/Cat.asp?pn=professional&cn=toplevel&ln=en
- h. Canadian Coordinating Office for Health Technology Assessment (CCOHTA)
www.ccohta.ca
- i. Blue Cross Blue Shield Technology Evaluation Center (TEC)
www.bcbs.com/tec/index.html

Other Sites Which May Be Considered

- j. Bandolier www.jr2.ox.ac.uk/bandolier
- k. ECRI www.ecri.org
- l. National Guideline Clearinghouse www.guideline.gov
- m. Institute for Clinical Systems Improvement <http://www.icsi.org>
- n. CMS Medicare Coverage Advisory Committee (MCAC)
cms.hhs.gov/ncdr/mcacindex.asp

FIGURE 2.7

OVERVIEW OF THE HEALTH SERVICES COMMISSION'S PRIORITIZATION PROCESS

Placement of a New ICD-9-CM Code

In most cases a new ICD-9-CM code will simply be a higher specificity for an existing code and will be placed on the list where its third or fourth-digit parent code already exists. In cases where the ICD-9-CM code represents a new disease or where the code of higher specificity does not belong on the line where the existing code is placed, the code is placed on the most appropriate line according to the methodology shown in Figures 2.1 and 2.6. This will be done as an interim modification effective October 1.

Placement of a New CPT-4 Code

Use the criteria described in Figure 2.2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If evidence does not support placement at this level of priority, use the process described in Figure 2.1 to determine where the pairing should be placed. This will be done as an interim modification effective March 1.

Placement of a Previously Non-paired CPT-4 Code

Use the criteria described in Figure 2.2 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If evidence does not support placement at this level of priority, use the process described in Figure 2.1 to determine where the pairing should be placed. This will be done as an interim modification unless a significant fiscal impact results.

Deletion of an Existing CPT-4 Code

Use the criteria described in Figure 2.2 to determine whether the use of the procedure is experimental or if evidence dictates that the code should be removed from a line or the list in general. This can be done as either an interim modification or, if public or provider input is desired, as a biennial review change.

Movement of an Existing Line Item

This can only be done during the biennial review process. Use the process described in Figure 2.1 to determine new placement.

Movement of an Existing ICD-9-CM/CPT-4 Code Pairing

This can be done either during the biennial review process or as an interim modification if there is no significant fiscal impact. Use the process described in Figure 2.1 to determine placement.

Creation of a New Guideline

As this is likely to result in a cost savings, a new guideline can usually be created as an interim modification.

Revision of an Existing Guideline

This can likely be done as an interim modification, but a significant change or deletion of the guideline in its entirety could potentially need to be done as a biennial review change.

determine fee-for-service reimbursement. Up-to-date lists of these codes will be available to providers and the managed health care plans when the new Medicaid Management Information Services (MMIS) system is in place in 2008. Other appropriate pairings of condition and treatment codes may have been left off inadvertently. As these pairings are identified through DMAP's claims processing system, providers, or managed care plans, the necessary changes are made to the List as interim modifications.

Technical changes are made to the list only twice during a calendar year. Implementation of these technical changes coincide with the release of new ICD-9-CM, CPT and HCPCS codes. Technical changes that include the new ICD-9-CM codes always become effective on October 1st of each year. Changes involving new CPT and HCPCS codes are made as early as possible in the new year, but the timing of their release combined with the volume of new codes for review have not allowed the Commission to make their decisions in time to allow for the successful implementation of these changes at the first of the year. The Commission and their staff are currently working with DMAP and the managed care plans to ensure HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance and minimize mid-contract changes in service coverage. Detailed documentation on all interim modifications to the Prioritized List of Health Services dating back at least three years can be found on the Commission's website at <http://ohpr.state.gov/OHPPR/DAS/HSC>.

Having made the necessary changes to the List to satisfy the requirements of HIPAA rules on transactions and codesets, the Health Services Commission continues to await the planned conversion of ICD-9-CM to ICD-10-CM (a new categorical disease classification that radically differs from ICD-9-CM). This will necessitate a complete revision of every line item of the Prioritized List. Advanced notification of the implementation of this new classification system is now anticipated as soon as 2008 (with implementation following 2-3 years afterwards). The Commission will begin the lengthy conversion process in earnest as soon as an official announcement on the implementation timeline is made.

Advancements in Medical Technology

The Commission periodically receives requests to modify the placement or content of condition-treatment pairs to reflect significant advancements in medical technology. These requests often come from medical providers and commercial developers of emerging technologies, but will be accepted from any source. The Commission staff assembles needed background information and arranges to have experts testify before the Health Outcomes Subcommittee as it prepares a recommendation for the full Commission.

If an added service is projected by the actuary for the Department of Human Services to have a significant fiscal impact on the OHP Medicaid Demonstration, the Health Services Commission is required to appear before the Legislative Emergency Board to request additional funding. To date, no interim modifications have been found to have such a significant fiscal impact.

During the 2005-07 biennium the Commission reviewed a number of issues that fall under the medical advancements category, as presented in Figure 2.8.

FIGURE 2.8
MEDICAL ADVANCEMENTS REVIEWED

Technology Name/Description	Commission Action
Brachytherapy (a type of radiation treatment for breast cancer)	Add to Line 228, Breast Cancer
Negative pressure wound therapy	Not added to List
Wearable cardioverter-defibrillator	Not added to List
Colonoscopy with ultrasound for follow-up of rectal cancer	Not added to List
Osteoplastic reconstruction of spine elements for children who undergo surgery for spinal cord tumors	Added to spinal surgery lines
Photodynamic therapy and pegaptanib for age-related macular degeneration	Added to Line 409, Glaucoma, with guideline (see Chapter 3)
Artificial (vertebral) disks	Not added to List
Essure (a device placed in an outpatient setting which provides sterilization to females by occluding the fallopian tubes)	Added to Line 53, Contraception
Endovascular abdominal aortic aneurysm repair	Added to Lines 21, Injury to Major Blood Vessels, and 24, Non-Dissecting Aneurysm
Chemodenervation of internal anal sphincter	Not added to List
Intracranial angioplasty/stent placement	Not added to List
Stereotactic x-ray localization of target volume for delivery of radiation therapy	Not added to List
Duodenal motility study	Not added to List
Venous angioplasty	Not added to List
Qanti-FERON TB Gold (blood test for tuberculosis)	Added to covered diagnostic tests with guideline (see Chapter 3)
Allergy testing for chronic sinusitis	Not added to List
Surgical ventricular restoration procedure	Not added to List
Cyclic citrullinated peptide antibody (a test for rheumatoid arthritis)	Not added to List

FIGURE 2.8 (CONT'D)
MEDICAL ADVANCEMENTS REVIEWED

Technology Name/Description	Commission Action
Lipoprotien(a) (a test for increased risk for cardiovascular disease)	Not added to List
First trimester fetal nuchal translucency ultrasound measurement (prenatal screening for chromosomal anomalies)	Added to Line 54, Maternity Care

CHAPTER THREE:

**CLARIFICATIONS TO THE
PRIORITIZED LIST OF HEALTH
SERVICES**

Practice Guidelines

The 1993 Oregon Legislative Assembly expanded the Commission's charge to include the development and/or adoption of practice guidelines to refine the Prioritized List of Health Services. Additional legislation in 1997 revised the charge and allowed the Commission discretion as to whether a line item on the List would benefit from a clarifying guideline:

*“In order to encourage effective and efficient medical evaluation and treatment, the commission may include clinical practice guidelines in its prioritized list of services. The commission shall actively solicit testimony and information from the medical community and the public to build a consensus on clinical practice guidelines developed by the commission.”*⁴²

The Commission uses practice guidelines to classify the severity of conditions that are not adequately described by an ICD-9-CM diagnostic code. For a specific diagnosis there is usually a continuum of treatments: watchful waiting, treating medically, minimally invasive procedures, or the most aggressive procedures. The severity guidelines adopted by the HSC since 2002 are "indications for a definitive procedure" derived from comparing pertinent guidelines from specialty societies and the National Guideline Clearinghouse⁴³.

Guidelines are also used to identify effective preventive services for both children and adults and are increasingly necessary for rapidly advancing treatment options that are more beneficial for a subset of patients than for the general population. The prevention guidelines associated with the List are largely based on the U.S. Preventive Services Task Force's (USPSTF) Guide to Clinical Services, Second Edition (1996) and its subsequent updates.

During the past biennium, the Commission added several guidelines and modified others to assure the most effective use of Oregon Health Plan funds. Fifteen new guidelines were developed, including five in the area of early childhood mental health and two for diagnostic services that, while covered by OHP, do not appear on the Prioritized List. An extensive evidence-based review was done on the latest information available on bariatric surgery, with a guideline placed on the type II diabetes line for those who will benefit most from its availability. The Commission made modifications to eight previously established guidelines on chronic anal fissures, comfort care, erythropoietin, PET Scans, rehabilitation therapies, psoriasis, sinus surgery and ventricular assist devices. In the case where an existing guideline has been revised, all new text is underlined and deleted text is indicated with strike-through. A complete listing of the sixty guideline notes appears in Appendix C.

Age-Related Macular Degeneration (AMD)

The Commission reviewed treatments for age-related macular degeneration (AMD). Treatments for AMD include photodynamic therapy and Visudyne, each of which only work for some forms of the disease. The Commission reviewed the specialty literature and consulted the experts and

⁴² ORS 414.720 (4). See Appendix A.

⁴³ www.guideline.gov

determined that a new medication, pegaptanib, can be used to treat some additional forms of the disease. As a result, the Commission added the following guideline to the line related to this condition:

Pegaptanib is only covered for minimally classic and occult lesions of wet macular degeneration.

Chronic Anal Fissure

Based on a question from an OHP plan medical director, the Commission modified the guideline to Line 497, CHRONIC ANAL FISSURE; ANAL FISTULA, regarding the treatment of chronic anal fissures:

Surgery for chronic anal fissure (ICD-9 code 565.0) is included in this line with one or more of the following:

- 1) Condition unresponsive to six to eight weeks of continuous treatment;**
- 2) Condition progresses in spite of six to eight weeks of treatment;**
- 3) Presence of pectenosis; and/or,**
- 4) Fissures that have previously healed but have recurred three or more times.**

Comfort Care

DMAP brought to the Commission's attention that patients with terminal diagnoses were not receiving palliative care types of services when their life expectancy was greater than six months. The Commission wished to stress their intent that comfort care should not be denied to patients with terminal diagnoses, regardless of their life expectancy. The guideline for Line 71, TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS/COMFORT CARE, was altered to read:

Comfort care includes the provision of services or items that gives comfort and/or relieve symptoms to patients with a terminal illness. There is no intent to limit comfort care services according to the expected length of life (e.g., six months) for the patient with terminal illness.¹

This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life or alter disease progression¹. Examples of comfort care include:

- 1) Pain medication and/or pain management devices**
- 2) In-home and day care services and hospice services as defined by DMAP**
- 3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)**
- 4) Palliative services for specific symptom relief**
- 5) Physician aid-in-dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications**².

¹ **The italicized language is being recommended by the Health Outcomes Committee but has yet to be approved by the full Health Services Commission as of the publication of this report.**

² **Services related to physician aid-in-dying are not priced as part of the list and only state funds will be used for their provision.**

Complicated Hernias

The OHP medical directors informed the Commission that different health plans were using different definitions for complicated hernias. To clarify the definition used for prioritizing this condition, the Commission added the following guideline to Line 176, COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18:

Complicated hernias are included on this line if they are incarcerated and have symptoms of obstruction and/or strangulation.

Diagnostic Services Not Appearing on the Prioritized List

One of the earliest decisions made in developing the Prioritized List is that it would only apply to treatments after a definitive diagnosis is established; that diagnostic services necessary to determine the diagnosis would always be covered. In the seventeen years since that decision was made, diagnostic tests have become more advanced, more expensive, and are utilized more frequently, in part due the practice of defensive medicine. Beginning with PET scans during the 2003-05 biennium, the Commission has begun to develop guidelines for diagnostic services to help ensure appropriate utilization and control costs. Whereas CPT and HCPCS codes for PET scans were added to specific line items on the list, codes for non-prenatal genetic testing and tuberculosis testing will remain off of the List.

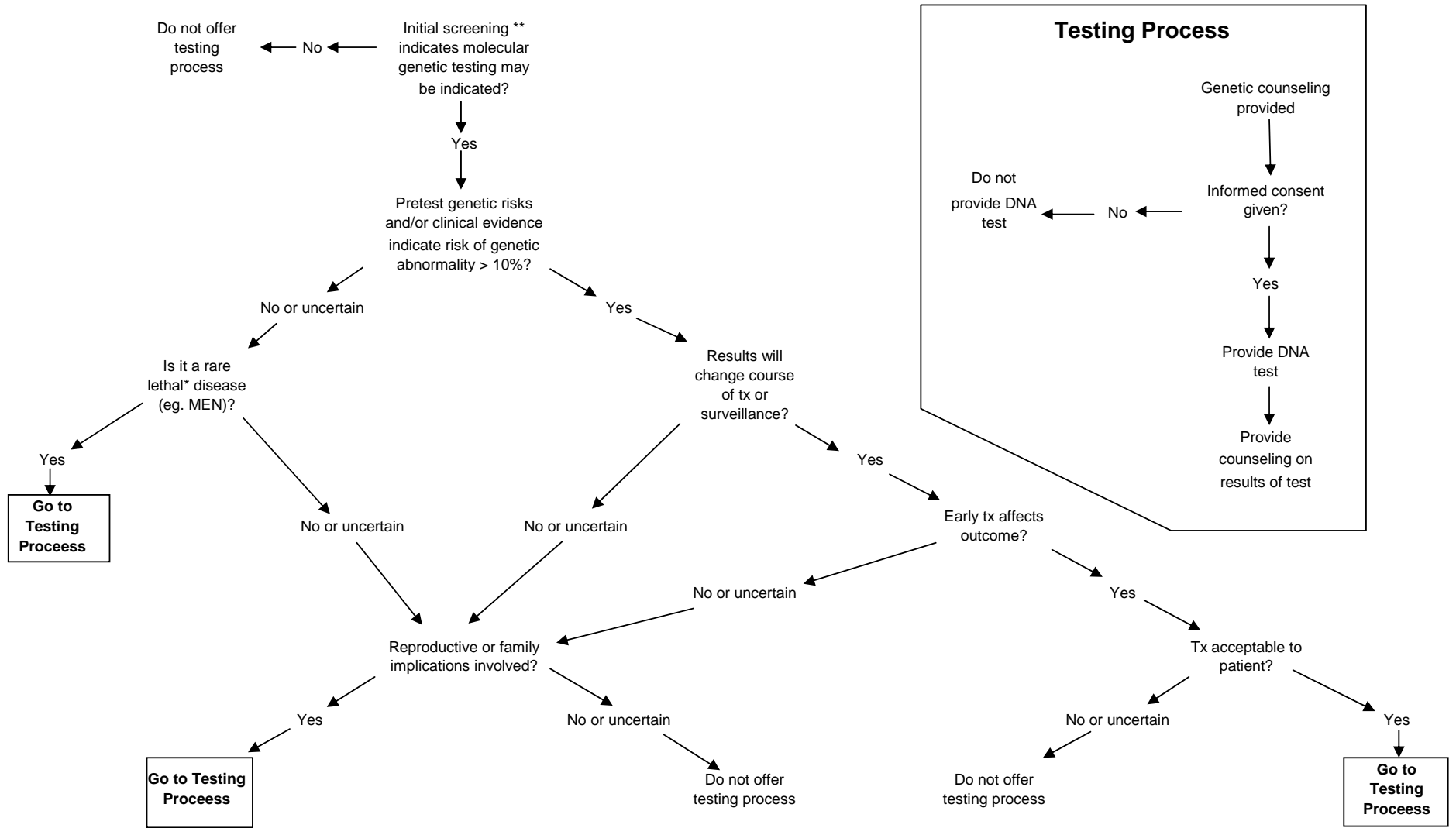
Non-Prenatal Genetic Testing

The Commission, assisted by a task force of experts in genetic testing and counseling⁴⁴, has implemented coverage for genetic testing for certain conditions. These tests have a guideline and an algorithm concerning their use:

- I. Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure 3.1 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
 2. NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). 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.

⁴⁴ See Chapter 4 for the membership of the HSC Genetics Advisory Committee and a brief description of their activities.

**FIGURE 3.1
NON-PRENATAL GENETIC TESTING ALGORITHM**



* 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

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.**
- 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 3.1.**

Tuberculosis Blood Test

The Commission reviewed the evidence for the effectiveness and utility of a new test for the diagnosis of tuberculosis. The Commission added coverage for this test, with the following guideline:

- I. **Quanti-FERON TB Gold (QFT-G), a blood test for detecting infection with *Mycobacterium tuberculosis*, may be used in the following circumstances:**
 - A. **Instead of Tuberculin Skin Test (TST) for investigation of contacts to confirmed cases of active tuberculosis (TB) disease.**
 - B. **Instead of TST for screening for latent TB in persons with definitive history or BCG or who have immigrated from countries with high prevalence (>10%) of latent TB where BCG is commonly given.**
 - C. **As a supplementary test to TST in foreign-born persons with a positive TST, history of BCG vaccination against tuberculosis, and no clinical evidence of current TB disease.**
 - D. **As a supplementary test in persons with a positive TST who are members of otherwise low-risk populations (e.g., U.S.-born persons and others who have immigrated to the U.S. > 5 years previously or more recently from low TB prevalence countries; absence of immunosuppressive conditions such as HIV**

infection, renal failure, diabetes mellitus or alcoholism; homelessness; known exposure to someone with active TB), and no clinical evidence of current TB disease.

- E. In populations that need rapid (within 24 hours) diagnosis in order to guide appropriate public health interventions such as isolation for infectious tuberculosis or contact evaluation.
- F. In a high-risk patient (e.g. homelessness, immune suppression or deficiency, recent immigrant) who the treating clinician believes is unlikely to return on time for the TST reading.

Early Childhood Mental Health

The Mental Health and Chemical Dependency Subcommittee conducted an extensive review of treatments for early childhood mental health disorders. As a result, the Commission added coverage of certain of these conditions with the following guidelines, listed by diagnosis:

Adjustment Reactions In Early Childhood

The following guideline was added to Line 462, ADJUSTMENT DISORDERS:

V61.20, Counseling for Parent-Child Problem, Unspecified, is only included in this line when identified as a secondary diagnosis with a primary diagnosis of ICD-9-CM 309.89, Other Specified Adjustment Reactions. The use of V61.20 must involve all of the following:

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

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

- Crying, calling and/or searching for the absent primary caregiver;
- Refusing attempts of others to provide comfort;
- Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria;
- Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood;
- Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions;
- Constricted range of affect not attributable to a mood disorder or PTSD;
- Detachment, seeming indifference toward, or selective “forgetting” of the lost caregiver and/or of reminders of the lost caregiver;

Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver. Intervention should

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

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

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

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

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

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

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

Attention Deficit and Hyperactivity Disorders in Early Childhood

The following guideline was added to Line 134, ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED:

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

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

For children age 3 and under, it is especially important that psychosocial interventions, including parent skills training and/or parent-child therapy, and environmental modifications,

be tried prior to medication. For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.

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

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

Disruptive Behavior Disorders In Early Childhood

The following guideline was added to Line 439, OPPOSITIONAL DEFIANT DISORDER:

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

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

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

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

Mental Health Problems In Early Childhood Related To Neglect Or Abuse

The following guideline was added to Line 181, POSTTRAUMATIC STRESS DISORDER:

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

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

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

Mood Disorders in Early Childhood

The following guideline was added to Line 213, DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE:

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

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

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

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

Erythropoietin

The Commission revisited the guidelines for the use of erythropoietin at the request of the AMGEN corporation and several health plans. Based on evidence presented by the medication manufacturer and a review of the literature, the following revision was made to the erythropoietin guideline:

1. Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy, in the setting of myelodysplasia or in chronic renal failure, with or without dialysis.

~~A. Endogenous erythropoietin levels of <200 UI/L are required for treatment, except in chronic renal failure.~~

- B. A. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.**
- 2. Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.**
- A. An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.**
- B. Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.**

Mastocytosis

The Commission reviewed the evidence for the effectiveness of the treatment of mast cell tumors. Based on their review of the evidence and expert input, the Commission determined that need for treatment of mastocytosis varies based on the extent of the disease. A guideline was developed regarding the treatment of mastocytosis and placed on Line 222, NON-HODGKIN'S LYMPHOMAS/MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY, Line 232, TESTICULAR CANCER/BONE MARROW RESCUE AND TRANSPLANT and Line 676, DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY for clarification:

Mastocytosis limited to the skin resides on Line 676.

Obesity

Recognizing the undeniable epidemic that obesity has become in both our state and the nation, the Health Services Commission gave the treatment of obesity a much higher priority. In doing so the Commission sites the level B recommendation given by the US Preventive Services Task Force for the screening and treatment of obesity as a major factor and the fact that from a population health perspective, even a marginal benefit to the average person will reap large society rewards.

Bariatric Surgery

The HSC reviewed the Health Resources Commission's evidence-based October 2006 Bariatric Surgery MedTAP report and heard expert testimony regarding the efficacy of bariatric surgery for the treatment of obesity. Even though there are no controlled studies on which to compare effectiveness, the HSC could draw no other conclusion than to attribute the significant weight loss (typically eight times that of any other intervention) to bariatric surgery. The HSC used the Health Resources Commission patient selection recommendations as a basis and made three noteworthy additions. In recognizing the potential financial impact of having this service be a covered benefit under the Oregon Health Plan, the HSC is limiting those individuals who will clearly benefit the greatest from this surgery – those who also have a diagnosis of type II diabetes. Evidence shows that the patients diabetes is completely resolved almost 50% of the time with the more conservative adjustable laparoscopic band procedure and over 80% of the time with the more invasive Roux-en-Y gastric bypass surgery. Further looking to ensure the

best outcomes possible, the HSC is also requiring that surgery be performed at a Medicare approved center of excellence and that the individual be abstinent from nicotine use for at least six months leading up to surgery. Following is the full guideline for bariatric surgery being added to Line 33, TYPE II DIABETES.

Bariatric surgery for obesity is included on this line under the following criteria:

- 1. Age \geq 18**
- 2. BMI \geq 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 be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.*¹**
 - iii. No mental or behavioral disorder that may interfere with postoperative outcomes².**
 - iv. Patient with previous psychiatric illness must be stable for at least 6 months.**
 - 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. Maximize 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 program³)**
 - 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 procedure⁴ 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**
 - ii. Counseling in dietary lifestyle changes**
- 4. Participate in additional evaluations: (Conducted after completion of medically supervised weight reduction program)**
 - i. 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).

¹ The italicized language in section 3.A.ii is being recommended by the Health Outcomes Committee but has yet to be approved by the full Health Services Commission as of the publication of this report.

² Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

³ All surgical services including evaluation are to be performed at a center of excellence for bariatric surgery as recognized by Medicare.

⁴ Only Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding are approved for inclusion.

Non-Surgical Management of Obesity

The HSC is reserving the completion of the guideline for the non-surgical management of obesity associated with Line 8, OBESITY, until they are able to review the Health Resources Commission's MedTAP report on this topic expected in June 2007.

The following guideline is being added to Line 608, OBESITY, to represent the medical and surgical treatment of obesity not meeting criteria specified in the other obesity-related guidelines associated with lines 8 and 33 of the Prioritized List:

Non-surgical management of obesity is included on this line for those services that do not meet the criteria found in Guideline Note 4. Bariatric surgery for the treatment of morbid obesity is included on this line for those individuals who do not meet the criteria found in Guideline Note 7.

PET Scans

The Commission altered the guidelines for PET scans to include two additional conditions for which this testing is beneficial. Based on expert input, the guideline was revised to read:

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

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

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

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.

Prenatal Screening for Down Syndrome

As part of their review of genetic testing, the Commission adopted the following guideline to Line 1, PREGNANCY, for the prenatal screening of Down Syndrome:

Certification of laboratory required for first trimester fetal nuchal translucency measurement (76813-76814) to ensure its use in combination with serum markers in screening for Down syndrome.

Prophylactic Breast Removal

The Commission added a guideline regarding the use of prophylactic breast removal to Line 4, PREVENTIVE SERVICES, OVER AGE OF 10, and Line 198, CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL, to specify their intent that this service only be covered for certain high risk women.

V50.41 (Prophylactic Breast Removal) is only included on this line for high-risk women who are BRCA positive.

Psoriasis

Based on input from physicians and the National Psoriasis Foundation, the Commission modified the guidelines concerning the treatment of psoriasis. The previous guidelines put mild and moderate psoriasis together and separated these two conditions from severe psoriasis. Due to expert input regarding the definitions and standard treatments for these conditions, the guidelines were substantially modified:

Severe psoriasis

~~Stage III psoriasis defined as 20% to 90% body surface area involved and/or hand, foot or mucous membrane involvement with moderate functional limitation defined as limitations not requiring external mechanical or human assistance. This line includes treatments for stage III psoriasis with topical agents, ultraviolet light therapy and methotrexate. Stage IV psoriasis defined as >90% body surface area involved and/or hand, foot or mucous membrane involvement with severe functional limitation defined as limitations requiring external mechanical or human assistance. This line includes all non-experimental treatments for stage IV psoriasis.~~

Mild to moderate psoriasis

~~Stage I psoriasis defined as uncomplicated, with <5% body surface area involved and no functional limitation. Stage II psoriasis defined as uncomplicated, with 6% to 19% body surface area involved and no functional limitation.~~

For moderate/severe psoriasis

Moderate to severe psoriasis is defined as having functional impairment and one or more of the following:

- a) **At least 10% body surface area involved; and/or,**
- b) **Hand, foot or mucous membrane involvement.**

First line agents include topical agents, oral retinoids, phototherapy and methotrexate. Use of other systemic agents should be limited to those who fail, have contraindications to, or do not have access to first line agents.

For mild psoriasis:

Mild psoriasis is defined as uncomplicated, having:

- a) **No functional impairment; and/or,**
- b) **Involving less than 10% of body surface area and not involvement of the hand, foot, or mucous membranes.**

Rehabilitative Therapies

The Commission modified the guideline covering physical therapy to clarify eligibility for this service. The guideline was modified to read:

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months ~~after the initiation of the therapies~~ immediately following stabilization from an acute event. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

Following 3 months of acute therapy, the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever there is a change in status, such as surgery, botox injection, rapid growth, an acute exacerbation or for evaluation/training for an assistive communication device.

No limits apply while in a skilled nursing facility for the primary purpose.

Sinus Surgery

The Commission received input from physicians concerning the guideline for sinus surgery. The following revised guideline was applied to lines concerning sinus conditions:

Sinus surgery is indicated in one or more the following circumstances (1-7):

1. 4 or more episodes of acute rhinosinusitis in one year

OR

2. Failure of medical therapy of chronic sinusitis including ALL of the following:

- Several courses of antibiotics
- Trial of inhaled and/or oral steroids
- Allergy assessment and treatment when indicated

AND one or more of the following:

- Findings of obstruction or active infection on CT scan
- Obstructive symptoms due to polyposis that persist or recur after steroid treatment
- Symptomatic mucocele
- Negative CT scan but significant disease found on nasal endoscopy

OR

3. Bilateral extensive and massive obstructive nasal polyposis causing or contributing to sinusitis with complications

OR

4. Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis

OR

5. Invasive or allergic fungal sinusitis

OR

6. Tumor of nasal cavity or sinuses

OR

7. CSF rhinorrhea

Subtalar Arthroereisis

Due to information that incorporating an implant during a subtalar arthroereisis procedures was considered experimental, the Commission wanted to specify that only non-experimental types of these procedures were included on the list. A guideline was added to Line 404, DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELFDIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION, which states:

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

Ventricular Assist Devices

The OHP health plan medical directors requested that the Commission place a guideline on Line 109, HEART FAILURE, clarifying that the intent was to only cover ventricular assist device therapy as a bridge to heart transplant to prevent the use of this expensive technology in a more open-ended fashion. The following guideline was added to this line:

Ventricular assist devices are only covered as a bridge to transplant, not as destination therapy.

Coding Specifications

The Prioritized List of Health Services is constructed using ICD-9-CM diagnostic and CPT & HCPCS procedural codes. The List reflects the use of principal diagnostic codes and does not account for the secondary diagnoses that fully define most disease processes. Line assignment is based on pairing the diagnosis and the procedural code on the reimbursement claim submitted for payment by the service provider. Since the coding guidelines and protocols dictate the code selection process for these claims, there are times that the Health Services Commission needs to consider the official coding guidelines when describing the conditions and treatments on certain lines of the Prioritized List. Over the past two years, two new coding specifications were introduced to the List.

Adjustment Reactions In Early Childhood

The following coding specification was added to Line 462, ADJUSTMENT DISORDERS, to compliment the guideline described previously in this chapter:

ICD-9-CM codes V61.20, Counseling for Parent-Child Problem, Unspecified, and V62.82, Bereavement, Uncomplicated, are only included in this line when identified as secondary diagnoses with a primary diagnosis of 309.89, Other Specified Adjustment Reactions.

Bariatric Surgery

The following coding specification was added to Line 33, TYPE II DIABETES MELLITUS, to compliment the guideline described previously in this chapter:

CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43774 (laparoscopic adjustable gastric banding) are only included on this line as treatment according to the requirements in Guideline Note 7 when paired with:

- 1. a primary diagnosis of 250.x0 or 250.x2 (Type II Diabetes with or without complication);**
- 2. a secondary diagnosis of 278.00 (Obesity, Unspecified) or 278.01 (Morbid Obesity); and,**
- 3. a tertiary diagnosis code of V85.35-V85.40 (BMI \geq 35).**

Statements of Intent

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as viral pneumonia, aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. The Commission has included language in Appendix C, immediately following the Prioritized List of Health Services, to indicate their intent that reimbursement for the treatment of these generally benign conditions, which appear low on the Prioritized List, should be provided in severe cases of the disease. In addition to adding a new statement of intent for viral, self-limiting encephalitis, myelitis and encephalomyelitis the Commission also removed the statement of intent for forms of viral hepatitis other than chronic B and C, as all variations of viral hepatitis are now included on Line 206.

Viral, Self-limiting Encephalitis, Myelitis and Encephalomyelitis

The following statement of intent is associated with Line 548, VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS, which also falls on an unfunded line but may require hospitalization support in severe cases:

Treatment of viral encephalitis, myelitis and encephalomyelitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Medical Codes Not Appearing on the Prioritized List

Since the implementation of the OHP, certain medical codes have been absent from the Prioritized List. In some cases this has been due to the lack of information about the condition or treatment, but in many cases the omissions were made purposefully. In the case of ICD-9-CM codes, this may be because they represent signs and symptoms that correspond to diagnostic services that are covered until a definitive diagnosis can be established. ICD-9-CM codes that represent secondary diagnoses are never covered in isolation because payment of a claim should be based on the prioritization of the treatment of the underlying condition.

CPT-4 codes can similarly be missing from the Prioritized List. If a code represents an ancillary service, such as the removal of sutures, it is left off of the List and its reimbursement depends on whether the condition it is being used to treat is in the funded region of the List. Procedure codes representing diagnostic services are also left off the List since those services necessary to determine a diagnosis are covered by OHP. Only after the diagnosis has been established is the List used to determine whether further treatments are covered under the plan. In addition, a procedure code may be designated as a non-OHP service if it represents an experimental treatment or cosmetic service.

Staff of the Division of Medical Assistance Programs (DMAP), working with the Commission, have developed, and maintain, a diagnostic file, ancillary file, and a non-OHP services file containing those codes that do not appear on the List. Upon implementation of the new Medicaid Management Information System (MMIS), expected in 2008, OHP providers and contracted health plans will have web-based access to this information so that service coverage will be as uniform as possible under all OHP delivery systems.

**CHAPTER FOUR:
SUBCOMMITTEES,
TASK FORCES AND
WORKGROUPS**

The Health Services Commission continues to rely on the work of its subcommittees in fulfilling its mandates. In addition to the ongoing work of the subcommittees, the Commission has appointed task forces and workgroups to focus on specific issues.

Health Outcomes Subcommittee

The Health Outcomes Subcommittee, chaired from 2004-2006 by Dan Mangum, DO and by Somnath Saha MD, MPH, since August 2006, is composed of the five physician members of the Commission.⁴⁵ This Subcommittee is the first to review the need for any coding changes, develop or modify any necessary guidelines, or investigate new advancements in medical technology.

In essence, the Subcommittee has reviewed virtually every change to the List documented in this report. Health Outcomes Subcommittee meetings are often the forum where opinions from providers, health plan administrators, advocacy groups, and other interested parties are first presented. All work of the Subcommittee is formulated into recommendations to be forwarded to the full Commission for a final vote. The Commission depends heavily on the expertise and dedication of the members of the Health Outcomes Subcommittee.

Mental Health Care and Chemical Dependency (MHCD) Subcommittee

The MHCD Subcommittee⁴⁶ has provided the Commission with invaluable information and recommendations related to the prioritization of MHCD services since its creation in 1989.

In addition to making recommendations for interim modifications incorporating annual coding changes involving MHCD services, the Subcommittee followed the new methodology as it was developed by the HSC, providing input that helped to shape its final form. They then applied the new methodology to the mental health and chemical dependency line items, resulting in scores for each of the lines that were adopted by the HSC for integration with the physical health lines.

They developed a set of recommendations to the HSC for technical corrections to add a number of HCPCS codes for medication services, multisystemic therapies for juveniles, and residential treatment to certain mental health and chemical dependency lines.

HSC Actuarial Advisory Committee

House Bill 3624 , passed during the 2003 legislative session, charged the Commission to “retain an actuary to determine the benchmark for setting per capita rates necessary to reimburse prepaid managed care health services organizations and fee-for-service providers for the cost of providing health services” under OHP. After contracting with Mercer Government Human

⁴⁵ See Appendix A for a list of the physician members on the Health Services Commission.

⁴⁶ See Appendix A for the membership list of the MHCD Subcommittee.

Services Consulting (Mercer) in December 2003, the Commission established the HSC Actuarial Advisory Committee⁴⁷ to act as a resource for providing ongoing input into this process. This stakeholder group was made up of a knowledgeable group of representatives from hospitals, physicians, pharmacies, mental health and chemical dependency organizations, the durable medical equipment (DME) industry, dentistry, home health, and the fully capitated health plans contracted with the State. Mercer met with the full Commission and the Advisory Committee two different times each from October 2006 – February 2007 to develop new cost benchmarks for 2008-09. See the March 2007 Mercer report titled “CY 2008-09 Benchmark Rate Study: Oregon Health Plan: Summary Report” for a full discussion of this work.

HSC Genetics Advisory Committee

This advisory committee⁴⁸ consists of genetics professionals lead by an HSC Commissioner and was formed to discuss the appropriate use of current genetic tests and to consider proactive ways to control costs of potential new and expensive testing.

The Committee presented recommendations to the HSC which included a requirement for patients to receive genetic counseling before BRCA tests are ordered. They also recommended the adoption of guidelines from the National Comprehensive Care Network on the use of genetic testing for the diagnosis of familial breast, ovarian, and colorectal cancers. Further, they will continue to meet in 2007 to discuss the appropriate use of genetic testing for the diagnosis of developmental delay/mental retardation (DD/MR).

Line Zero Task Force

This task force⁴⁹, which last met in 2003, was reformed to further discuss potential ways of controlling the escalating costs associated with diagnostic services and certain ancillary services that are not associated with lines on the Prioritized List and are often reimbursed without limitations, particularly under the fee-for-service delivery system. The Task Force continues to find the issue a difficult one to handle, as such measures as strict caps on services will very likely reduce appropriate as well as inappropriate utilization.

The two areas in which costs are the highest involve imaging services and emergency department (ED) visits. The Task Force reiterated a previous recommendation to the Division of Medical Assistance Programs to contract with a third party for the purpose of the management of imaging services through prior authorization. When this approach was first suggested three years ago it was felt that this requirement might drive some providers from serving Medicaid clients. Now

⁴⁷ Kevin Campbell, Yuen Chin (alternate), Tom Coogan, Joel Daven, MD, Kevin Earls, Scott Gallant, Rick Jones, Rich Monnie, William Murray, Sarah Myers, Jim Russell (alternate), Jim Thompson

⁴⁸ Bryan Sohl MD, Chair; Mary Pat Bland, Sudge Budden MD; Leesa Linch MD; Katherine Morris MD; Kathryn Murray MS CGC; Carolyn Sue Richards PhD; Barry Russman; Wally Shaffer MD; Kerry Silvey MA; Jonathan Zonana MD.

⁴⁹ Daniel Mangum DO, Chair; Susan McGough; Kevin Olson MD; Somnath Saha MD, MPH; Kathryn Weit

nearly all other payers are requiring such prior authorization so it would no longer be the additional burden that it would have been in the past.

The Task Force further requested that staff continue to work with the data to find other areas in which cost can be obtained or where services can more appropriately be associated with specific line items on the Prioritized List.

Prioritization Principles Workgroup

This workgroup,⁵⁰ comprised of five HSC members and five non-HSC members, discussed the concept presented to the Commission by Dr. Rick Wopat (a member of this workgroup) and how it fit within the principles on which the Oregon Health Plan was built upon. The Workgroup recommended that the Commission re-examine the Prioritized List to see if priorities that emphasize prevention and chronic disease management would result in a greater benefit to the population being served by OHP, given the allocations currently allotted by the legislature.

2006 Biennial Review Workgroup

After unanimously voting to move forward with the reprioritization of the List based on the recommendation of the Prioritization Principles Workgroup, a workgroup of HSC members⁵¹ met to formulate the new prioritization methodology. Over the course of two meetings the Workgroup developed the nine health care categories and the population and impact measures described in Chapter 2 that make up the basis for the new prioritization methodology.

⁵⁰ Eric Walsh MD, Chair; Mike Bonetto, MPH; Michael J Garland DScRel; K. John McConnell Ph.D.; Susan McGough; Somnath Saha MD, MPH; Kathryn Weit; Dan Williams; Rick Wopat MD

⁵¹ Eric Walsh MD, Chair; Somnath Saha MD, MPH; Bryah Sohl, MD, Laurie Theodorou

**CHAPTER FIVE:
RECOMMENDATIONS**

The Health Services Commission is pleased to offer these recommendations to the Governor and 74th Oregon Legislative Assembly:

1. Adopt the Prioritized List of Health Services for calendar years 2008-09 appearing in Attachment C;
2. Adopt the practice guidelines that have been incorporated into the aforementioned Prioritized List;
3. Use the Prioritized List to delineate services that are not as effective as others to determine the benefit packages under the Oregon Health Plan; and,
4. Consider mechanisms for increasing enrollment in OHP Standard to previous levels, including the original goal of the Oregon Health Plan, universal coverage through broad health care reform.

The Commission thanks the Governor and Legislature for the opportunity to continue in its service to the citizens of Oregon.

APPENDIX A:

**COMMISSION AND
SUBCOMMITTEE
MEMBERSHIP**

HEALTH SERVICES COMMISSION

COMMISSION STAFF

**MENTAL HEALTH CARE AND CHEMICAL
DEPENDENCY SUBCOMMITTEE**

Health Services Commission

Member Profiles

“The Health Services Commission is established, consisting of 11 members appointed by the Governor and confirmed by the Senate. Five members shall be physicians licensed to practice medicine in this state who have clinical expertise in the general areas of obstetrics, perinatal, pediatrics, adult medicine, mental health and chemical dependency, disabilities, geriatrics or public health. One of the physicians shall be a Doctor of Osteopathy. Other members shall include a public health nurse, a social services worker and four consumers of health care.”
- ORS 414.715 (1)

PHYSICIANS

Daniel Mangum, DO, Chair, 48, of Tigard, is a board certified internist in Portland. He is attending physician for Providence St. Vincent hospital, is on active staff at both St. Vincent and Good Samaritan hospitals, and is on faculty staff at Oregon Health Sciences University Department of General Internal Medicine. He is also past-president of the Oregon Society of Internal Medicine and a Fellow of the American College of Physicians. Dr. Mangum received his Bachelor of Arts degree from California State University at Fullerton in 1982. He received his Doctor of Osteopathy from the Western University of Health Sciences in 1987. He did his post-graduate training at Phoenix General Hospital in Phoenix, Arizona and Providence St. Vincent Hospital in Portland. His second term expires in 2007. (503-293-1515)

Lisa Dodson, MD, 47, of Portland, is a Board Certified Family Physician. She is in active practice in addition to being the Director of the Oregon Area Health Education Centers at Oregon Health and Science University. Her academic interests include maternity care, chronic pain management and training physicians for rural practice. Prior to returning to OHSU in 1999 she practiced for seven years in the frontier community of John Day, Oregon. She previously served two terms on the Oregon Board of Medical Examiners. Dr. Dodson attended medical school at SUNY Stony Brook, Family Medicine residency at OHSU and faculty development fellowship at University of Washington. Her first term expires in 2010. (503-494-3986)

Andrew Glass, MD, 65, of Portland, is a retired pediatrician and medical oncologist who practiced with Kaiser Permanente in Portland. Dr. Glass is the current Medical Director for Health Net of Oregon. He has an interest in epidemiologies of cancer and other diseases and a strong background in health services research and clinical trials in cancer. Dr. Glass brings expertise in research and evaluation to the Commission. He has an A.B. from Harvard College and did his medical education at the University of Pennsylvania. He received his medical training at Massachusetts General Hospital and a fellowship at Children’s Cancer Research Foundation. *His second term expired in 2002; however he served beyond his term expiration until April 2005, having been a member since April 1994 and served as its chair after June 2000.*

Kevin Olson, MD, 46, of Portland, is the Chief Medical Officer at Northwest Cancer Specialists in Tualatin. Dr. Olson received his Bachelor of Science degree at Notre Dame University and his medical degree at Oregon Health Sciences University (OHSU). He completed an Internal Medicine residency and fellowships in Hematology/Oncology and Bone Marrow Transplantation at OHSU. He has served as the Legacy System Cancer Committee Chairman and as a member of the Oregon Health Plan Transplant Committee among his many professional activities. He is a board member of his high school alma mater, Jesuit High School, has been recognized for his efforts over the years by numerous awards including American Cancer Society Fellowship in 1986, the OHSU Daniel Whitney Memorial Fellowship Award in 1993 and a Leukemia Society of America Fellowship in 1994. His first term expires in 2009. (503-692-2032)

Somnath Saha, MD, MPH, 41, resides in Portland. He received his Bachelor of Science degree at Stanford University. He attended medical school and trained in internal medicine at the University of California, San Francisco. Dr. Saha completed fellowship training in the Robert Wood Johnson Clinical Scholars Program at the University of Washington in Seattle, where he also obtained a Masters degree in Public Health. He currently practices as a general internist at the Portland VA Medical Center and is an Associate Professor of Medicine and Public Health & Preventive Medicine at Oregon Health & Science University. He is an active member of the Oregon Evidence-based Practice Center, where he has conducted critical reviews of studies on the clinical and cost effectiveness of diagnostic and therapeutic technologies. He also has an interest in disparities in health care delivery. His first term expires in 2008. (503-220-8262)

Bryan Sohl, MD, 48, resides in Ashland. He obtained his Bachelor of Science degree in Physiology from the University of California at Davis in 1980. In 1984, he graduated from the University of California at San Diego Medical School. Dr. Sohl completed his internship and residency in Obstetrics and Gynecology at the University of California at San Diego in 1988. He then practiced General Obstetrics and Gynecology in Medford for eight years before returning to the University of California at San Diego for a fellowship in Maternal-Fetal Medicine, which he completed in 1998. Currently, Dr. Sohl is the director of Maternal-Fetal Medicine at Rogue Valley Medical Center. He is on faculty at OHSU in both Obstetrics and Gynecology and Family Practice. He is involved in resident teaching in Klamath Falls. His professional interests include the management of complicated pregnancies and obstetrical ultrasound. His second term expires in 2008.

Eric Walsh, MD, 54, of Portland, associate professor and residency director at Oregon Health Sciences University, received his MD from the University of Cincinnati in 1980. He completed his residency in Family Practice at Fairfax Family Practice, a program of the Medical College of Virginia, in 1983, where he was chief resident. After residency, he worked in a community health center in the South Bronx. At the Bronx-Lebanon hospital, Dr. Walsh was instrumental in establishing a fully accredited Family Practice Residency program. He was the residency director of this program from its founding in 1986 until 1991. In 1991, Dr. Walsh moved with his family to Redmond, Oregon. He joined a seven-physician family practice, The Cascade Medical Clinic. In Redmond, he was on the Boards of Directors of the Central Oregon IPA and Physician Hospital Organization, and the Cascades East AHEC. He was also the Medical Director of the Hospice of Redmond and Sisters. Dr. Walsh's professional interests include hospice care, HIV disease and clinical decision-making. *Dr. Walsh resigned in July 2006 after serving as a member since February 1998 and as the chair since April 2005.*

PUBLIC HEALTH NURSE

Donalda Dodson, RN, MPH, 63, of Salem, is the former Administrator for the Office of Family Health, Health Services, Department of Human Services. Ms. Dodson has worked in the area of public health for more than 40 years and served on numerous community boards and advisory groups. She is an active member of the Oregon Child Development Coalition and March of Dimes Professional Advisory Committee. She has an active interest in health of women, children and families. She received her Bachelor of Science in Nursing from the University of Oregon, and her Master in Public Health degree from the University of Washington. *Her third term expired in 2004; however she served beyond her term expiration until February, 2005, having been a member since July 1992.*

Leda Garside, RN, BSN, 48, of Lake Oswego, is a bilingual, bicultural Latina registered nurse, and is the Clinical Nurse Manager for the ¡Salud! Program, an outreach program of the Tuality Healthcare Foundation in Hillsboro. Ms. Garside completed her nursing degree at the University of Alaska in Anchorage in 1983. Her 23-year nursing career includes acute care, occupational health services and, in the last 10 years, community and public health. Ms Garside is very active in many community outreach committees, coalitions and boards. Her career interests are: cultural competencies in health care, health promotion and prevention and facilitating access to health care to all Oregonians. She strongly believes that many things can be accomplished when there is collaboration, cooperation and commitment to better serve the needs of the community, in particular the underserved and at risk populations. Ms. Garside is a member of the National Association of Hispanic Nurses, Oregon Public Health Association, Sigma Theta Tau International Honor Society of Nursing, and the Oregon Latino Health Coalition. Her first term expires in 2009. (503-681-2330)

SOCIAL SERVICES WORKER

Kathleen Savicki, LCSW, 59, of Salem, a licensed clinical social worker, is Quality Improvement Coordinator for the Mid-Valley Behavioral Care network. She has her Master's degree from the Smith College School for Social Work and almost 30 years experience in clinical social work practice. She is a member of the National Association of Social Workers. *Her second term expired in 2003; however she served beyond her term expiration until April 2005, having been a member since September 1995.*

Laurie Theodorou, LCSW, is a Clinical Social Worker for the Jackson County Mental Health Department, having previously served as a Family Advocate. Ms. Theodorou completed her undergraduate work at Ohio University and earned her Master's degree from Portland State University. Her particular interest is in treating children under eight years of age. *Ms. Theodorou resigned in October 2006 after having served as a member for 18 months.*

CONSUMER ADVOCATES

Bruce Abernethy, 43 of Bend, is the Grant Writer for the Bend-La Pine School District and currently also serves as Mayor of the City of Bend. He did his undergraduate work at Swarthmore College earning a Bachelor of Arts with Honors in Economics/Political Science. He has a Master in Public Policy from Harvard University at the John F. Kennedy School of Government. Since moving to Bend in 1992, he has served on various boards and worked for local non-profits, including the Bend-La Pine School Board, Bend Park and Recreation District Board, Bend's Community Center and the Homeless Leadership Council. In 2004, he helped found the Meth Action Coalition, which is a grassroots effort in Deschutes County that works in partnership with law enforcement, treatment providers and prevention professionals to address the serious problem of meth. His first term expires in 2010.

Ellen C. Lowe, 74, of Portland, is a Public Policy consultant after retiring as Director of Public Policy for Ecumenical Ministries of Oregon. She is a member of the Insurance Pool Governing Board, legislative chair of the Human Services Coalition of Oregon and a member of the OHSU Oregon Opportunity Taskforce. Recognized as a human service and civil rights advocate, Ms. Lowe has been honored by the Oregon Food Bank, Oregon Education Association, State Commissions for Women and Hispanic Affairs, the Oregon Health Forum, Elders in Action, Right to Pride, Oregon Gambling Addiction Treatment Foundation, Willamette University and the Governor's Commission on Senior Services. A former secondary social studies teacher and university librarian, Ms. Lowe is a 1952 graduate of the University of Oregon. *Her term expired in 2004; however she served beyond her third term's expiration until May 2006, having been a member since June 1990.*

Susan McGough is hospital administrator providing interim administrative services and hospital consulting services. Ms. McGough began her healthcare career in medical technology. In 1993, she completed her Masters Degree in Health Administration after 15 years in hospital laboratory management. She has served as assistant administrator or administrator for the past 10 years for community-based hospitals systems. Ms. McGough is a Fellow with the American College of Healthcare Executives and serves on a number of Central Oregon boards and community organizations. Her first term expires in 2008.
(541-279-1951)

Kathryn Weit, 59, is a policy analyst with the Oregon Council on Developmental Disabilities. Ms. Weit has worked on behalf of people with disabilities and their families for over twenty-five years, including advocating in the Oregon Legislature since 1987. She has served on numerous Boards of Directors, committees, commissions and workgroups with the Department of Human Services, Department of Education, the Oregon Legislature, and private nonprofit organizations. Ms. Weit is a former teacher who worked in inner city and low income high schools in Boston, Northern Virginia, and Portland. She is the parent of a 27 year old son with developmental disabilities. Ms. Weit received her undergraduate degree from the University of Wisconsin and her Master's Degree from Boston University. Her first term expires in 2009. (550-945-9943)

Dan Williams, 66, of Eugene, is a retired Vice President for Administration at the University of Oregon. He was awarded an undergraduate degree in Political Science from the University of Oregon in 1962 and received his Master's degree in Public Administration from the University of San Francisco in 1980. Mr. Williams previously served on the Peace Health Oregon Region Governing Board for ten years and the State Accident Insurance Fund Board of Directors. He currently serves as director on the Liberty Bank board and the Bi-Mart Corporation. Local community services include board membership for the Volunteers in Medicine Clinic and Oregon Forest Resource Institute. His second term expires in 2007. (541-346-3003)

Commission Staff

DIRECTOR

Darren Coffman, began his work with the Health Services Commission soon after its creation in 1989 as an analyst in a six-month limited duration position. He eventually served in that capacity for three years, playing a key role in the development of the methodology for prioritizing health services. In 1992, Mr. Coffman became the Research Manager for the Commission, took on the additional role of Acting Director in October 1996, and was named Director in April 1997. He received his Bachelor of Science from the University of Oregon in computer science in 1987 and a Master of Science in statistics from Utah State University in 1989. (503-373-1616)

MEDICAL DIRECTOR

Alison S. Little, MD, MPH, is a family physician from Lake Oswego. After initially practicing in a small town in central Oregon, she shifted her interests to public health and administration, receiving her Master of Public Health degree from the University of Washington in 1998. She spent 7 years as medical director of a fully capitated health plan in central Oregon, and served as a Commissioner on the Oregon Health Services Commission from 1996 to 2002. She served as staff to the Health Services Commission as medical director from 2003 to 2005. She received her Bachelor of Science degree from Pacific University in Forest Grove, took her medical training at the Medical College of Wisconsin in Milwaukee, and completed her family practice residency at Oregon Health Sciences University and the University of Washington. Dr. Little also completed a three-year National Health Service Corps scholarship commitment in rural Minnesota before moving permanently to Oregon in 1990. *Dr. Little resigned her position in June 2006.*

Ariel K. Smits, MD, MPH, is a family physician from Portland. She currently sees patients part time at OHSU Gabriel Park Family Health Center in addition to her work as medical director of the Commission. Dr. Smits received a bachelor's degree in Cellular and Molecular Biology from the University of Michigan, a master's of philosophy degree in Clinical Biochemistry from Cambridge University, and her doctorate of medicine from Washington University in St. Louis. She completed both a family medicine and preventive medicine residency at OHSU and subsequently completed a research fellowship at OHSU.

Mental Health Care and Chemical Dependency Subcommittee

Member Profiles

Seth Bernstein, PhD, of Corvallis, leads and directs the operation of the Accountable Behavioral Health Alliance (ABHA), a five county MHO funded through the Oregon Health Plan. ABHA provides quality management, utilization management, contract administration, a 24-hour crisis/access line, financial administration, data management and reporting, claims adjudication and payment, and management/oversight for member complaints and grievances. Dr. Bernstein is a clinical psychologist who has worked in managed behavioral care since 1988. He has written many articles, including *Measuring Clinical Outcome In Managed Mental Health* and played the lead role in developing the Oregon Change Index (OCI) for ABHA. The OCI is a user-friendly survey instrument, which is designed to measure clinical outcomes for behavioral health treatment.

Gary W. Cobb - a Portland, Oregon resident is the Government Relations person for the Recovery Association Project (RAP). RAP is a 501c3 non-profit whose mission statement is to address substance abuse policies and to help change stigmas associated to those folks who are in recovery from drugs and alcohol. Mr. Cobb is a tireless advocate for persons seeking treatment and for those already engaged in recovery. His passion is fueled by the fact that he is a recovering addict (by in part to the OHP Standard). He is employed at the Old Town clinic, a Federally Qualified Health Center in downtown Portland. Due to Mr. Cobb's advocacy efforts he has received several awards, the most notable are the 2005 Mayor's Spirit of Portland Award and the Shumway Award. His biggest award he says is when groups like RAP and others are able to work with policy makers in coming up with solutions for folks needing the help.

In addition to being on the MHCD Subcommittee, he also sits on the Mayor's Drug Strategy Team, The CARSA team with other civic leaders and has been appointed to the Chief of Police Forum by Commissioner Adams. In his free time Mr. Cobb likes to play drums with other musicians on the streets at one of the many different art and street fairs Portland has to offer.

Donalda Dodson, RN, MPH, of Salem, is the former Administrator for the Office of Family Health, Health Services, Department of Human Services. Ms. Dodson has worked in the area of public health for more than 40 years and served on numerous community boards and advisory groups. She is an active member of the Oregon Child Development Coalition and March of Dimes Professional Advisory Committee. She has an active interest in health of women, children and families. She received her Bachelor of Science in Nursing from the University of Oregon, and her Master in Public Health degree from the University of Washington.

Robert A. George, MD, of Beaverton, is a psychiatrist specializing in child, adolescent and family psychiatry. He is also a Clinical Professor in the Department of Psychiatry at Oregon Health Sciences University. He is a Distinguished Fellow of the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry and was certified in General Psychiatry, Child and Adolescent Psychiatry and in Family Practice. Dr. George is a Past President of the Oregon Psychiatric Association. He served a four-year term as Health Services Commission member from 1992-96. *Resigned in 2005.*

Casadi Marino, LCSW, of Oregon City, works for Clackamas County Mental Health in the adult outpatient program. She has worked in community mental health for ten years. She is a board member of the National Association of Social Workers (NASW) Oregon chapter, and is chair of its finance committee. She is also a board member of the Oregon Advocacy Center, our state's Protection and Advocacy (P&A), and chair of its Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) council. She is in recovery from bipolar disorder. *Resigned in 2006.*

David Pollack, MD, of West Linn, is Professor for Public Policy of the Departments of Psychiatry and Public Health and Preventive Medicine at Oregon Health and Science University. He has worked in community and public sector mental health for over 30 years, most notably as Medical Director for the Office of Mental Health and Addiction Services in the Oregon Department of Human Services from 2002-2006 and Medical Director for Mental Health Services West in Portland from 1987-1998. During the 1999 legislative year, he served as a Robert Wood Johnson Health Policy Fellow in the office of Senator Edward Kennedy. Dr. Pollack attended Northwestern University and Oklahoma Health Sciences Center, completing his training in psychiatry from Oregon Health Sciences University in 1976.

Paul D. Potter, MSW, MAC, is the Vice President of Clinical Services for Cascadia Mental Health and Addiction Services. Mr. Potter combines his passion with humor, which he brings to the task of integrating Cascadia's mental health and addictions services. With over 20 years of experience in both the private and public sectors, he's committed to fostering "systems" thinking throughout the Cascadia organization. Mr. Potter also serves as the Treasurer for NAADAC, The Association of Addiction Professionals. *Resigned in 2006.*

Michael Reaves, MD, of Eugene is Lane County's Mental Health Medical Officer. In this role he is the Medical Director for LaneCare, the MHO for Lane County OHP and is the supervisor for the medical staff at Lane County Mental Health Clinic. He is also an Adjunct Associate Professor of Psychiatry at OHSU in the Intercultural Psychiatry Program Clinic in Eugene. Dr. Reaves is a past President of the Oregon Psychiatric Association and served on the Governor's Mental Health Task Force in 2003 and 2004.

Carole Romm, RN, MPA, is the Director of Strategic Initiatives at Central City Concern, an agency serving homeless adults in Portland OR. She obtained a baccalaureate in labor relations at Cornell University, a nursing degree from Portland Community College, and a Masters in Public Administration (MPA) from Portland State University. As Director of Strategic Program Development, Ms. Romm is responsible for developing public and private partnerships to sustain key programs, developing and implementing strategic programs, and advising the Central City Concern leadership on health policy issues.

In 2000, Ms. Romm was awarded a three-year Robert Wood Johnson Foundation Nurse Executive Fellowship. Currently, Ms. Romm serves as Co-Chair of the Oregon Medicaid Advisory Commission; the Advisory Board of Oregon Health Forum and Chair of its Breakfast Forum Planning Committee; and on the Policy Committee of the Oregon Primary Care Association.

Kathleen Savicki, LCSW, of Salem, a licensed clinical social worker, is Quality Improvement Coordinator for the Mid-Valley Behavioral Care network. She has her master's degree from the Smith College School for Social Work and almost 30 years experience in clinical social work practice. Ms. Savicki is a member of the National Association of Social Workers.

Ann Uhler, of Tigard, retired as the Executive Director of Comprehensive Options for Drug Abusers (CODA) in September of 2002. She is currently a consultant for the Oregon Treatment Network on research through its affiliation with OHSU and the National Institute on Drug Abuse (NIDA's) Clinical Trials Network. Ms. Uhler has her master's degree in Human Development Counseling from Sangamon State University (now merged with University of Illinois) and has been working in the alcohol and drug field since 1974. She serves on the Board of Directors for the Women's Commission on Alcohol and Drug Issues of Oregon. She is the Chairperson of the Governor's Council on Alcohol and Drug Abuse Treatment Programs. She serves as vice-chair of the Alcohol and Drug Problems Association.

APPENDIX B:
BIENNIAL REVIEW CHANGES

Figures 2.2-2.4 appearing on pages 28-33 of this report outline the major changes affecting entire line items. This appendix gives a detailed code-by-code account of the changes involving ICD-9-CM codes that were made to the Prioritized List as a result of the biennial review that did not involve the addition, deletion, or merging of entire lines. The report is sorted by code, with the type of change made, which line of the 2006-07 Prioritized List of Health Services it appeared on, the 2008-09 Prioritized List line item it now appears on and a description of the code involved. A blank space under '2008-09' means that the code does not appear on the 2008-09 List. A line number in parentheses under '2008' shows the line that the ICD-9-CM code continues to remain on while being deleted from a line on the 2006-07 List. The line numbers in parentheses under '2006-07' indicate the lines that codes 278.00 and 278.01 appeared on in the previous list, and the new line the codes are being added to in addition to these lines. An asterisk ('*') under 'Change' indicates that the ICD-9-CM code being removed from the list is not considered by the Health Services Commission to be a definitive diagnosis. Since the Prioritized List determines coverage for treatments after a diagnosis is established, these codes are being removed from the Prioritized List and being added to an electronic file of codes relating to signs and symptoms maintained by the Division of Medical Assistance Programs (DMAP). Claims involving these codes will continue to be reimbursed when appropriately billed as part of the diagnostic workup process.

As was the case with the previous biennial review, the volume of changes involving procedure codes is too large to be included as part of this report. For a listing of the code-by-code placement of both the diagnosis and procedure codes for the 2008-09 Prioritized List, please refer to our website at <http://www.oregon.gov/OHPPR/DAS/HSC/index.shtml>.

Change	2006-07	2008-09	Code	Code Description
Code moved	531	175	077.98	Unspecified diseases of conjunctiva due to Chlamydiae
Line split	52	19	090	Congenital syphilis
Line split	52	44	091	Early syphilis, symptomatic
Line split	52	44	092	Early syphilis, latent
Code deleted	184	(510)	110.1	Dermatophytosis of nail
Code moved	680	672	254.0	Persistent hyperplasia of thymus
Code moved	680	84	254.1	Abscess of thymus
Code moved	680	672	254.8	Other specified diseases of thymus gland
Code moved	680	672	254.9	Unspecified disease of thymus gland
Code moved	282	238	275.4	Disorders of calcium metabolism
Line split	261	196	277.7	Dysmetabolic syndrome X
Code added	(620,621)	33	278.00	Obesity, unspecified
Code added	(620,621)	33	278.01	Morbid obesity
Code moved	620	608	278.02	Overweight
Code moved	171	405	285.2	Anemia of chronic disease
Code moved	595	676	287.2	Other nonthrombocytopenic purpuras

Change	2006-07	2008-09	Code	Code Description
Code moved	595	676	287.8	Other specified hemorrhagic conditions
Code moved	595	676	287.9	Unspecified hemorrhagic conditions
Code moved	454	511	300.10	Hysteria, unspecified
Line split	545	223	312.31	Pathological gambling
Line split	545	560	312.32	Kleptomania
Line split	545	560	312.33	Pyromania
Line split	545	560	312.34	Intermittent explosive disorder
Line split	545	560	312.35	Isolated explosive disorder
Line split	545	560	312.39	Other disorder of impulse control
Line split	426	566	313.21	Shyness disorder of childhood
Line split	426	566	313.22	Introverted disorder of childhood
Line split	426	491	313.23	Elective mutism specific to childhood and adolescence
Line split	86	22	331.3	Communicating hydrocephalus
Line split	86	22	331.4	Obstructive hydrocephalus
Line split	86	22	348.2	Benign intracranial hypertension
Line split	462	394	368.0	Amblyopia ex anopsia
Code moved	618	522	373.34	Discoid lupus erythematosus of eyelid
Line split	462	446	378	Strabismus and other disorders of binocular eye movement
Line split	532	518	380.4	Impacted cerumen
Code deleted	500	(380,463)	389.03	Conductive hearing loss, middle ear
Line split	261	76	410	Acute myocardial infarction
Line split	261	76	411	Other acute and subacute forms of ischemic heart disease
Line split	261	196	412	Old myocardial infarction
Line split	261	196	413	Angina pectoris
Line split	261	196	414	Coronary atherosclerosis
Line split	261	76	429.2	Unspecified cardiovascular disease
Line split	261	196	429.2	Unspecified cardiovascular disease
Code deleted	261	(many)	429.4	Functional disturbances following cardiac surgery
Line split	261	196	429.71	Acquired cardiac septal defect
Line split	261	196	429.79	Other certain sequelae of myocardial infarction, not elsewhere classified
Line split	245	434	433.00	Occlusion and stenosis of basilar artery without mention of cerebral infarction
Line split	245	340	433.01	Occlusion and stenosis of basilar artery with cerebral infarction

Change	2006-07	2008-09	Code	Code Description
Line split	245	434	433.10	Occlusion and stenosis of carotid artery without mention of cerebral infarction
Line split	245	340	433.11	Occlusion and stenosis of carotid artery with cerebral infarction
Line split	245	434	433.20	Occlusion and stenosis of vertebral artery without mention of cerebral infarction
Line split	245	340	433.21	Occlusion and stenosis of vertebral artery with cerebral infarction
Line split	245	434	433.30	Occlusion and stenosis of multiple and bilateral precerebral arteries without mention of cerebral infarction
Line split	245	340	433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction
Line split	245	434	433.80	Occlusion and stenosis of other specified precerebral artery without mention of cerebral infarction
Line split	245	340	433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction
Line split	245	434	433.90	Occlusion and stenosis of unspecified precerebral artery without mention of cerebral infarction
Line split	245	340	433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction
Code moved	132	478	478.25	Edema of pharynx or nasopharynx
Code moved	132	478	478.26	Cyst of pharynx or nasopharynx
Line split	448	535	478.3	Unspecified paralysis of vocal cords or larynx
Code moved	448	215	478.5	Other diseases of vocal cords
Line split	448	535	478.70	Unspecified disease of larynx
Code moved	448	215	478.71	Cellulitis and perichondritis of larynx
Code moved	448	385	478.74	Stenosis of larynx
Code moved	448	385	478.75	Laryngeal spasm
Code moved	448	215	478.79	Other diseases of larynx
Code moved	158	248	518.81	Acute respiratory failure
Code moved	158	248	518.82	Other pulmonary insufficiency, not elsewhere classified
Code moved	158	305	518.83	Chronic respiratory failure
Code moved	158	248	518.84	Acute and chronic respiratory failure
Line merged	221	172	528.7	Other disturbances of oral epithelium, including tongue
Code moved	493	61	530.7	Gastroesophageal laceration-hemorrhage syndrome
Code moved	155	60	576.4	Fistula of bile duct
Code moved	219	65	585	Chronic renal failure
Code moved	502	572	625.4	Premenstrual tension syndromes

Change	2006-07	2008-09	Code	Code Description
Line split	536	545	691.8	Other atopic dermatitis and related conditions
Line split	536	546	692.0	Contact dermatitis and other eczema due to detergents
Line split	536	546	692.1	Contact dermatitis and other eczema due to oils and greases
Line split	536	546	692.2	Contact dermatitis and other eczema due to solvents
Line split	536	546	692.3	Contact dermatitis and other eczema due to drugs and medicines in contact with skin
Line split	536	546	692.4	Contact dermatitis and other eczema due to other chemical products
Line split	536	546	692.5	Contact dermatitis and other eczema due to food in contact with skin
Line split	536	546	692.6	Contact dermatitis and other eczema due to plants (except food)
Line split	536	546	692.70	Unspecified dermatitis due to sun
Line split	536	546	692.71	Contact dermatitis and other eczema due to sunburn
Line split	536	546	692.72	Acute dermatitis due to solar radiation
Line split	536	546	692.73	Actinic reticuloid and actinic granuloma
Line split	536	546	692.74	Other chronic dermatitis due to solar radiation
Line split	536	546	692.79	Other dermatitis due to solar radiation
Line split	536	546	692.8	Contact dermatitis and other eczema due to other specified agent
Line split	536	546	692.9	Contact dermatitis and other eczema, due to unspecified cause
Code moved	331	646	702.0	Actinic keratosis
Code deleted	310	(111,152)	710.0	Systemic lupus erythematosus
Code deleted*	568		718.09	Articular cartilage disorder, multiple sites
Code deleted*	568		718.19	Loose body in joint of multiple sites
Code deleted*	568		718.29	Pathological dislocation of joint of multiple sites
Code deleted*	568		718.59	Ankylosis of joint of multiple sites
Code deleted*	568		718.88	Other joint derangement, not elsewhere classified, other specified site
Code deleted*	568		718.89	Other joint derangement, not elsewhere classified, multiple sites
Code deleted*	628		719.5	Stiffness of joint, not elsewhere classified
Code deleted*	628		719.6	Other symptoms referable to joint
Code deleted*	700		719.7	Difficulty in walking
Code deleted*	628		719.80	Other specified disorders of joint, site unspecified
Code deleted*	568		719.81	Other specified disorders of shoulder joint
Code deleted*	568		719.85	Other specified disorders of pelvic joint
Code deleted*	568		719.87	Other specified disorders of ankle and foot joint

Change	2006-07	2008-09	Code	Code Description
Code deleted*	628		719.89	Other specified disorders of joints of multiple sites
Code deleted	700		719.9	Unspecified disorder of joint
Code deleted	310	(52)	720.0	Ankylosing spondylitis
Line split	146	143	728.0	Infective myositis
Line split	146	143	728.88	Rhabdomyolysis
Code deleted	51	(591)	738.0	Acquired deformity of nose
Line split	86	398	742.0	Encephalocele
Line split	86	22	742.3	Congenital hydrocephalus
Line split	86	22	742.4	Other specified congenital anomalies of brain
Line split	462	446	743	Congenital anomalies of eye
Code deleted	310	(140,256)	745.0	Bulbus cordis anomalies and anomalies of cardiac septal closure, common truncus
Code moved	96	185	745.7	Cor biloculare
Code moved	95	94	745.9	Unspecified congenital defect of septal closure
Code deleted	316	(99)	746.5	Congenital mitral stenosis
Code moved	316	99	746.6	Congenital mitral insufficiency
Code moved	97	117	746.81	Congenital subaortic stenosis
Code moved	97	142	746.82	Cor triatriatum
Code moved	171	77	746.83	Congenital infundibular pulmonic stenosis
Code deleted	97	(51)	746.85	Congenital coronary artery anomaly
Code deleted	103	(51)	746.85	Congenital coronary artery anomaly
Code deleted	310	(50)	747.21	Congenital anomaly of aortic arch
Code deleted	94	(116)	747.3	Congenital anomalies of pulmonary artery
Line split	261	196	747.89	Other specified congenital anomaly of circulatory system
Code moved	642	679	756.2	Cervical rib
Code deleted	310	(many)	759.82	Marfan's syndrome
Line split	70	25	765.00	Extreme fetal immaturity, unspecified (weight)
Line split	70	20	765.01	Extreme fetal immaturity, less than 500 grams
Line split	70	20	765.02	Extreme fetal immaturity, 500-749 grams
Line split	70	20	765.03	Extreme fetal immaturity, 750-999 grams
Line split	70	20	765.04	Extreme fetal immaturity, 1,000-1,249 grams
Line split	70	20	765.05	Extreme fetal immaturity, 1,250-1,499 grams
Line split	70	25	765.06	Extreme fetal immaturity, 1,500-1,749 grams
Line split	70	25	765.07	Extreme fetal immaturity, 1,750-1,999 grams
Line split	70	25	765.08	Extreme fetal immaturity, 2,000-2,499 grams
Line split	70	25	765.09	Extreme fetal immaturity, 2,500 or more grams

Change	2006-07	2008-09	Code	Code Description
Line split	70	25	765.10	Other preterm infants, unspecified (weight)
Line split	70	20	765.11	Other preterm infants, less than 500 grams
Line split	70	20	765.12	Other preterm infants, 500-749 grams
Line split	70	20	765.13	Other preterm infants, 750-999 grams
Line split	70	20	765.14	Other preterm infants, 1,000-1,249 grams
Line split	70	20	765.15	Other preterm infants, 1,250-1,499 grams
Line split	70	25	765.16	Other preterm infants, 1,500-1,749 grams
Line split	70	25	765.17	Other preterm infants, 1,750-1,999 grams
Line split	70	25	765.18	Other preterm infants, 2,000-2,499 grams
Line split	70	25	765.19	Other preterm infants, 2,500 or more grams
Line split	70	20	765.21	Less than 24 completed weeks of gestation
Line split	70	20	765.22	24 completed weeks of gestation
Line split	70	20	765.23	25-26 completed weeks of gestation
Line split	70	20	765.24	27-28 completed weeks of gestation
Line split	70	20	765.25	29-30 completed weeks of gestation
Line split	74	37	767.0	Subdural and cerebral hemorrhage, birth trauma
Line split	74	37	767.11	Epicranial subaponeurotic hemorrhage (massive)
Line split	74	374	767.19	Other injuries to scalp
Line split	74	374	767.2	Fracture of clavicle, birth trauma
Line split	74	374	767.3	Other injuries to skeleton, birth trauma
Line split	74	37	767.4	Injury to spine and spinal cord, birth trauma
Line split	74	374	767.5	Facial nerve injury, birth trauma
Line split	74	374	767.6	Injury to brachial plexus, birth trauma
Line split	74	374	767.7	Other cranial and peripheral nerve injuries, birth trauma
Line split	74	374	767.8	Other specified birth trauma
Line split	74	374	767.9	Unspecified birth trauma
Line split	74	37	768.0	Fetal death from asphyxia or anoxia before onset of labor or at unspecified time
Line split	74	37	768.1	Fetal death from asphyxia or anoxia during labor
Line split	74	37	768.2	Fetal distress before onset of labor, in liveborn infant
Line split	74	37	768.3	Fetal distress first noted during labor, in liveborn infant
Line split	74	37	768.4	Fetal distress, unspecified as to time of onset, in liveborn infant
Line split	74	37	768.5	Severe birth asphyxia
Line split	74	37	768.6	Mild or moderate birth asphyxia
Line split	74	374	768.9	Unspecified birth asphyxia in liveborn infant

Change	2006-07	2008-09	Code	Code Description
Line split	70	20	772.1	Intraventricular hemorrhage
Line split	70	20	772.2	Fetal and neonatal subarachnoid hemorrhage of newborn
Line split	70	20	778.1	Sclerema neonatorum
Code deleted*	80		779.3	Feeding problems in newborn
Line split	261	76	785.51	Cardiogenic shock
Code moved	51	101	800.02	Closed fracture of vault of skull without mention of intracranial injury, brief (less than one hour) loss of consciousness
Code moved	51	101	800.03	Closed fracture of vault of skull without mention of intracranial injury, moderate (1-24 hours) loss of consciousness
Code moved	51	101	800.04	Closed fracture of vault of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level
Code moved	51	101	800.05	Closed fracture of vault of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level
Code moved	51	101	800.06	Closed fracture of vault of skull without mention of intracranial injury, loss of consciousness of unspecified duration
Code moved	51	101	800.09	Closed fracture of vault of skull without mention of intracranial injury, unspecified concussion
Code moved	51	101	800.1	Closed fracture of vault of skull with cerebral laceration and contusion
Code moved	51	101	800.2	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage
Code moved	51	101	800.3	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage
Code moved	51	101	800.4	Closed fracture of vault of skull with intracranial injury of other and unspecified nature
Code moved	51	101	800.5	Open fracture of vault of skull without mention of intracranial injury
Code moved	51	101	800.6	Open fracture of vault of skull with cerebral laceration and contusion
Code moved	51	101	800.7	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage
Code moved	51	101	800.8	Open fracture of vault of skull with other and unspecified intracranial hemorrhage
Code moved	51	101	800.9	Open fracture of vault of skull with intracranial injury of other and unspecified nature

Change	2006-07	2008-09	Code	Code Description
Code moved	51	101	801.02	Closed fracture of base of skull without mention of intracranial injury, brief (less than one hour) loss of consciousness
Code moved	51	101	801.03	Closed fracture of base of skull without mention of intracranial injury, moderate (1-24 hours) loss of consciousness
Code moved	51	101	801.04	Closed fracture of base of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level
Code moved	51	101	801.05	Closed fracture of base of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level
Code moved	51	101	801.06	Closed fracture of base of skull without mention of intracranial injury, loss of consciousness of unspecified duration
Code moved	51	101	801.09	Closed fracture of base of skull without mention of intracranial injury, unspecified concussion
Code moved	51	101	801.1	Closed fracture of base of skull with cerebral laceration and contusion
Code moved	51	101	801.2	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage
Code moved	51	101	801.3	Closed fracture of base of skull with other and unspecified intracranial hemorrhage
Code moved	51	101	801.4	Closed fracture of base of skull with intracranial injury of other and unspecified nature
Code moved	51	101	801.5	Open fracture of base of skull without mention of intracranial injury
Code moved	51	101	801.6	Open fracture of base of skull with cerebral laceration and contusion
Code moved	51	101	801.7	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage
Code moved	51	101	801.8	Open fracture of base of skull with other and unspecified intracranial hemorrhage
Code moved	51	101	801.9	Open fracture of base of skull with intracranial injury of other and unspecified nature
Code moved	51	101	803.02	Other closed skull fracture without mention of intracranial injury, brief (less than one hour) loss of consciousness
Code moved	51	101	803.03	Other closed skull fracture without mention of intracranial injury, moderate (1-24 hours) loss of consciousness

Change	2006-07	2008-09	Code	Code Description
Code moved	51	101	803.04	Other closed skull fracture without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level
Code moved	51	101	803.05	Other closed skull fracture without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level
Code moved	51	101	803.06	Other closed skull fracture without mention of intracranial injury, loss of consciousness of unspecified duration
Code moved	51	101	803.09	Other closed skull fracture without mention of intracranial injury, unspecified concussion
Code moved	51	101	803.1	Other and unqualified closed fracture of skull with cerebral laceration and contusion
Code moved	51	101	803.2	Other and unqualified closed fracture of skull with subarachnoid, subdural, and extradural hemorrhage
Code moved	51	101	803.3	Other and unqualified closed fracture of skull with other and unspecified intracranial hemorrhage
Code moved	51	101	803.4	Other and unqualified closed fracture of skull with intracranial injury of other and unspecified nature
Code moved	51	101	803.5	Other and unqualified closed fracture of skull without mention of intracranial injury
Code moved	51	101	803.6	Other and unqualified closed fracture of skull with cerebral laceration and contusion
Code moved	51	101	803.7	Other and unqualified closed fracture of skull with subarachnoid, subdural, and extradural hemorrhage
Code moved	51	101	803.8	Other and unqualified closed fracture of skull with other and unspecified intracranial hemorrhage
Code moved	51	101	803.9	Other and unqualified closed fracture of skull with intracranial injury of other and unspecified nature
Code moved	51	101	804	Multiple fractures involving skull or face with other bones
Code deleted	472	(449,628)	836.2	Other tear of cartilage or meniscus of knee, current
Line split	146	143	862.8	Injury to multiple and unspecified intrathoracic organs without mention of open wound into cavity
Line split	500	450	872.61	Open wound of ear drum, without mention of complication
Line split	500	573	872.61	Open wound of ear drum, without mention of complication
Line split	146	143	900	Injury to blood vessels of head and neck
Line split	146	143	902	Injury to blood vessels of abdomen and pelvis
Line split	146	143	903.0	Axillary blood vessels injury
Line split	146	143	903.1	Brachial blood vessels injury

Change	2006-07	2008-09	Code	Code Description
Line split	146	143	903.2	Radial blood vessels injury
Line split	146	143	903.3	Ulnar blood vessels injury
Line split	146	143	903.4	Palmar artery injury
Line split	146	314	903.5	Digital blood vessels injury
Line split	146	143	903.8	Injury to other specified blood vessels of upper extremity
Line split	146	143	903.9	Injury to unspecified blood vessel of upper extremity
Line split	146	143	904	Injury to blood vessels of lower extremity and unspecified sites
Line split	146	143	925	Crushing injury of face, scalp, and neck
Line split	146	143	926	Crushing injury of trunk
Line split	146	143	927.0	Crushing injury of shoulder and upper arm
Line split	146	143	927.1	Crushing injury of elbow and forearm
Line split	146	143	927.2	Crushing injury of wrist and hand(s), except finger(s) alone
Line split	146	314	927.3	Crushing injury of finger(s)
Line split	146	143	927.8	Crushing injury of multiple sites of upper limb
Line split	146	143	927.9	Crushing injury of unspecified site of upper limb
Line split	146	143	928	Crushing injury of upper limb
Line split	146	143	928.0	Crushing injury of hip and thigh
Line split	146	143	928.1	Crushing injury of knee and lower leg
Line split	146	143	928.2	Crushing injury of ankle and foot, excluding toe(s) alone
Line split	146	314	928.3	Crushing injury of toe(s)
Line split	146	143	928.8	Crushing injury of multiple sites of lower limb
Line split	146	143	928.9	Crushing injury of unspecified site of lower limb
Line split	146	143	929.0	Crushing injury of multiple sites, not elsewhere classified
Line split	532	496	931	Foreign body in ear
Line split	532	496	932	Foreign body in nose
Line split	146	143	958.5	Traumatic anuria
Line split	146	143	958.6	Volkmann's ischemic contracture
Line split	146	143	958.8	Traumatic subcutaneous emphysema
Line split	146	143	959.13	Fracture of corpus cavernosum penis
Line split	261	76	V58.61	Encounter for long-term (current) use of anticoagulants

APPENDIX C:

PRIORITIZED HEALTH SERVICES

**FREQUENTLY ASKED QUESTIONS:
A USER'S GUIDE TO THE PRIORITIZED LIST**

**2008-09 PRIORITIZED LIST OF
HEALTH SERVICES**

STATEMENTS OF INTENT

PRACTICE GUIDELINES

FREQUENTLY ASKED QUESTIONS:

**A USER'S GUIDE TO THE
PRIORITIZED LIST**

Readers of this document have many questions when they first confront the Prioritized List. A summary of the most frequently asked questions and their answers should familiarize the reader with the format of the List, define important terms, and provide educational examples.

1) What are all those numbers? They are standard code numbers for both diagnosis and treatment from the greater than 20,000 available codes. The following standard classifications are used:

- a) ICD-9-CM (*International Classification of Diseases, 9th Revision, Clinical Modification*) codes have from three to five digits. The standard ICD-9-CM codes begin with three digits in the range 001-999, which may be followed by a fourth or fifth digit after a decimal point. The fourth and fifth digit codes provide increasing specificity for the condition classification. Some conditions, such as tetanus, have a single three digit code, whereas diabetes mellitus has over fifty codes associated with the diagnosis.

In addition to the disease codes beginning with 001-999, ICD-9-CM also uses codes beginning with a V for various purposes. They are used when a person enters into the medical care system for specific reasons not associated with a current illness, such as when receiving vaccinations or being screened for certain diseases. V-codes are also used when a person with a known disease encounters the health care system for a specific treatment of that disease or when they have a preexisting diagnosis that might affect their health status. These codes are alphanumeric starting with V followed by two digits and usually completed with one or two decimal places. For example:

V06.4 - Need for prophylactic vaccination and inoculation against measles-mumps-rubella (MMR)
V30.00 - Single liveborn infant, born in the hospital, without mention of cesarean delivery

- b) CPT-4 (*Current Procedural Terminology, Fourth Edition*) codes are used by health care providers to represent the procedure(s) used to treat patients. These codes always have 5 numeric digits and represent both medical management and surgical procedures. Examples of these codes are:

33510 - Coronary artery bypass, single venous graft
59400 - Routine obstetrical care and vaginal delivery

- c) HCPCS (*Healthcare Common Procedure Coding System*) codes are used to report professional services and procedures that do not have a CPT-4 code designation. They are alphanumeric with 5 characters with the first always being a letter from A to V. HCPCS codes starting with the letter “D” are used to describe dental services. Whereas CPT-4 and non-dental HCPCS codes are always paired with an ICD-9-CM code to indicate the reason for the health care encounter, HCPCS dental codes stand alone and refer to both the condition present and procedure being performed. Examples of HCPCS codes are:

D0120 - Periodic Oral Examination
G0252 - PET scan for initial diagnosis and staging of breast cancer
S9453 - Smoking Cessation Classes

Many HCPCS codes do not appear on the List because they are ancillary services (See Question 12).

- 2) **What does the hyphen between code numbers signify?** Ranges of ICD-9-CM and CPT-4 codes include all the codes between the numbers. For example, a listing of ICD-9-CM codes 527.5-527.9 would include 527.5, 527.6, 527.7, 527.8, and 527.9. A CPT-4 range of 19300-19307 would include codes 19300, 19301, 19302, 19303, 19304, 19305, 19306 and 19307.
- 3) **What if an ICD-9-CM code occurs on the line as a three digit code, yet accurate coding requires further description out to the first or second decimal place?** Although correct coding with ICD-9-CM often requires a fourth or fifth digit, the Prioritized List may include only a three digit code for sake of brevity. In this case it is implied that any valid fourth or fifth digit codes are included on the line as well. Similarly, the listing of a fourth digit ICD-9-CM code would imply the inclusion of any valid fifth digit code. For example, the listing of the three digit code 540 would mean the line also includes valid fourth digit codes 540.0, 540.1, and 540.9. If the fourth digit code 360.6 is listed, the line also includes valid fifth digit codes 360.60, 360.61, 360.62, 360.63, 360.64, 360.65 and 360.69.
- 4) **Does the line descriptor contain every diagnosis?** Each line has a description of both a condition and treatment. For some lines there is only one condition, but for others there may be many. The line descriptor contains the most frequent condition or a cluster of conditions represented by the ICD-9-CM codes. For example cystic fibrosis occurs by itself on line 26, but the codes on line 216, described broadly as Zoonotic Bacterial Diseases, includes plague, tularemia, anthrax, brucellosis, cat-scratch disease and other specific diseases.
- 5) **What do the line numbers represent?** The line numbers represent the rank order of the condition-treatment pairs assigned by the Health Services Commission. Therefore the services on line item 1 are most important to provide and line item 680 least important in terms of the benefit to be gained by the population being served.
- 6) **What happened to the dollar amounts on the right hand margin?** On previous editions of the Prioritized List, you could find a gray shaded box towards the right margin that appeared after every 30 lines for the latter half of the List. This represented the average per capita cost per month to provide the benefit package described by the Prioritized List for condition-treatment pairs up to and including this line. These dollar amounts are no longer provided because House Bill 3624 eliminated the requirement that the Prioritized List be accompanied by an independent actuarial report defining rates necessary to cover the cost of services. Please contact the Department of Human Services or see their website for the report on per capita costs associated with the List for Federal Fiscal Years 2008-09 from PricewaterhouseCoopers.

- 7) **How is the funding line established?** The 74th Oregon Legislative Assembly will review the Prioritized List included in this report. If this report is accepted, they will establish a funding line for this List in accordance with the state budget. Upon approval from the Centers for Medicare and Medicaid Services (CMS), the benefit package represented by the services listed on or above that funding line will be reimbursed under the Medicaid Demonstration beginning no earlier than January 1, 2008.
- 8) **Why do many treatments appear more than once?** The same procedure or treatment is often appropriate for several diagnoses. Most lines have a long series of CPT-4 numbers that includes most of the codes in the range 99201-99440. These codes are known as evaluation and management (E&M) codes and describe encounters such as office visits common to both medical and surgical problems.
- 9) **Why do many diagnoses appear more than once?** A given diagnosis or condition may have a continuum of treatments including medical, surgical, or transplantation. All transplantations for either bone marrow or solid organs have a separate line in addition to the medical/surgical treatment. These treatments of a condition may vary in their effectiveness and/or cost and therefore receive different rankings by the Health Services Commission.
- 10) **What about diagnostic services?** Except for rare instances, diagnostic services are always covered and do not appear on the List. If a condition is diagnosed that appears below the funding line, the diagnostic visit and any necessary tests will be covered, but subsequent office visits and ancillary services such as home health services will not.
- 11) **What about preventive services?** The Oregon Health Plan encourages prevention and early intervention. Preventive services for adults (line 4) and children (line 3) are ranked high and described in detail in the prevention tables included with the practice guidelines immediately following the Prioritized List. Preventive dental services are included on line 105. With only a few exceptions, primarily in the areas of mental health and chemical dependency where the Commission added services, the prevention tables represent those services determined by the U.S. Preventive Services Task Force to improve important health outcomes, with their benefits outweighing harms (Recommendations A and B).
- 12) **What are ancillary services and are they covered?** Ancillary services are those goods, services, and therapies that are considered to be integral to the successful treatment of a condition. Ancillary services are reimbursable when used in conjunction with a covered condition.
- 13) **Are prescription drugs covered for all diagnoses?** The Commission considers prescription drugs to be an ancillary service. Therefore, it is the intent of the HSC that only funded condition-treatment pairs include the coverage of prescription drugs. However, the Commission has discovered that since the diagnosis is not included with a prescription, the pharmacy has no way to determine if a drug is being prescribed for a condition falling below the funding line.

- 14) Why is it that some codes do not appear on the Prioritized List?** There are some ICD-9-CM and CPT-4 codes that you will not find on the List. In some cases these represent conditions and treatments that are almost always covered, such as signs and symptoms ICD-9-CM codes, at least until a diagnosis can be made. Certain CPT-4 codes missing from the List represent ancillary services, which are covered for funded diagnoses, or diagnostic services. Most CPT-4 codes for cosmetic procedures do not appear on the List as there is no corresponding medical condition for which they would be performed. The Commission has also identified a few uncommon conditions or treatments that have intentionally been left off of the List. Still other procedure codes have been left off of the List when they represent an experimental treatment or in cases of new technologies where there is no evidence of its clinical effectiveness or other treatment options exist that are more cost-effective.
- 15) Are mental health care and chemical dependency services a part of the Prioritized List?** Mental health care and chemical dependency lines are fully integrated and prioritized along with physical conditions. Mental health lines are distinguished by the listing of "psychotherapy" under the treatment description. The listing of psychotherapy represents a broad range of mental health therapies provided by different types of mental health professionals in various settings.
- 16) What is comfort care?** Comfort care for those diagnosed with a terminal illness is ranked on line 71 of the Prioritized List. Comfort care includes the provision of services or items that give comfort and/or pain relief to persons whose choice to forego other types of care will result in death. This category of care does not include services that are diagnostic, curative, or focused on active treatment of the primary condition and intended to prolong life. Examples of comfort care include pain management services, in-home, day care and hospice services, medical equipment and supplies, and palliative services for symptom relief. See also the guideline notes immediately following the Prioritized List.
- 17) Are services allowed under Oregon's Death With Dignity Act covered?** As of December 1, 1998, services under the Death With Dignity Act became covered using only state funds. See Chapter Three of the Health Services Commission's 1999 report, "Prioritization of Health Services," for a complete discussion of the Commission's decision to include these services under the comfort care line item.
- 18) Is termination of pregnancy covered?** Termination of pregnancy has been covered since the beginning of the Medicaid Demonstration (currently listed on Line: 41) and is reimbursed using state funds only.
- 19) What are practice guidelines?** Guidelines are used to further delineate conditions where the coding system does not adequately distinguish between sub-groups that are treated differently. See Chapter Three and the guideline notes immediately following the Prioritized List for further detail.

20) Where are the indexes? At the end of this report you will find both the condition and treatment indexes that alphabetically list common medical terms. These terms are cross-referenced with the corresponding ranking of that condition or treatment on the Prioritized List.

21) What other resources are available to answer other questions I may have? For questions about the Prioritized List, the methodology used to create and maintain the List, or other information concerning the work of the Health Services Commission, see the Commission's web page at:

<http://ohpr.oregon.gov/DAS/OHPPR/HSC/>

For questions about plan eligibility or administration, see the home page of the Division of Medical Assistance Programs at:

<http://www.oregon.gov/DHS/healthplan/>

For policy questions regarding the Oregon Health Plan in general, see the web site of the Office for Oregon Health Policy and Research at:

<http://ohpr.oregon.gov/>

Or contact our office at (503) 373-1985

**2008-09 PRIORITIZED LIST
OF HEALTH SERVICES**

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: PREGNANCY (see Guideline Note 1)
Treatment: MATERNITY CARE
ICD-9: 640-677, V22.0-V22.1, V23.0-V23.1, V23.3-V23.9, V24, V28, V72.4
CPT: 12021, 57022, 57700, 58520, 59001, 59012, 59015, 59020, 59025, 59030, 59050-59051, 59070-59076, 59100-59622, 59830, 59866, 59871, 76813-76814, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S0265, S2401, S2402, S2403, S2405, S2411, S8055
Line: 1

Diagnosis: BIRTH OF INFANT
Treatment: NEWBORN CARE
ICD-9: 763, 765.29, 779.81-779.82, 779.84, 779.89, V30-V37
CPT: 92586, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 2

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Prevention Tables)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2, V01.4-V01.9, V02, V03.2, V03.5-V03.9, V04.0, V04.2-V04.3, V04.6, V04.81-V04.82, V04.89, V05.0-V05.1, V05.3, V05.8, V06.1, V06.3-V06.6, V07.0, V07.2, V17.0-V17.7, V18.0-V18.4, V18.6-V18.9, V19-V20, V65.41-V65.45, V71.09, V72.0-V72.1, V73-V75, V77-V81, V82.0-V82.6, V82.8-V82.9
CPT: 90471-90472, 92002-92014, 92586, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: H0001, H0002, H0031
Line: 3

Diagnosis: PREVENTIVE SERVICES, OVER AGE OF 10 (See Prevention Tables) (See Guideline Note 2)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2, V01.4-V01.9, V02, V03.2, V03.5-V03.9, V04.0, V04.2-V04.3, V04.6, V04.81, V04.89, V05.0-V05.1, V05.3, V05.8, V06.1, V06.3-V06.6, V07.0, V07.2, V07.4, V16, V17.0-V17.7, V18.0-V18.4, V18.6-V18.9, V19, V50.41, V65.41-V65.45, V70.0, V71.09, V72.0-V72.1, V72.3, V73-V81, V82.0-V82.6, V82.8-V82.9
CPT: 19303-19304, 19340-19350, 19357-19369, 90471-90472, 92002-92014, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0117, G0118, H0001, H0002, H0031, S0613
Line: 4

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.1, 303.9, 304, 305.0, 305.2-305.9
CPT: 90801-90829, 90846-90862, 90882, 90887, 96101, 97810-97814, 99051, 99060, 99201-99255
HCPCS: H0001, H0002, H0004, H0005, H0006, H0012, H0016, H0020, H0031, H0033, H0034, H0035, H0048, H2010, H2013, H2035, T1006, T1013, T1016, T1502
Line: 5

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note 3)
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
ICD-9: 305.1
CPT: 97810-97814, 99071, 99078, 99201-99215, 99372
HCPCS: D1320, G9016, S9075, S9453
Line: 6

Diagnosis: REPRODUCTIVE SERVICES
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
ICD-9: V24.2, V25.0-V25.2, V25.4-V25.9, V26.2, V26.4
CPT: 11975-11977, 11981-11983, 55250, 55450, 57170, 58300-58301, 58565, 58600-58615, 58670-58671, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S4981, S4989, T1015
Line: 7

Diagnosis: OBESITY (See Guideline Note 4)
Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
ICD-9: 278.00-278.01
CPT: 99051, 99078, 99201-99362, 99374-99375, 99381-99412
Line: 8

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.30-296.36,298.0

CPT: 90801-90829,90846-90862,90870,90882,90887,96101,99051,99060,99201-99255,99304-99318

HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,
S9125,S9480,S9484,T1005,T1013,T1016,T1023

Line: 9

Diagnosis: TYPE I DIABETES MELLITUS (See Guideline Note 5)

Treatment: MEDICAL THERAPY

ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.61,250.63,250.71,250.73,
250.91,250.93,251.3,V53.91,V65.46

CPT: 49324-49326,49435-49436,92002,92004,92012,92014,90918-90997,93990,95250-95251,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0245,G0246,G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,
G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9145

Line: 10

Diagnosis: ASTHMA

Treatment: MEDICAL THERAPY

ICD-9: 493

CPT: 31600-31603,31820,31825,94002-94005,94640,94644-94665,94660-94668,95004-95180,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 11

Diagnosis: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Note 6)

Treatment: MEDICAL THERAPY

ICD-9: 401-402,405.09,405.19,405.99,437.2

CPT: 92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

Line: 12

Diagnosis: GALACTOSEMIA

Treatment: MEDICAL THERAPY

ICD-9: 271.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 13

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 748.2,769,770.0-770.6,770.8-770.9

CPT: 32020,33960-33961,36822,39501,39503,39520,39530-39531,39545,94002-94005,94610,94640,
94660-94668,94772,94774-94777,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440

Line: 14

Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC
INFECTIONS

Treatment: MEDICAL THERAPY

ICD-9: 042,V08

CPT: 94642,97810-97814,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 15

Diagnosis: CONGENITAL HYPOTHYROIDISM

Treatment: MEDICAL THERAPY

ICD-9: 243

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 16

Diagnosis: PHENYLKETONURIA (PKU)

Treatment: MEDICAL THERAPY

ICD-9: 270.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 17

Diagnosis: CONGENITAL INFECTIOUS DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 771.0-771.2

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 18

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: CONGENITAL SYPHILIS
Treatment: MEDICAL THERAPY
ICD-9: 090
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 19

Diagnosis: VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS)
Treatment: MEDICAL THERAPY
ICD-9: 765.01-765.05, 765.11-765.15, 765.21-765.25, 772.1-772.2, 778.1
CPT: 94772, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 20

Diagnosis: NEONATAL MYASTHENIA GRAVIS
Treatment: MEDICAL THERAPY
ICD-9: 775.2
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 21

Diagnosis: CONGENITAL HYDROCEPHALUS
Treatment: SHUNT
ICD-9: 331.3-331.4, 348.2, 742.3-742.4
CPT: 20664, 61020, 61070, 61107, 61210-61215, 61322-61323, 62100, 62120-62121, 62160-62163, 62180-62258, 62272, 63740-63746
Line: 22

Diagnosis: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA
Treatment: MEDICAL THERAPY
ICD-9: 775.0, 775.6
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 23

Diagnosis: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS
Treatment: MEDICAL THERAPY
ICD-9: 771.4-771.5
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 24

Diagnosis: LOW BIRTH WEIGHT (1500-2500 GRAMS)
Treatment: MEDICAL THERAPY
ICD-9: 765.00, 765.06-765.09, 765.10, 765.16-765.19, 765.20, 765.26-765.29
CPT: 94772, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 25

Diagnosis: CYSTIC FIBROSIS
Treatment: MEDICAL THERAPY
ICD-9: 277.0
CPT: 31500, 31600, 31603, 31624, 31646, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 26

Diagnosis: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.1-295.9, 298.4, 299.1, 299.9
CPT: 90801-90829, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99255, 99304-99318
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 27

Diagnosis: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 779.0-779.1
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 28

Diagnosis: CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 779.2
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 29

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: VESICoureTERAL REFLUX
Treatment: MEDICAL THERAPY, REIMPLANTATION
ICD-9: 593.7
CPT: 50220,50225,50234-50240,50760-50820,50845,50860,50947-50948,52281,52327,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 30

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 233.1,622.0-622.2,623.0-623.1,623.7,795.0
CPT: 57061-57065,57150,57180,57400,57452,57460-57461,57505,57510-57522,57530,57540,57550,57555-57558,58120,58150,58260,58262-58263,58290-58291,58550-58553,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 31

Diagnosis: BIPOLAR DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.0-296.1,296.4-296.8,296.99,301.13
CPT: 90801-90829,90846-90862,90870,90882,90887,96101,99051,99060,99201-99255,99304-99318
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 32

Diagnosis: TYPE II DIABETES MELLITUS (See Guideline Notes 5,7)
Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI ≥ 35 (See Coding Specification Below)
ICD-9: 250.00,250.02,250.10,250.12,250.20,250.22,250.30,250.32,250.40,250.42,250.50,250.52,250.60,250.62,250.70,250.72,250.80,250.82,250.90,250.92
CPT: 43644-43645,43770-43774,43846-43848,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0245,G0246,G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9145
Line: 33

CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43774 (laparoscopic adjustable gastric banding) are only included on this line as treatment according to the requirements in Guideline Note 7 when paired with:
1) a primary diagnosis of 250.x0 or 250.x2 (Type II Diabetes with or without complication);
2) a secondary diagnosis of 278.00 (Obesity, Unspecified) or 278.01 (Morbid Obesity); AND,
3) a tertiary diagnosis code of V85.35-V85.40 (BMI ≥ 35).

Diagnosis: DRUG WITHDRAWAL SYNDROME IN NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 779.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 34

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 555,556,557.1,557.9,569.41,569.81-569.82,569.86
CPT: 44110,44120-44121,44139-44160,44187-44188,44202-44213,44227,44300-44316,44345,44625-44626,44640,44650-44661,44701,45112-45113,45119,45123,45136,45307-45309,45315,45320-45321,45332-45340,45379,45381-45386,45397,45805,45825,46710,46712,96409-96415,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 35

Diagnosis: EPILEPSY AND FEBRILE CONVULSIONS
Treatment: MEDICAL THERAPY
ICD-9: 345,780.3
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 36

Diagnosis: SEVERE BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY
ICD-9: 767.0,767.11,767.4,768.0-768.6
CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 37

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: NEONATAL THYROTOXICOSIS
Treatment: MEDICAL THERAPY
ICD-9: 775.3
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 38

Diagnosis: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 775.1, 776.0-776.3
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 39

Diagnosis: SPINA BIFIDA
Treatment: SURGICAL TREATMENT
ICD-9: 741
CPT: 27036, 61343, 62180-62258, 63700-63710, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 40

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not priced as part of the list.)
Treatment: INDUCED ABORTION
ICD-9: 635-639, 655, 779.6, V25.3
CPT: 01966, 58520, 59100, 59160, 59200, 59812, 59840-59841, 59850-59852, 59855-59857, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S0199, S2260
Line: 41

Diagnosis: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER
Treatment: MEDICAL THERAPY
ICD-9: 244, 246.1
CPT: 60210, 60212, 60220, 60225, 60240, 60270-60271, 60512, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 42

Diagnosis: ECTOPIC PREGNANCY
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 633
CPT: 57020, 58520, 58661, 58673, 58700, 58720, 58770, 58940, 59120-59151, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 43

Diagnosis: PRIMARY, AND SECONDARY SYPHILIS
Treatment: MEDICAL THERAPY
ICD-9: 091-092
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 44

Diagnosis: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT
Treatment: MEDICAL THERAPY
ICD-9: 766
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 45

Diagnosis: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS
Treatment: MEDICAL THERAPY
ICD-9: 253.2, 253.4, 253.7, 253.8
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 46

Diagnosis: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 775.4-775.5, 775.7-775.9
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 47

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH,
INTESTINES, COLON, AND RECTUM
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.0,560.2,560.30,560.39,560.8-560.9,935.2,936-938
CPT: 43247,43500,43870,44005-44010,44020-44025,44050,44110-44130,44139-44147,44180-44188,
44206-44208,44213,44310,44370,44379,44383,44390,44397,44615,44701,45327,45337,45345,
45387,45915,49402,91123,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 48

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-9: 519.1,519.4,519.8,748.3,749.0
CPT: 30140,30520,30620,31502,31527,31630-31631,31635-31638,31641,33800,41510,42820-42836,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D8010,D8020,D8030,D8040,D8070,D8080,D8090,D8210,D8220,D8660,D8670,D8680,D8690,D8691,
D8692,D8693,D8999
Line: 49

Diagnosis: COARCTATION OF THE AORTA (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 747.10,747.2
CPT: 33720,33722,33802-33803,33840-33853,35452,35472,92960-92998,93797-93798
Line: 50

Diagnosis: CORONARY ARTERY ANOMALY (See Guideline Note 6)
Treatment: REIMPLANTATION OF CORONARY ARTERY
ICD-9: 746.85
CPT: 33500-33510,33530,35572,92960-92998,93797-93798
Line: 51

Diagnosis: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES (See Guideline Note 6)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 099.3,696.0,714,716.2,716.4,716.8,719.3,720.0-720.2,720.89,720.9
CPT: 20550,20600,20605,20610,96409-96415,97001-97004,97012-97014,97022,97032,97110-97124,
97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 52

Diagnosis: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD
Treatment: MEDICAL THERAPY
ICD-9: 770.7
CPT: 31601-31603,31820,31825,94774-94777,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 53

Diagnosis: CONGENITAL HYDRONEPHROSIS
Treatment: NEPHRECTOMY/REPAIR
ICD-9: 753.2
CPT: 50100,50230,50400-50500,50540,50553,50572,50575,50722,50725,50727-50728,50845,50900,
50970,51535,52290-52301,52310,52334,52341-52346,52352-52354,52400,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 54

Diagnosis: TUBERCULOSIS
Treatment: MEDICAL THERAPY
ICD-9: 010-012,031.0,V71.2
CPT: 32662,32906,32960,33015,33020,33025,33030-33031,33050,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 55

Diagnosis: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 054.10-054.13,098.0-098.3,098.5-098.7,098.81-098.86,099.0-099.2,099.4-099.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 56

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 614.0,614.2-614.5,614.7-614.9,615
CPT: 44960,46020,57010,58150,58660,58700,58720,58740,58820-58823,58925,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 57

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
ICD-9: 630
CPT: 58120,58150,58180,58550,58552-58553,59100,59135,59870,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 58

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS) (See Guideline Note 8)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
ICD-9: 520.1,520.6,521.6,521.8,522,525.3,526.4-526.5,V72.2
CPT: 41000,41800,41806,99051,99060,99201-99215,99241-99255
HCPCS: D1550,D2910,D2920,D2940,D3110,D3120,D3220,D3221,D3230,D3240,D5410,D5411,D5421,D5422,D5510,D5951,D6930,D7111,D7140,D7210,D7220,D7230,D7240,D7241,D7250,D7260,D7270,D7510,D7520,D7610,D7620,D7630,D7640,D7650,D7660,D7670,D7680,D7710,D7720,D7730,D7740,D7750,D7760,D7770,D7780,D7910,D7911,D7997,D9110,D9120,D9410,D9420,D9440
Line: 59

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 574.0-574.1,574.3-574.9,575.0-575.6,575.8-575.9,576.0-576.4
CPT: 43262,43264-43269,43271-43272,47015,47420-47460,47480-47490,47510-47530,47554-47556,47562-47570,47600-47900,48548,49422,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 60

Diagnosis: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.7,531-535,537.0,537.3-537.4,537.81-537.84,569.84-569.85,578
CPT: 43201,43204-43205,43236,43241,43243-43244,43255,43324,43501-43502,43520,43610-43641,43651,43652,43800,43820-43840,43850-43855,43865,43870,44602-44603,45308-45320,45333-45339,64680,91100,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 61

Diagnosis: FLAIL CHEST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.4
CPT: 21750,21800-21825,32110,32120,32124,32820,32905-32906,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 62

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Note 6)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 906.5-906.9,940,941.30-941.35,941.4-941.5,942.35,942.4-942.5,943.4-943.5,944.35,944.4-944.5,945.32,945.4-945.5,946.3-946.5,947,949.4-949.5
CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15002-15200,15220,15240,15260,15300-15431,15570-15574,15770,16000-16036,65780-65782,68371,92506-92508,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 63

Diagnosis: BRONCHIECTASIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 494
CPT: 32320,32480-32488,32501,94002-94005,94640,94660-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 64

Diagnosis: END STAGE RENAL DISEASE (See Guideline Note 5)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 250.4,583.8-583.9,585
CPT: 36818,36821,36831-36833,36835,36838,36870,49324-49326,49422,49435-49436,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327
Line: 65

Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
Treatment: MEDICAL THERAPY
ICD-9: 202.5,272,277.1,277.5-277.6,277.8-277.9,330.1,374.51
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 66

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5, 291.9, 292.1-292.2, 292.89, 292.9, 303.0
CPT: 90801-90829, 90846-90862, 90882, 90887, 96101, 99051, 99060, 97810-97814, 99201-99255
HCPCS: H0001, H0002, H0004, H0005, H0016, H0020, H0031, H0033, H0034, H0035, H0048, H2013, T1006, T1013, T1016
Line: 67

Diagnosis: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 632, 634.0-634.1
CPT: 58520, 59812, 59820-59830, 64435, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 68

Diagnosis: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY
ICD-9: 291.0, 291.3, 291.8-291.9, 292.0, 292.8
CPT: 90816-90819, 90823-90827, 90862, 97810-97814, 99217-99223, 99231-99239, 99251-99263
HCPCS: H0001, H0002, H0033, H0035, H0048, H2013
Line: 69

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.84, 750.2-750.9, 758.32
CPT: 31750, 31760, 42145, 42200, 42215, 42815-42826, 43112-43118, 43121-43124, 43300-43352, 43360-43361, 43450, 43453, 43496, 43520, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 70

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment: COMFORT CARE (See Guideline Notes 5,9,10)
ICD-9: V66.7
CPT: 27035, 44370, 44379, 44383, 44397, 45327, 45387, 50947-50948, 52341-52346, 52355, 62350-62368, 64517, 64620, 64680, 64681, 67570, 77014, 77261-77295, 77300-77370, 77401-77470, 77520-77790, 79005-79445, 95990-95991, 96401-96571, 97810-97814, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243
Line: 71

Diagnosis: CANCRUM ORIS
Treatment: MEDICAL THERAPY
ICD-9: 528.1
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 72

Diagnosis: DISSEMINATED INFECTIONS WITH LOCALIZED SITES
Treatment: MEDICAL THERAPY
ICD-9: 003.2, 006.3-006.8, 014-018, 040.81-040.82, 093-097, 137.0, 137.2-137.4
CPT: 47015, 97602, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 73

Diagnosis: VENTRICULAR SEPTAL DEFECT (See Guideline Note 6)
Treatment: CLOSURE
ICD-9: 745.4, V58.61
CPT: 33610, 33647, 33665, 33675-33677, 33681-33688, 33690, 33735-33737, 92960-92998, 93581, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99364, 99374-99375, 99379-99440
Line: 74

Diagnosis: ACUTE BACTERIAL MENINGITIS (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 036, 320
CPT: 61000-61070, 61107, 61210-61215, 92506-92508, 92526, 92607-92609, 92626-92633, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 75

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 6,11)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 410-411, 429.2, 785.51, V58.61

CPT: 33202, 33206-33208, 33210, 33212-33226, 33233-33238, 33261, 33400-33417, 33420, 33422, 33425-33427, 33430, 33465, 33475, 33500, 33508-33545, 33572, 33681, 33922, 33967, 33970-33974, 35001, 35182, 35189, 35226, 35286, 35572, 35600, 92960-92998, 93724-93736, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99364, 99374-99375, 99379-99440

HCPCS: G0290, G0291, S2205, S2206, S2207, S2208, S2209

Line: 76

Diagnosis: CONGENITAL PULMONARY VALVE STENOSIS

Treatment: PULMONARY VALVE REPAIR

ICD-9: 746.02, 746.83

CPT: 33470, 33476, 33478, 33496, 33768, 35452, 92986-92990, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 77

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

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

ICD-9: 046, 049, 062-063, 090.40, 094.0-094.2, 094.8-094.9, 137.1, 138, 139.0, 139.8, 191-192, 225, 237.5-237.7, 243, 250.6, 250.8, 263.2, 270, 271.0-271.1, 271.9, 272.7-272.9, 275.1, 277.1-277.2, 277.5, 277.8-277.9, 290, 294.1, 294.8, 299.0-299.1, 299.8, 310, 317-319, 323.8-323.9, 326, 330.0-330.1, 330.8-330.9, 331-332, 333.0, 333.4-333.7, 333.90-333.93, 334-335, 336.0-336.1, 336.8-336.9, 337.0, 337.3, 340-344, 345.01, 345.11, 345.41, 345.51, 345.61, 345.71, 345.81, 345.91, 348.0-348.1, 348.3-348.9, 349.82, 349.89, 349.9, 356, 357.0, 357.5-357.9, 359.0-359.4, 359.8-359.9, 431-432, 434, 436, 438, 564.81, 728.1, 728.3, 740-742, 747.82, 754.89, 756.5, 758, 759.4-759.5, 759.7-759.9, 760-762, 764-765, 767.0, 767.4, 768.2-768.9, 770.1, 771-773, 779.7, 781.8, 787.2, 797, 850.4, 851-854, 905.0, 907.0-907.3, 907.5, 907.9, 909, 952-953, 958.0-958.1, 958.4, 958.6, 961.1-961.2, 964.0, 965.0, 966-971, 974, 980, 982, 984-985, 989, 994.0-994.1, 994.7-994.8, 995.0-995.1, 995.4-995.6, 995.8, 997.0, 998.0

CPT: 15845, 31502, 31600-31615, 31622-31656, 31730, 31750, 31755, 31760, 31820, 31825, 31830, 43653, 43810-43830, 43832, 44130, 44139-44160, 44186-44188, 44206-44213, 44300-44320, 44372, 44701, 46750-46760, 51040, 51797, 51880, 51960, 52277, 53431-53442, 53445, 61215, 62350-62355, 77401-77470, 92526, 94002-94005, 94640, 94660-94668, 95990-95991, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

HCPCS: D5937

Line: 78

Diagnosis: AGRANULOCYTOSIS (See Guideline Notes 5,9,12)

Treatment: BONE MARROW TRANSPLANTATION

ICD-9: 288.0, 996.85, V59.3

CPT: 36680, 38204-38215, 38240, 38242, 96401-96571, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

HCPCS: G0267, S2142, S2150

Line: 79

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE (See Guideline Note 6)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

ICD-9: 941.2, 941.30-941.35, 941.38-941.39, 942.20-942.25, 942.29, 942.35, 943.2, 944.2, 944.35, 945.2, 945.32, 946.2-946.3, 949.2-949.3

CPT: 11000, 11040-11042, 11960-11971, 14020, 14040-14041, 15002-15200, 15220, 15240, 15260, 15300-15431, 15570-15574, 15756-15758, 15770, 16020-16036, 92506-92508, 92607-92609, 92626-92633, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 80

Diagnosis: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC

Treatment: MEDICAL THERAPY

ICD-9: 776.4

CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 81

Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS

Treatment: MEDICAL THERAPY

ICD-9: 710.3-710.5

CPT: 97001-97004, 97110, 97116, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 82

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: ADDISON'S DISEASE

Treatment: MEDICAL THERAPY

ICD-9: 255.4,255.5

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 83

Diagnosis: DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 245.0,254.1,289.2,324-325,376.0,386.33,475,478.21-478.24,478.29,510,511.1,513.0,540-543,567,569.5,569.83,572.0-572.1,590.1-590.3,727.89,777.6

CPT: 10060,10160,10180,20600-20610,20930-20938,22010-22015,22554-22558,22585,22840-22855,23031,23405,23406,23930,25000,25031,25085,25118,26020,26025,26030,26034,26990,27301,27603,28001,31610,31612-31613,32005-32036,32200,32215-32225,32310,32320,32420,32500,32650-32652,32655-32656,32664-32665,32810,32815,32906,32940,33015,33020,33025,33030-33031,33050,39220,42700-42725,42808-42972,44120,44227,44602,44626,44900-44961,44970,45308-45315,47011-47015,48140,48145-48146,48148,48150,48152-48154,49020,49080-49081,49420,49423-49424,50020-50021,50220,50391,50520,50525-50526,50544-50546,50548,50575,50947-50948,52332,52334,50020-50021,50220,50391,50520,50525-50526,50544-50546,50548,50575,50947-50948,52332,52334,61105-61323,61501,61514,61522,61570-61571,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,67414,67445,68400,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 84

Diagnosis: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA (See Guideline Note 6)

Treatment: LIGATION

ICD-9: 417.0,747.0,747.83

CPT: 33500-33504,33702-33710,33813-33814,33820-33824,37204,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 85

Diagnosis: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES

Treatment: LIGATION

ICD-9: 903-904

CPT: 35189-35190,35206-35207,35236,35266,35500,37618

Line: 86

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, DEEP

Treatment: MEDICAL THERAPY

ICD-9: 451.1,451.81,451.83,453.4,V58.61

CPT: 11042,32661,35700,35860,35875-35876,35903,37187-37188,37500,37620,37650,37660,37735,37760,37785,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440

Line: 87

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 861.0-861.1,861.20-861.22,861.30-861.32,862.0-862.1,862.21,862.29,862.3,862.9,863-869,958.4,958.7

CPT: 31775,32110,32120,32124,32653-32654,32658,32820,33300-33335,33960-33961,39501,39545,44139-44140,44227,44625,44701,45562-45563,47361-47362,47802,47900,50220,50740-50760,50947-50948,52310,52315,52332,53502,53505,53510,53515,58520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 88

Diagnosis: FRACTURE OF HIP, CLOSED (See Guideline Notes 6,13)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 820.00,820.02-820.09,820.2,820.8,V54.01,V54.09,V54.13,V54.81

CPT: 20680,20900,27125,27132,27230-27232,27235-27240,27244-27248,27496-27498,27506,27656,27892-27894,29035-29046,29305,29325,29700,29710,29720,29730,77014,77261-77295,77300,77305-77315,77331-77336,77401-77417,77427,77470,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 89

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

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 420.90,420.99,421.0,421.9,422.90,422.92-422.99,423,429.0-429.1

CPT: 31750,31760,32659-32661,33011,33015,33020,33025,33030-33031,33050,33400-33403,33405-33413,33425-33465,33475,33530,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 90

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN
Treatment: REPAIR
ICD-9: 807.5-807.6,874
CPT: 11010-11012,12001-12007,13101,13131-13150,20100,21495,31528-31529,31584,31766,31780-31781,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 91

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)
(See Guideline Note 14)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK)
TRANSPLANT
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.41,250.43,250.51,250.53,
250.61,250.63,250.81,250.83,250.91,250.93,996.81,996.86-996.87,V42.0
CPT: 48160,48550-48556,50300-50365,76776
HCPCS: S2065
Line: 92

SPK included for type I diabetes mellitus with end stage renal disease (250.41,
250.43), PAK only included for other type I diabetes mellitus with secondary
diagnosis of V42.0.

Diagnosis: DISORDERS OF PANCREATIC ENDOCRINE SECRETION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 251.4-251.9
CPT: 48155,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 93

Diagnosis: ENDOCARDIAL CUSHION DEFECTS (See Guideline Note 6)
Treatment: REPAIR
ICD-9: 745.6,745.8-745.9
CPT: 33645-33647,33660-33670,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 94

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Note 6)
Treatment: SHUNT/REPAIR
ICD-9: 746.00-746.01
CPT: 33470-33474,33530,33608,33750-33766,33920,33925-33926,92960-92998,93797-93798,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 95

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment: RECONSTRUCTION
ICD-9: 752.8,753.0-753.1,753.3-753.9
CPT: 14020,15002-15738,36145,45820,50040-50045,50100,50125,50135,50220-50290,50390,50540,
50544-50546,50548,50553,50572,50722,50725,50727-50728,50825-50840,50845,50947-50948,
50970,51000-51597,51715,51800-51980,52214,52290,52300,53020-53025,53080,53085,53210-
53215,53400-53460,53621,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 96

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 777.5
CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 97

Diagnosis: TRANSPOSITION OF GREAT VESSELS (See Guideline Note 6)
Treatment: REPAIR
ICD-9: 745.1,758.32
CPT: 33611-33612,33684,33735,33737,33750-33766,33770-33781,33960-33961,36822,42225-42226,
92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 98

Diagnosis: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Note 6)
Treatment: MITRAL VALVE REPAIR/REPLACEMENT
ICD-9: 746.5-746.6,V43.3,V58.61
CPT: 33420-33430,33496,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99364,
99374-99375,99379-99440
Line: 99

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: GUILLAIN-BARRE SYNDROME (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 357.0
CPT: 31600,31610,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 100

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS, COMPOUND/DEPRESSED FRACTURES OF SKULL (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 800.02-800.09,800.1-800.9,801.02-801.09,801.1-801.9,803.02-803.09,803.1-803.9,804,850.1-850.5,851.02-851.06,851.1,851.22-851.26,851.3,851.42-851.46,851.5,851.62-851.66,851.7,851.82-851.86,851.9
CPT: 11010-11012,11971,14041,21100-21110,61108,61312-61321,61340,61345,62000-62005,62140-62141,62146-62148,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 101

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 5,9)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 204.0
CPT: 62350-62368,77014,77261-77295,77300-77321,77331-77370,77401-77427,95990-95991,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 102

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME (See Guideline Notes 5,9,12)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 204.0,205.0,206.0,207.0,208.0,238.7,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0243,G0267,S2142,S2150
Line: 103

Diagnosis: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
ICD-9: 752.5
CPT: 54512,54520-54535,54550,54560,54620,54640,54650,54660,54690,54692,55200
Line: 104

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note 15)
Treatment: CLEANING AND FLUORIDE
ICD-9: 520.4,521.8,V07.31,V72.2
CPT: 99051,99060,99201-99215,99245-99255
HCPCS: D0120,D0140,D0145,D0150,D0160,D0170,D0180,D1110,D1120,D1203,D1204,D1206,D1330,D1351,D4355,D5982,D5986,D9610,D9612,D9920
Line: 105

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 5,9,12)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 279.1-279.2,996.85,V59.3
CPT: 36680,38204-38215,38240,38242,96401-96571
HCPCS: G0267,S2142,S2150
Line: 106

Diagnosis: DIABETIC AND OTHER RETINOPATHY
Treatment: LASER SURGERY
ICD-9: 228.03,250.5,362.1-362.2,362.81,363.0-363.1,363.20,363.22,363.3-363.9
CPT: 67036,67039-67040,67208-67210,67220,67227-67228,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 107

Diagnosis: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.83
CPT: 90801-90807,90810-90813,90816-90827,90846,90847,90853-90862,90882,90887,96101,99051,99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 108

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: HEART FAILURE (See Guideline Note 6,16)
Treatment: MEDICAL THERAPY
ICD-9: 416,428,514,V58.61
CPT: 33967,33979-33980,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 109

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 086.0,425,V58.61
CPT: 21630,33010,33215-33216,33218-33220,33223-33226,33240-33244,33249,33414-33416,33508,33510-33514,33516-33519,33521-33523,33530,33973-33974,92960-92998,93724-93736,93797-93798,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 110

Diagnosis: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
ICD-9: 250.4,272.7,274.1,282.6,283.11,287.0,403.01,403.11,403.91,446.0,446.21,446.4,580.4,580.8,581-584,585.5,585.6,587,590.0,592.0,593.7,593.81,593.89,710.0,710.1,753.0,753.12-753.15,753.16,753.2,753.6,756.71,759.89,996.81,V42.0,V59.4
CPT: 36825,36830,50300-50370,50547,76776
Line: 111

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS;
CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 750.5,751.0-751.5,751.7-751.9,756.6-756.7,770.1,777.1-777.4,777.8-777.9,996.86
CPT: 31750,31760,32905-32906,33960-33961,36822,39503,43500-43510,43520,43620-43640,43653,43760,43800-43832,43840,43850,43860,43870-43880,44005,44010,44015,44020-44021,44050-44055,44110-44130,44139-44188,44206-44213,44227,44300-44900,44950,44955,45000-45123,45130-45150,45300,45307-45386,45395-45397,45800,46040-46045,46060,46070-46080,46270,46275,46600,46608-46614,46705-46754,46762,47010-47011,47300,47500-47556,47600-47620,47700-47701,47715-48000,48120-48146,48150,48400-48556,49200-49201,49215,49220,49250,49422-49424,49600-49611,49904-49905,51500,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 112

Diagnosis: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE,
AND FETAL AND NEONATAL JAUNDICE
Treatment: MEDICAL THERAPY
ICD-9: 277.4,772.0,772.3-772.4,773.0-773.2,773.4-773.5,774.0-774.4,774.6-774.7,776.5
CPT: 96900,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 113

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
ICD-9: 278.2,278.4,779.4,960-989,995.2,995.86
CPT: 43226,43241-43245,43247,49324-49326,49435-49436,90918-90997,91105,93990,99024,99051,99060,99070,99078,99175,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327,S9355
Line: 114

Diagnosis: BOTULISM
Treatment: MEDICAL THERAPY
ICD-9: 005.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 115

Diagnosis: TETRALOGY OF FALLOT (TOF) (See Guideline Note 6)
Treatment: TOTAL REPAIR TETRALOGY
ICD-9: 745.2,746.09,746.87,746.9,747.3,747.42,747.49,V43.3,V58.61
CPT: 33606,33608,33692-33697,33726,33735-33737,33750,33764,33917,33924-33926,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 116

Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Note 6)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-9: 746.3-746.4,746.81
CPT: 33400,33404-33417,33496,33530,35452,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 117

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS
Treatment: MEDICAL THERAPY
ICD-9: 443.1,446.1-446.2,446.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 118

Diagnosis: FRACTURE OF RIBS AND STERNUM, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.1,807.3,V54.19,V54.29
CPT: 11010-11012,21805,21810,21825,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 119

Diagnosis: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS)
Treatment: MEDICAL THERAPY
ICD-9: 013,117.5,117.9,130.8,322
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 120

Diagnosis: PNEUMOCYSTIS CARINII PNEUMONIA
Treatment: MEDICAL THERAPY
ICD-9: 136.3
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 121

Diagnosis: COAGULATION DEFECTS
Treatment: MEDICAL THERAPY
ICD-9: 286.0-286.5,286.7-286.9,719.1,V83.01,V83.02
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 122

Diagnosis: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 746.84,746.86,746.89,V58.61
CPT: 33530,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 123

Diagnosis: CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 186,236.4
CPT: 38571-38572,38780,54512-54535,54690,77261-77295,77300,77305-77315,77331-77370,77401-77417,77427,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 124

Diagnosis: CANCER OF EYE AND ORBIT, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 190,234.0,238.8
CPT: 11420,11440,13132,15756-15758,20969,65091,65101-65105,65110-65114,65900,66600,66605,66770,67208-67218,67414,67445,68135,68320,68325-68326,68328,68335,68340,77014,77261-77295,77300-77370,77401-77470,77520-77525,77750,92002-92060,92070-92353,92358-92371,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 125

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 5,9,12,17)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 201,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0243,G0267,S2142,S2150
Line: 126

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 933.0-933.1,934,935.0-935.1
CPT: 31511-31512,31530-31531,31635,32150-32151,32020,40804,42809,43020,43045,43215,43247,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 127

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES
Treatment: MEDICAL THERAPY
ICD-9: 260-268,269.0-269.3,280,285.1
CPT: 43830,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 128

Diagnosis: PERNICIOUS AND SIDEROBLASTIC ANEMIA
Treatment: MEDICAL THERAPY
ICD-9: 281,285.0
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S9355
Line: 129

Diagnosis: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Note 6)
Treatment: REPAIR SEPTAL DEFECT
ICD-9: 745.5
CPT: 33641,33647,92960-92998,93580,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 130

Diagnosis: AMEBIASIS
Treatment: MEDICAL THERAPY
ICD-9: 006.0-006.2,006.9,007.0,007.3,007.8,136.4-136.5,136.8
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 131

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS (See Guideline Notes 5,9,12)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.8-284.9,996.85,V59.3
CPT: 36680,38204-38215,38240,38242,96401-96571
HCPCS: G0267,S2142,S2150
Line: 132

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE
Treatment: MEDICAL THERAPY
ICD-9: 959.9,994.2-994.3,995.5,995.80-995.85,V61.11,V61.21,V71.5
CPT: 46700,46706,56800,56810,57023,57200,57210,57410,57415,99024,99051,99060,99070,99078,99170,99201-99362,99374-99375,99379-99440
Line: 133

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED (See Guideline Note 18)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 314
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99251-99255
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 134

Diagnosis: PYODERMA; MODERATE/SEVERE PSORIASIS (See Guideline Note 19)
Treatment: MEDICAL THERAPY
ICD-9: 686.0-686.1,696.1
CPT: 96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 135

Diagnosis: MALARIA AND RELAPSING FEVER
Treatment: MEDICAL THERAPY
ICD-9: 084,086.1-086.5,086.9,087
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 136

Diagnosis: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
ICD-9: 242,245.1-245.9,246.8,376.2
CPT: 60210,60212,60220,60225,60240,60270-60271,60512,67414,67440-67445,77014,77261-77295,77300-77315,77331-77336,77401-77427,77470,79005-79445,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 137

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: BENIGN NEOPLASM OF THE BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

ICD-9: 225.0-225.4, 228.02, 228.04, 377.04

CPT: 12034, 14300, 61312-61330, 61333-61480, 61500-61512, 61516-61521, 61524-61530, 61534, 61536-61564, 61571-61598, 61600-61626, 61793, 61795, 62100, 62140, 62141, 62160, 62163-62165, 62223, 62272, 62350-62368, 63265, 63276, 63281, 63615, 77014, 77261-77295, 77300-77321, 77331-77372, 77402-77470, 77520-77790, 79005-79445, 95990-95991, 96401-96571, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

HCPCS: G0243

Line: 138

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (See Guideline Note 5)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-9: 580.4

CPT: 36818, 36821, 36831-36833, 36835, 36838, 36870, 49324-49326, 49422, 49435-49436, 90918-90997, 93990, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

HCPCS: G0308, G0309, G0310, G0311, G0312, G0313, G0314, G0315, G0316, G0317, G0318, G0319, G0320, G0321, G0322, G0323, G0324, G0325, G0326, G0327

Line: 139

Diagnosis: COMMON TRUNCUS (See Guideline Note 6)

Treatment: TOTAL REPAIR/REPLANT ARTERY

ICD-9: 745.0

CPT: 33608, 33690, 33786, 33788, 33813-33814, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 140

Diagnosis: WEGENER'S GRANULOMATOSIS

Treatment: MEDICAL THERAPY AND RADIATION THERAPY

ICD-9: 446.3-446.4

CPT: 77014, 77261-77295, 77300-77315, 77331-77336, 77401-77427, 77470, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 141

Diagnosis: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Note 6)

Treatment: COMPLETE REPAIR

ICD-9: 746.82, 747.41

CPT: 33724, 33730, 33732, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 142

Diagnosis: CRUSH INJURIES OTHER THAN DIGITS (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 728.0, 728.88, 862.8, 900, 902, 903.0-903.4, 903.8-903.9, 904, 925-926, 927.0-927.2, 927.8-927.9, 928.0-928.2, 928.8-928.9, 929.0, 958.5-958.6, 958.8, 959.13

CPT: 15040, 15100-15241, 15300-15366, 15420-15431, 20101-20103, 20972, 21627, 21630, 23395, 24495, 25020, 25023, 25274, 25295, 25320, 25335-25337, 25390-25393, 25441-25447, 25450, 25455, 25490-25492, 25810, 25820, 25825, 25830, 26357-26390, 26437, 27465-27466, 27468, 27496-27498, 27600-27602, 27656, 27658-27659, 27665, 27695-27698, 27892-27894, 35141, 35206-35207, 35236, 35266, 35521, 37615-37618, 92960-92998, 93797-93798, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97602, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 143

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 809.1,810.1,811.1,812.1,812.3,812.5,813.1,813.3,813.5,813.9,814.1,815.1,816.1,817.1,818.1,819.1,820.1,820.3,820.9,821.1,821.3,822.1,823.1,823.3,823.9,824.1,824.3,824.5,824.7,824.9,825.1,825.3,826.1,827.1,828.1,830.1,831.1,832.1,833.1,834.1,835.1,836.4,836.6,837.1,838.1,V54.0,V54.10-V54.16

CPT: 11010-11012,11760,12001-12057,20150,20650,20663,20670-20694,20900,21485-21490,22848-22855,23395,23400,23515,23530-23532,23550-23552,23585,23615,23630,23660,23670,23680,24130,24300,24332,24343,24345-24346,24515,24516,24545-24546,24575,24579,24586-24587,24615,24635,24640,24665-24666,24685,25119,25210-25240,25275,25310,25320,25337,25390-25392,25394,25430-25431,25441-25447,25450,25455,25490-25492,25515,25525,25526,25545,25574-25575,25606-25609,25628,25670,25676,25685,25695,25810-25825,26340,26615,26645,26665,26685-26686,26715,26727-26735,26746,26765,26775-26776,26785,27235-27236,27244,27248,27253-27258,27275,27350,27430,27435,27465-27468,27496-27498,27502,27506-27507,27511-27514,27519,27524,27535-27536,27540,27556-27558,27560,27562,27566,27610,27656,27695-27696,27698,27712,27756-27759,27766,27784,27792,27814,27822-27832,27846-27848,27892-27894,28415-28420,28445,28465,28485,28505,28525,28531,28540,28545-28546,28555,28570,28575-28576,28585,28600,28605-28606,28615,28630,28635-28636,28645,28660,28665-28666,28675,28730,29035-29131,29305-29445,29505,29515,29700-29710,29720-29740,29855-29856,29861-29863,29874-29879,29882,29888-29898,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 144

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 5,9)

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

ICD-9: 180

CPT: 38562-38572,38770,44188,44320,44700,53444,57155,57460,57500,57505,57520,57522,57531,57540,57545,57550,57558,58150,58200,58210,58548,58550-58554,58953-58956,77014,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0243

Line: 145

Diagnosis: INTERRUPTED AORTIC ARCH (See Guideline Note 6)

Treatment: TRANSVERSE ARCH GRAFT

ICD-9: 747.11

CPT: 33608,33852-33853,33870,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 146

Diagnosis: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION
(See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 897.0-897.7,905.9

CPT: 11010-11012,20920,20922,20924,27290-27295,27590-27598,27880-27886,27889,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 147

Diagnosis: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY

Treatment: MEDICAL THERAPY

ICD-9: 003.9,007.2,007.4,007.5,007.9,031.2,031.9,039,053-054,078.5,110.0,110.2-110.9,111.1,112.0,112.2,112.84,115,117.5,118,130,136.3

CPT: 11720-11721,17110-17111,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 148

Diagnosis: EBSTEIN'S ANOMALY

Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT

ICD-9: 746.2

CPT: 33460,33465,33468,33641-33647,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 149

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 360.19,365.0-365.1,365.3-365.9
CPT: 65820,65850,65855,66150,66155,66165,66170,66172,66185,66220,66225,66250,66700-66711,
66740,66762,66920-66984,67500,76514,92002-92060,92070-92353,92358-92371,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0820
Line: 150

Diagnosis: MYASTHENIA GRAVIS
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-9: 358
CPT: 60520-60522,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 151

Diagnosis: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE
Treatment: MEDICAL THERAPY
ICD-9: 710.0,710.8,710.9,729.30
CPT: 20610,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 152

Diagnosis: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS
Treatment: MEDICAL THERAPY
ICD-9: 778.2-778.4
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 153

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
ICD-9: 511.8,512,860
CPT: 32019,32020,32200-32215,32310,32420,32500,32650-32653,32655,32664-32665,33015,33020,
33025,33030-33031,33050,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 154

Diagnosis: HYPOTHERMIA
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-9: 991.6
CPT: 33960-33961,36822,49080,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 155

Diagnosis: ANEMIA OF PREMATUREITY OR TRANSIENT NEONATAL NEUTROPENIA
Treatment: MEDICAL THERAPY
ICD-9: 776.6-776.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 156

Diagnosis: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING
Treatment: MEDICAL THERAPY
ICD-9: 001,003.0,003.8-003.9,004,005.0,005.2-005.9,008.0-008.8,009
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 157

Diagnosis: ACQUIRED HEMOLYTIC ANEMIAS
Treatment: MEDICAL THERAPY
ICD-9: 283
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 158

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL
DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF
VERTEBRAL INJURY (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.0-805.1,805.3,805.5,805.7,805.9,806,839.0-839.1,839.3,839.5,839.7,839.9,
952,V54.01,V54.09,V54.17
CPT: 11010-11012,20690-20694,20900,20930-20938,22100-22116,22305-22328,22505,22548-22632,
22802,22810,22840-22855,27202,27215-27216,29015,29025,29040,29710-29720,63001-63091,
63101-63103,63170-63173,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,
97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 159

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 181
CPT: 58120,58150,58180-58200,58953,58956,77014,77261-77295,77300,77305-77321,77331-77370,
77401-77417,77427,77470,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
HCPCS: G0243
Line: 160

Diagnosis: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM
Treatment: MEDICAL THERAPY
ICD-9: 275.0-275.3,275.8-275.9
CPT: 99024,99051,99060,99070,99078,99195,99201-99362,99374-99375,99379-99440
HCPCS: S9355
Line: 161

Diagnosis: PYOGENIC ARTHRITIS (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 711.0,711.9
CPT: 23040-23044,24000,25040,25101,26070-26080,27030,27310,27610,28022-28024,29843,29848,
29861-29863,29871,29894,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,
97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 162

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 227.3,349.81
CPT: 61070,61305,61545-61548,62100,77014,77261-77295,77300-77315,77331-77372,77402-77470,
79005-79445,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 163

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT
ICD-9: 557.0
CPT: 34151,34421,34451,44120-44125,44213,44139-44160,44206-44212,44701,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 164

Diagnosis: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS
Treatment: MEDICAL THERAPY
ICD-9: 050,053,054.3-054.4,054.72,136.2,331.81
CPT: 69676,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 165

Diagnosis: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE) (PARTIAL)
WITH AND WITHOUT COMPLICATION (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 885-887
CPT: 11000-11001,11010-11012,11042-11044,15050,20802,20805,20808,20816-20924,20972-20973,
23900,23920,23921,24900,24920,24925,24930,24931,24935,24940,25900-25909,26350-26356,
26410-26418,26551-26556,26910-26952,64831-64832,97001-97004,97012-97014,97022,97032,
97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440
Line: 166

Diagnosis: HODGKIN'S DISEASE (See Guideline Notes 5,9,12)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 201
CPT: 38100,38120,49200,49220,77014,77261-77295,77300-77321,77331-77370,77401-77427,78811-
78816,79403,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
HCPCS: G0243
Line: 167

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9,20)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 152-154,197.5,230.3-230.6,235.5
CPT: 44120-44121,44139-44160,44187-44188,44204,44206-44213,44227,44300-44346,44625,44701,45110-45113,45123,45126,45136,45170,45190,45333,45384-45385,45395,45402,45505,45550,46917,58150,77014,77261-77295,77300,77305-77315,77326-77370,77401-77417,77427-77470,77761-77790,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 168

Diagnosis: CHRONIC GRANULOMATOUS DISEASE (See Guideline Notes 5,9)
Treatment: MEDICAL THERAPY
ICD-9: 288.1-288.2
CPT: 79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 169

Diagnosis: BILIARY ATRESIA (See Guideline Note 14)
Treatment: LIVER TRANSPLANT
ICD-9: 751.61,996.82,V59.6
CPT: 47133-47147
Line: 170

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 5,9,12,17)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 200,202.0-202.2,202.8-202.9,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0243,G0267,S2142,S2150
Line: 171

Diagnosis: LEUKOPLAKIA AND CARCINOMA IN SITU OF ORAL MUCOSA, INCLUDING TONGUE
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-9: 230.0,528.6-528.7
CPT: 41000-41018,41110-41520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 172

Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
ICD-9: 250.6-250.7,356,357.2,357.5,440.2,443.1
CPT: 11040,11719-11732,11750
HCPCS: G0245,G0246,G0247
Line: 173

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS
Treatment: EXCISION OF POLYP
ICD-9: 211.3-211.4,569.0
CPT: 44145,44150,44157-44158,44620-44626,45113-45116,45170,45308-45309,45333-45334,45380-45385
Line: 174

Diagnosis: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE
Treatment: MEDICAL THERAPY
ICD-9: 077.98,098.4
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 175

Diagnosis: COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18 (See Guideline Note 21)
Treatment: REPAIR
ICD-9: 550.0-550.1,550.9,551.0-551.2,551.8-551.9,552.0-552.2,552.8-552.9
CPT: 44050,44120,49491-49496,49500-49572,49582,49587-49590,49650,49651,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2075,S2076,S2077
Line: 176

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: NON-DIABETIC HYPOGLYCEMIC COMA
Treatment: MEDICAL THERAPY
ICD-9: 251.0
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 177

Diagnosis: RUPTURED SPLEEN
Treatment: REPAIR/SPLENECTOMY/INCISION
ICD-9: 865
CPT: 38100, 38115, 38120
Line: 178

Diagnosis: ACUTE MASTOIDITIS
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
ICD-9: 383.0, 383.2
CPT: 69420-69421, 69433-69436, 69501-69540, 69601-69646, 69670, 69700, 69801-69802, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 179

Diagnosis: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 404, 405.01, 405.11, 405.91
CPT: 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 180

Diagnosis: POSTTRAUMATIC STRESS DISORDER (See Guideline Note 22)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81, 995.52-995.54
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99255, 99304-99318
HCPCS: G0176, G0177, H0002, H0004, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 181

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 5,9)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 205.0, 206.0, 207.0, 208.0
CPT: 38100, 38120, 38760, 62350-62368, 77014, 77261-77295, 77300, 77305-77321, 77331-77370, 77401-77427, 95990-95991, 96401-96571, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243
Line: 182

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Guideline Note 17)
Treatment: SINGLE FOCAL SURGERY
ICD-9: 345.1, 345.4-345.5
CPT: 61531, 61533-61537, 61540-61541, 61543, 61566, 61567, 61720, 61735, 61760, 61850-61888, 64573, 78608-78609, 78811, 78814, 95970-95975
Line: 183

Diagnosis: POLYARTERITIS NODOSA AND ALLIED CONDITIONS
Treatment: MEDICAL THERAPY
ICD-9: 136.1, 437.4-437.5, 446.0, 446.6-446.7
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 184

Diagnosis: COMMON VENTRICLE (See Guideline Note 6)
Treatment: TOTAL REPAIR
ICD-9: 745.3, 745.7
CPT: 33600, 33602, 33610, 33615, 33617, 33690, 33692-33694, 33735, 33750, 33764, 33766-33768, 33924, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 185

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: INTRACEREBRAL HEMORRHAGE (See Guideline Note 6)

Treatment: MEDICAL THERAPY

ICD-9: 431

CPT: 92506-92508, 92526, 92607-92609, 92626-92633, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 186

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 591, 593.3-593.5, 593.89, 594.2

CPT: 50060-50081, 50100, 50382-50389, 50400, 50553, 50557, 50572, 50575, 50576, 50590, 50700-50715, 50722, 50725, 50727-50728, 50740, 50845, 50900, 50940, 50970, 50972, 51535, 52276, 52290, 52301, 52310, 52320-52334, 52341-52346, 52352-52354, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 187

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)

Treatment: MEDICAL THERAPY, BURN TREATMENT

ICD-9: 991.0-991.5, 991.8-991.9, 992, 993.2, 994.0-994.1, 994.4-994.9, 995.89

CPT: 11000, 11040-11041, 11960-11971, 14020, 14040-14041, 15002-15176, 15200, 15220, 15240, 15260, 15300-15366, 15400, 15420-15431, 15570-15574, 15770, 16000-16036, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 188

Diagnosis: SEPTICEMIA

Treatment: MEDICAL THERAPY

ICD-9: 002, 003.1, 038, 054.5, 079.81, 098.89, 771.8, 785.52

CPT: 49002, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 189

Diagnosis: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 728.81, 808, V54.01, V54.09, V54.19, V54.29

CPT: 11010-11012, 20690-20694, 20900, 27033, 27193-27194, 27215-27228, 27280, 27282, 29035-29046, 29305, 29325, 29710, 29720, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97602, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 190

Diagnosis: ACUTE OSTEOMYELITIS (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 526.4, 730.0, 730.3

CPT: 11752, 20150, 20955-20957, 20962, 20969-20973, 21025, 21026, 21510, 22010-22015, 23035, 23105, 23130, 23170-23184, 23405-23406, 23900-23921, 23935, 24134-24147, 24420, 24900-24930, 25035, 25085, 25119, 25145-25151, 25210, 25215, 25230, 25240, 25900-25909, 25920-25931, 26034, 26910-26952, 26992, 27025, 27054, 27070-27071, 27290-27295, 27303, 27590-27598, 27607, 27705-27709, 27880-27889, 28005, 28120-28124, 28800-28825, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 191

Diagnosis: DIVERTICULITIS OF COLON

Treatment: COLON RESECTION, MEDICAL THERAPY

ICD-9: 562.0-562.1

CPT: 33238, 44005, 44139-44141, 44143-44147, 44160, 44188, 44204-44208, 44213, 44227, 44320, 44620-44626, 44701, 45335, 45381, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 192

Diagnosis: MULTIPLE VALVULAR DISEASE (See Guideline Note 6)

Treatment: SURGICAL TREATMENT

ICD-9: 396-397, V58.61

CPT: 33400-33478, 33496, 33530, 33768, 33973-33974, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 193

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY,
MEDULLOADRENAL HYPERFUNCTION
Treatment: MEDICAL THERAPY/ADRENALECTOMY
ICD-9: 255.0,255.1,255.3,255.6,255.8-255.9,259.1,259.3,349.81
CPT: 60540-60545,60650,61546,62100,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 194

Diagnosis: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Note 6)
Treatment: REPAIR
ICD-9: 746.1
CPT: 33460,33463-33464,33496,33615,33617,33735,33750,33766,33768,92960-92998,93797-93798,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 195

Diagnosis: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 6,11)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 277.7,412-414,429.2,429.71-429.79,747.89,V58.61
CPT: 33202,33206-33208,33210,33212-33226,33233-33238,33261,33400-33417,33420,33422,33425-
33427,33430,33465,33475,33500,33508-33542,33572,33681,33922,33967,33970-33974,35001,
35182,35189,35226,35286,35572,35600,92960-92998,93724-93736,93797-93798,99024,99051,
99060,99070,99078,99201-99364,99374-99375,99379-99440
HCPCS: G0290,G0291,S2205,S2206,S2207,S2208,S2209
Line: 196

Diagnosis: NEOPLASMS OF ISLETS OF LANGERHANS
Treatment: EXCISION OF TUMOR
ICD-9: 157.4,211.7
CPT: 48140
Line: 197

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Coding Specification Below) (See Guideline Notes 2,5,9,23)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND
BREAST RECONSTRUCTION
ICD-9: 174-175,233.0,238.3,V45.71,V50.41-V50.42
CPT: 11401-11402,11623,13102,13122,13132-13133,13153,19110,19120,19125-19126,19290-19298,
19301-19307,19318,19328-19369,32000,38500-38520,38740-38745,58940,77014,77261-77295,
77300,77305-77315,77326-77370,77402-77417,77427,77600-77790,79005-79445,96401-96571,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243,S2068
Line: 198

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer, and must be completed within 5 years of initial mastectomy. When breast reconstruction is performed after the treatment for breast cancer is completed, a principle diagnosis code of V45.71 (Acquired Absence of Breast) is appropriate and is only included on this line in combination with a secondary diagnosis of V10.3 (Personal History of Malignant Neoplasm of the Breast).

Diagnosis: MULTIPLE MYELOMA (See Guideline Notes 5,9,12)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 203,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0267,S2142,S2150
Line: 199

Diagnosis: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN
Treatment: MEDICAL THERAPY
ICD-9: 282,285.8,289.0,289.4-289.6,289.8
CPT: 38100-38102,38120,47562,47563,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
HCPCS: S9355
Line: 200

Diagnosis: ACUTE PANCREATITIS
Treatment: MEDICAL THERAPY
ICD-9: 577.0
CPT: 48105,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 201

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN (See Guideline Note 6)
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
ICD-9: 348.4-348.5, 349.81, 430-432, 437.3, 852-853
CPT: 61120, 61150-61151, 61154, 61210, 61304, 61312-61316, 61322-61323, 61343, 61522-61630, 61640-61710, 62100, 62220-62223, 62272, 92506-92508, 92526, 92607-92609, 92626-92633, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 202

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE (See Guideline Note 6)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.26-941.27, 941.36-941.37, 942.20-942.24, 942.29-942.34, 942.39, 943.2-943.3, 944.20-944.24, 944.26-944.28, 944.30-944.34, 944.36-944.38, 945.20-945.21, 945.23-945.29, 945.30-945.31, 945.33-945.39, 946.2-946.3, 949.2-949.3
CPT: 11000, 11040-11042, 11960-11971, 14020, 14040-14041, 15002-15200, 15220, 15240, 15260, 15300-15431, 15570-15574, 16000-16036, 92506-92508, 92607-92609, 92626-92633, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97602, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 203

Diagnosis: TETANUS NEONATORUM
Treatment: MEDICAL THERAPY
ICD-9: 771.3
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 204

Diagnosis: CONGENITAL CYSTIC LUNG - MILD AND MODERATE
Treatment: LUNG RESECTION, MEDICAL THERAPY
ICD-9: 518.89, 748.4, 748.61
CPT: 32140-32141, 32480, 32482, 32484-32486, 32488, 32500-32501, 32662, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 205

Diagnosis: CHRONIC HEPATITIS; VIRAL HEPATITIS
Treatment: MEDICAL THERAPY
ICD-9: 070, 571.4, 571.8-571.9, 573.0
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 206

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS (See Guideline Notes 5,9,12)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.0, 996.85, V59.3
CPT: 36680, 38240, 96401-96571
HCPCS: G0267, S2142, S2150
Line: 207

Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.1, 171, 238.1
CPT: 14040, 15040, 15100-15116, 15130-15176, 15300-15366, 15420-15431, 15732-15756, 15758, 21121, 21555-21557, 21930-21935, 22900, 23075-23077, 24075-24077, 25075-25077, 26115-26117, 27047-27049, 27075-27079, 27327-27329, 27615-27619, 28043-28046, 33120, 33130, 64774-64783, 77014, 77261-77295, 77300-77370, 77402-77470, 77761-77790, 96401-96571, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243
Line: 208

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CANCER OF BONES, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 5,6,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 170,198.5,238.0
CPT: 14001,20931,20938,20955-20973,21025-21026,21034,21044-21045,21081,21610,21620,22548-
22585,22851,23140,23200-23222,23900,24150-24153,24363,24498,24900-24931,25110-25119,
25210-25240,25320,25335-25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,
26200,26910-26952,27025,27054,27065-27067,27187,27290,27334-27335,27365,27465-27468,
27496-27498,27590-27598,27656,27745,27880-27894,28800-28825,31200-31201,31225,32900,
36680,63081-63091,63101-63103,63276,69970,77014,77261-77295,77300-77321,77331-77370,
77401-77427,77470,79005-79445,96401-96571,97001-97004,97012-97014,97022,97032,97110-
97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
HCPCS: D5934,D5935,D5984,D7440,D7441,G0243
Line: 209

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 290,291.2,292.82-292.84,293.8,294,299.00,299.10,299.8,310.1
CPT: 90801,90804-90807,90816-90819,90823-90827,90846-90853,90862,90882,90887,96101,96118,
99051,99060,99201-99255,99304-99318
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,
S9125,S9484,T1005,T1013,T1016,T1023
Line: 210

Diagnosis: SLEEP APNEA (See Guideline Note 24)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 327.20,327.21,327.23-327.29,347.0,780.51,780.53,780.57
CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140,42145,42160,42820-42836,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 211

Diagnosis: ERYSIPELAS
Treatment: MEDICAL THERAPY
ICD-9: 035
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 212

Diagnosis: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Note 25)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.2,296.90,298.0,311
CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,
S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 213

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA
Treatment: MEDICAL THERAPY
ICD-9: 073.0,481-483,485-486,507
CPT: 31603,31645-31646,94002-94005,94640,94660-94668,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440
Line: 214

Diagnosis: SUPERFICIAL ABSCESES AND CELLULITIS (See Coding Specification Below)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.3,040.89,373.13,380.14,454.1,459.12,459.32,478.5,478.71,478.79,527.3,528.3,
528.5,529.0,566,597.0,601.2,601.8,603.1,607.2,608.4,616.3-616.4,680-682,684,685.0,
686.8,703.0,744.41,744.46,744.49
CPT: 10060-10061,10080-10081,10160,11000-11044,11730-11752,11765,11770-11772,20000,20005,
20102,21501,21502,22010-22015,23030,23930,26010-26011,26990,27301,27603,28003,31300,
31360-31502,31511-31513,31530-31531,31540-31571,31577-31579,31580,31587-31595,31600-
31605,31820,31825,40801,41800,42000,45005,45020,46020,46040,46050,46060,46270,53040,
53270,54700,55100,56405,56420,56740,60280,67700,69000,97602,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 215

Spastic dysphonia (478.79) is not included on this line, but on Line 599.

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: ZONOTIC BACTERIAL DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 020-027,073.7-073.9,078.3,V71.82-V71.83

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 216

Diagnosis: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 736.05-736.06,870.0-870.1,872.0-872.1,872.62-872.69,872.7-872.9,873.0-873.5,873.7-873.9,875-884,890-895,906.0-906.1,953.4-953.9,954-957,958.2-958.3

CPT: 10120-10121,11000-11044,11730-11732,11750,11760,12001-13160,14040-14041,15002-15431,15570-15576,15600-15620,15630,15650,15731-15770,15845,20101-20103,20150,20525,23040-23044,23397,24341,25101,25260-25272,25295,25300-25301,25320,25335-25337,25390-25393,25441-25447,25450,25455,25490-25492,25810,25820,25825,25830,25922,26080,26350-26510,26591,26951,26990,27310,27372,27603,27830-27831,28022-28024,28810-28825,32020,32653,42180,42182,49002,54670,56800,57200,57210,64702-64714,64718,64727,64732-64792,64820,64831-64862,64872-64876,64885-64907,64910-64911,67930-67935,97036,97110,97112,97530,97535,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7912,D7920

Line: 217

Diagnosis: CHOANAL ATRESIA

Treatment: REPAIR OF CHOANAL ATRESIA

ICD-9: 748.0

CPT: 30520,30540,30545,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 218

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)

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

ICD-9: 179,182,233.2,236.0,621.3

CPT: 38562-38572,38770,38780,38780,49201,57500,58120,58150-58285,58290-58294,58346,58548,58953-58956,77014,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0243

Line: 219

Diagnosis: RUPTURE OF LIVER

Treatment: SUTURE/REPAIR

ICD-9: 573.4,573.8,864.04

CPT: 47350-47362,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 220

Diagnosis: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)

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

ICD-9: 193

CPT: 38510,60200,60210,60212,60220-60225,60252-60260,60270-60271,60512,77014,77261-77295,77300-77315,77331-77370,77401-77427,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D5984,G0243

Line: 221

Diagnosis: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 5,9,17,26)

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 200,202.0-202.3,202.6,202.8-202.9,238.5-238.7

CPT: 38100,38120,38510-38525,38720,49080-49081,77261-77295,77300-77321,77331-77370,99201-77401-77427,77470,78811-78816,79005-79445,96401-96571,99024,99051,99060,99070,99078,99362,99374-99375,99379-99440

HCPCS: G0243,S9355

Line: 222

Diagnosis: PATHOLOGICAL GAMBLING (Note: This line is not priced as part of the list as funding comes from non-OHP sources.)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 312.31

CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255

HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2011,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023

Line: 223

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: BULLOUS DERMATOSES OF THE SKIN
Treatment: MEDICAL THERAPY
ICD-9: 694
CPT: 15731,65780-65782,68371,77014,96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 224

Diagnosis: ESOPHAGEAL VARICES
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
ICD-9: 456.0-456.2
CPT: 37145,37160,37181,38100,43107-43108,43112-43113,43116-43124,43201,43204-43205,43227,43243-43244,43255,43400-43401,43410,43415,43460,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 225

Diagnosis: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME;
STEVENS-JOHNSON SYNDROME; ECZEMA HERPETICUM
Treatment: MEDICAL THERAPY
ICD-9: 054.0,695.1
CPT: 65780-65782,68371,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 226

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 415,958.1
CPT: 33916,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 227

Diagnosis: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS
Treatment: MEDICAL THERAPY
ICD-9: 112.4-112.5,112.81,112.83-112.85,112.89
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 228

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 189.0-189.1,189.3-189.9,198.0,233.9,236.9
CPT: 38746,50125,50220-50290,50340,50391,50545-50546,50548,50553,50572,50650-50660,50825-50840,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52500,53210-53220,58200,58960,77014,77261-77295,77300,77305-77321,77331-77370,77402-77417,77427-77432,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 229

Diagnosis: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 151,230.2,235.2
CPT: 43122,43248-43250,43620-43635,44110-44130,77014,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77432,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 230

Diagnosis: PORTAL VEIN THROMBOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 452
CPT: 37140,37180,37182,49425-49429,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 231

Diagnosis: TESTICULAR CANCER (See Guideline Notes 5,9,12,27)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 186,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0243,G0267,S2142,S2150
Line: 232

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: PULMONARY FIBROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 515-517
CPT: 31600-31603,31624,31820,31825,32997,94002-94005,94640,94660-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 233

Diagnosis: OCCUPATIONAL LUNG DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 495,500-505
CPT: 31600,94002-94005,94640,94660-94668,95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 234

Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX
Treatment: MEDICAL THERAPY
ICD-9: 478.6,995.0,995.4,995.6
CPT: 95004-95010,95015-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 235

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Note 5)
Treatment: MEDICAL THERAPY, DIALYSIS
ICD-9: 276,785.50,785.59
CPT: 36818,36821,36832,36835,36838,49325-49326,49422,49435-49436,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327
Line: 236

Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Note 6)
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
ICD-9: 395,424.1,V43.3,V58.61
CPT: 33400-33405,33410-33413,33496,33530,33973-33974,35452,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 237

Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 227.1,252,275.4
CPT: 60500-60505,60512,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 238

Diagnosis: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 391,392.0
CPT: 92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 239

Diagnosis: RUPTURED VISCUS
Treatment: REPAIR
ICD-9: 530.4,568.81,569.3,569.49,569.89,862.22
CPT: 43405,44602-44605,45334,45379,45382,45500,45560,45915,57268-57270,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 240

Diagnosis: INTESTINAL MALABSORPTION
Treatment: MEDICAL THERAPY
ICD-9: 040.2,579
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 241

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES
Treatment: SURGICAL TREATMENT
ICD-9: 802,950-951,V54.19,V54.29
CPT: 10121,11010-11012,20670,20680,20694,21085,21210,21215,21310-21339,21340-21348,21355-21360,21365-21366,21385-21395,21400-21401,21406-21408,21421-21423,21431-21454,21461-21462,21465,21470,30420,30450,31292-31294,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5988
Line: 242

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9,17)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 172
CPT: 11600-11646,12001-13102,13120-14001,14020-14061,14300,14350,15002-15770,21015,21555-21557,21632,21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,28043-28046,38700-38780,77014,77261-77295,77300-77321,77331-77370,77401-77470,78811-78816,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 243

Diagnosis: LEPTOSPIROSIS
Treatment: MEDICAL THERAPY
ICD-9: 100
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 244

Diagnosis: URINARY FISTULA
Treatment: SURGICAL TREATMENT
ICD-9: 593.81-593.82
CPT: 45820,50040-50045,50382-50389,50395-50398,50520,50525-50526,50686-50688,50900,50920,50930,50961,50970,50980,52234,53080,53085,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 245

Diagnosis: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS
Treatment: MEDICAL THERAPY
ICD-9: 031.8-031.9,039,130
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 246

Diagnosis: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR
ICD-9: 746.7
CPT: 33615,33617,33619,33750,33766-33768
Line: 247

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS
Treatment: MEDICAL THERAPY
ICD-9: 079.82,506,508.0,518.4-518.5,518.81-518.82,518.84
CPT: 31502,31600-31610,31645,31646,31820,31825,36822,94002-94005,94640,94660-94668,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 248

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 5,9)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 203.0,203.8,204.0
CPT: 62350-62368,77014,77261-77295,77300-77321,77331-77370,77401-77427,79005-79445,95990-95991,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 249

Diagnosis: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.0,250.7,440.2-440.3,728.0,728.86,785.4
CPT: 11000-11057,23900-23921,23930,24350-24356,24495,24900-24940,25020-25028,25900-25931,26025-26030,26037-26045,26910-26952,26990-26991,27025,27290-27295,27301,27305,27496-27498,27590-27598,27600-27603,27880-27894,28001-28003,28008,28800-28825,29893,35500,35682-35683,35860,35875-35876,35903,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 250

Diagnosis: TETANUS
Treatment: MEDICAL THERAPY
ICD-9: 037
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 251

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
(See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.0,198.6,236.2
CPT: 44110,44120,44140,49419,58180,58210,58550,58720,58740,58925-58960,77014,77261-77295,
77300,77305-77321,77331-77370,77401-77417,77427,77470,77750,77790,79005-79445,96401-
96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 252

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER (See Guideline Note 14)
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-9: 557,579.3,777.5,996.87
CPT: 44132-44136,44715-44721,47133-47147
HCPCS: S2053
Line: 253

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS;
EMPHYSEMA (See Guideline Note 14)
Treatment: HEART-LUNG AND LUNG TRANSPLANT
ICD-9: 135,277.0,277.6,491.8,492.8,494-495,500-505,515,947.9,996.84
CPT: 32850-32856,33930-33935
HCPCS: S2060,S2061
Line: 254

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG.
MAPLE SYRUP URINE DISEASE, TYROSINEMIA) (See Guideline Note 14)
Treatment: LIVER TRANSPLANT
ICD-9: 270.0,270.2-270.4,270.6,270.9,271.0,271.8,272.0,275.0,275.1,277.6,570,571.49,996.82,
V59.6
CPT: 47133-47147
Line: 255

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS,
LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE (See Guideline Note 14)
Treatment: HEART-LUNG AND LUNG TRANSPLANTS
ICD-9: 238.1,416.0,516.3,745.0,745.4,745.5,747.0,996.84
CPT: 32850-32856,33930-33935,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
HCPCS: S2060,S2061
Line: 256

Diagnosis: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
ICD-9: 232,607.0,692.75
CPT: 11300-11313,11400-11446,11600-11646,13100-13160,14000-14350,17000-17108,17260-17286,
69110,69120,69300,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 257

Diagnosis: PRIMARY ANGLE-CLOSURE GLAUCOMA
Treatment: IRIDECTOMY, LASER SURGERY
ICD-9: 365.2,365.83
CPT: 65860,65865,65870,65875,65880,66150,66160,66165,66180,66250,66500-66505,66625-66635,
66761-66762,66990,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 258

Diagnosis: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-9: 370.0,370.35,918
CPT: 65275,65430,65600,65780-65782,67505,67515,68200,68360,68371,92002-92060,92070-92353,
92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 259

Diagnosis: TORSION OF OVARY
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-9: 620.5
CPT: 58660,58661,58662,58720,58770,58925,58940-58943,99024,99051,99060,99070,99078,99201-
99362,99374-99375,99379-99440
Line: 260

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Diagnosis: TORSION OF TESTIS
Treatment: ORCHIECTOMY, REPAIR
ICD-9: 608.2
CPT: 54512-54535, 54600, 54620, 54640, 54660, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 261

Diagnosis: LIFE-THREATENING EPISTAXIS
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
ICD-9: 784.7
CPT: 30520, 30540, 30545, 30560, 30620-30802, 30901-30906, 30915-30930, 31238, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 262

Diagnosis: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC
Treatment: FOREIGN BODY REMOVAL
ICD-9: 360.5-360.6
CPT: 65235, 65260-65265, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 263

Diagnosis: GLYCOGENOSIS
Treatment: MEDICAL THERAPY
ICD-9: 271.0
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 264

Diagnosis: METABOLIC BONE DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 731.0, 733.0
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 265

Diagnosis: PARKINSON'S DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 332
CPT: 61795, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 266

Diagnosis: CHRONIC PANCREATITIS
Treatment: MEDICAL THERAPY
ICD-9: 577.1, 577.8-577.9
CPT: 43260-43272, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 267

Diagnosis: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
Treatment: MEDICAL THERAPY
ICD-9: 334, 340-341
CPT: 31600, 31610, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 268

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99255
HCPCS: G0176, G0177, H0002, H0004, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S9484, T1005, T1013, T1016, T1023
Line: 269

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 443.1, 444.0-444.1, 444.8
CPT: 33320-33335, 33916, 34001, 34051, 34101, 34201-34203, 35081, 35331, 35363-35390, 35473, 35536-35551, 35560, 35623-35638, 35646-35647, 35651, 35681-35683, 35691-35695, 35741, 35761, 35800, 35875-35876, 35901, 36825-36830, 36834, 37184-37186, 37201-37202, 37204-37205, 37209, 49324-49326, 49435-49436, 92960-92998, 93797-93798
Line: 270

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Diagnosis: CHRONIC OSTEOMYELITIS (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 730.1-730.2,730.30,730.34,730.9
CPT: 11000-11044,15734,20000,20005,20150,20692,20900,20930-20938,20955-20957,20962,20969-20973,21620,21627,22548,22554,22556,22558,22585,22600-22614,22842-22847,22851,23035,23105,23130,23170-23182,23184,23220-23222,23395,23935,24134-24147,24150-24153,24420,24498,25035,25085,25119,25145-25151,25210,25215,25230,25240,25320,25337,26034,26230-26236,26951,26992,27070-27071,27075-27079,27187,27303,27360,27465-27466,27468,27607,27620,27640-27641,27745,28005,28120-28124,28810,28820,63081-63091,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 271

Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA
Treatment: THYROIDECTOMY
ICD-9: 193,194.8,237.4,246.0,258,758.5
CPT: 60210,60212,60220,60225,60240,60270-60271,60512
Line: 272

Diagnosis: DEFORMITIES OF HEAD (See Guideline Note 6)
Treatment: CRANIOTOMY/CRANIECTOMY
ICD-9: 733.3,738.1,756.0
CPT: 11971,14041,21076-21077,21137-21180,21182-21188,21256-21275,61312-61330,61340,61345,61550-61559,62010,62115-62121,62140-62141,62146-62148,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97602,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D5915,D5919,D5924,D5925,D5928,D5929,D5931,D5933
Line: 273

Diagnosis: DISEASES OF MITRAL AND TRICUSPID VALVES (See Guideline Note 6)
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
ICD-9: 391.1,394,396,424.0,424.2,746.89,V43.3,V58.61
CPT: 33420,33422,33425-33427,33430,33460-33465,33496,33530,33973-33974,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 274

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 187,233.5-233.6,236.6
CPT: 11623,11960-11971,15574,52240,54065,54120-54135,54220,55150-55180,58960,77014,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77600-77784,77790,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 275

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.0,194,198.7,234.8,237.0-237.4,259.2
CPT: 38510,60512,60540-60545,60600-60605,60650,62165,64788,77014,77261-77295,77300-77321,77331-77370,77402-77432,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 276

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 158,197.6,197.8,235.4-235.5
CPT: 39010,44820-44850,49081,49201,49255,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99375,99379-99440
HCPCS: G0243
Line: 277

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

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 5,9,17)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 162-163,164.2-164.9,165,195.1,197.0,197.2-197.3,231.1-231.2,231.9,235.7-235.8
CPT: 19260-19272,21610,22900,31600-31603,31636-31645,31770,31775,31785-31786,31820,31825,32020,32320,32440-32445,32480-32488,32500-32540,32657,32662,32900-32906,38542,38746,38794,39000-39010,39200,39220,39400,46917,49421,77014,77261-77295,77300-77315,77326-77370,77401-77470,77761-77790,78811-78816,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 278

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes 6,14)
Treatment: CARDIAC TRANSPLANT
ICD-9: 135,412,414,422,425,428,429.1,674.8,745.1,745.3,746.7,996.83,V58.61
CPT: 33940-33945,33975-33978,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 279

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA (See Guideline Notes 5,9,12)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 205.1,206.1,996.85,V59.3
CPT: 36680,38204-38215,38230-38242,96401-96571
HCPCS: G0243,G0267,S2142,S2150
Line: 280

Diagnosis: TRACHOMA
Treatment: MEDICAL THERAPY
ICD-9: 076,085.1-085.4,139.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 281

Diagnosis: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS
Treatment: MEDICAL THERAPY
ICD-9: 360.12,364.0-364.3
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 282

Diagnosis: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 080-083,085.0,085.5,085.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 283

Diagnosis: DIABETES INSIPIDUS
Treatment: MEDICAL THERAPY
ICD-9: 253.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 284

Diagnosis: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
Treatment: ENUCLEATION
ICD-9: 360.11,360.14,360.20,360.23-360.29,360.32,360.4,360.8
CPT: 65091,65093,65105,65125,65130,65135,65140,65150,65155,65175,67218,67560,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 285

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 188,189.2,198.1,233.7,236.7
CPT: 38562-38572,50125,50220-50290,50340,50544-50548,50553,50572,50650-50660,50825-50840,50976,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52327,52332,52355,52500,53210-53220,58960,77014,77261-77295,77300,77305-77370,77402-77417,77427,77470,77761-77790,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 286

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION
(See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 896,897.6-897.7
CPT: 11010-11012,20838,20920,20922,20924,27888,28800-28805,97001-97004,97012-97014,97022,
97032,97110-97124,97140-97535,97542,97760-97762,97602,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 287

Diagnosis: ACUTE POLIOMYELITIS (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 045
CPT: 92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-
97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 288

Diagnosis: LEPROSY, YAWS, PINTA
Treatment: MEDICAL THERAPY
ICD-9: 030,031.1,040.1,040.3,102-104
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 289

Diagnosis: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY
ICD-9: 590.0,590.80,590.9,595.0,595.2-595.3,595.8-595.9,598.00,599.0,601.0,604.0,604.90,
604.99,608.0
CPT: 50391,51700,51702-51703,52260,53450,54700,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 290

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 173,176,198.2,238.2
CPT: 11000-11044,11300-11313,11400-11446,11600-11646,12001-12057,13100-13153,13160,14000-
14061,14300,14350,15002-15005,15040,15100,15110-15116,15130-15176,15221,15240-15261,
15300-15366,15400,15420-15431,15570-15770,17000-17108,17260-17315,17340,21555-21557,
21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27048,27327-27329,
27615-27619,28043-28046,38700-38745,38760-38765,67950,67961,67966,67971,67973-67975,
69120,69145,69910,77014,77261-77295,77300-77321,77331-77370,77401-77470,79005-79445,
96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 291

Diagnosis: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Note 6)
Treatment: REPAIR
ICD-9: 901
CPT: 35211,35216,37616,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 292

Diagnosis: RUPTURE OF BLADDER, NONTRAUMATIC
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.6
CPT: 51860-51865,53080,53085,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 293

Diagnosis: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.3,298.1-298.3,298.9,299.8
CPT: 90801-90815,90821,90822,90828,90829,90846-90862,90882,90887,96101,99051,99060,99201-
99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,
S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 294

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: HYDROPS FETALIS

Treatment: MEDICAL THERAPY

ICD-9: 773.3,778.0

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 295

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

Treatment: SURGICAL TREATMENT

ICD-9: 718.12,718.17,718.22-718.27,718.3,718.71-718.79,728.6,732.4,736.21-736.22,736.5,
736.73-736.75,736.81,754.40-754.41,754.51-754.53,754.62,754.71,755.01,755.11-755.12,
755.2-755.4,755.54-755.55,755.58,830.0,831.0,832.0,833.0,834.0,835.0,836.3,836.5,
837.0,838.0,839.6,839.8,V54.81

CPT: 20690-20694,20900,20920-20924,21480,23470,23520-23552,23650-23680,23700,24101,24300,
24332,24343,24345-24346,24600-24640,25001,25024-25025,25109,25259,25275,25320,25335-
25337,25390-25394,25430-25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,
26035-26045,26060,26121-26180,26320,26340,26390,26440-26596,26641-26715,26770-26776,
26820,26841-26863,27095,27097,27100-27122,27140-27170,27179,27185,27250-27258,27265-
27275,27306-27307,27350,27420-27498,27550-27570,27580-27598,27600-27654,27656,27658-
27676,27680-27692,27698,27705,27715,27727-27742,27830-27832,27840-27848,27860,27892-
27894,28008-28072,28086-28092,28110-28118,28126-28160,28220-28280,28288-28289,28300-
28305,28307-28341,28360,28540,28545-28546,28555,28570,28575-28576,28585,28600,28605-
28606,28615,28630,28635-28636,28645,28660,28665-28666,28675,28705-28760,29049-29131,
29305-29445-29515,29590-29750,29861-29863,29873,29881-29882,29891-29892,29894,64702-
64704,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7810,D7820,D7830,S2115

Line: 296

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Note 28)

Treatment: COCHLEAR IMPLANT

ICD-9: 389.1

CPT: 69710-69718,69930,92601-92602,92626-92633

Line: 297

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS

Treatment: RETINAL REPAIR, VITRECTOMY

ICD-9: 361.0-361.2,361.31,361.8-361.9,379.25-379.26

CPT: 66990,67005-67112,67208,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440

Line: 298

Diagnosis: ARTHROPOD-BORNE VIRAL DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 060-066

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 299

Diagnosis: HYPOPLASIA AND DYSPLASIA OF LUNG

Treatment: MEDICAL THERAPY

ICD-9: 748.5

CPT: 31601-31603,31820,31825,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

Line: 300

Diagnosis: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS (See Guideline Note 6)

Treatment: MEDICAL THERAPY

ICD-9: 393,398

CPT: 92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440

Line: 301

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS

Treatment: THROMBECTOMY/LIGATION

ICD-9: 453.0-453.3,453.8-453.9

CPT: 34101,34401,34471,34490,34501-34502,34510-34530,35201-35286,35572,35681,35761,35800,
35820,35840,35875-35876,35905,35907,37140,37160,37182,37187-37188,37202,37205-37209,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 302

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 427.1, 427.4-427.5, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9, 429.4, 746.86
CPT: 31603, 31605, 32160, 33202-33261, 33265-33266, 33820, 33973-33974, 92960-92998, 93600-93652, 93724-93736, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 303

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.1
CPT: 90801-90829, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99255, 99304-99318
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023

Line: 304

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE

Treatment: MEDICAL THERAPY

ICD-9: 491.1-491.2, 492, 496, 508.1-508.9, 518.2, 518.3, 518.83
CPT: 94002-94005, 94640, 94644-94645, 94660-94668, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 305

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Note 6)

Treatment: SURGICAL TREATMENT

ICD-9: 441.0-441.1, 441.3, 441.5-441.6
CPT: 32110, 32120, 32124, 32820, 33320-33335, 33530, 33690, 33860-33891, 33916, 34520, 34803, 34805, 35081-35103, 35301-35311, 35331-35351, 35500-35515, 35526-35531, 35536-35551, 35560-35563, 35572, 35601-35616, 35626-35647, 35651, 35663, 35697, 35820, 35840, 35870-35876, 35905, 35907, 36825-36830, 36834, 75956-75959, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 306

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

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 323.5, 414.12, 443.21-443.24, 443.29, 519.01, 519.09, 536.41, 569.61, 996.0-996.2, 996.39, 996.4, 996.51, 996.56, 996.6-996.9, 997.0-997.5, 997.62, 997.71, 997.72, 997.79, 998.0, 998.11, 998.2-998.3, 998.5-998.6, 999.0-999.1, 999.3, 999.4, 999.8
CPT: 10121, 10140, 10180, 11008, 11043-11044, 13160, 20670-20680, 20693-20694, 20975, 21120, 21627, 21750, 22849-22850, 22852-22855, 23331-23332, 23472, 23800-23802, 24160-24164, 24430-24435, 24800-24802, 24925-24935, 25109, 25250-25251, 25415-25420, 25431-25446, 25449, 25907-26045, 26060-26565, 26568-26910, 26991, 27090-27091, 27132-27138, 27236, 27265-27266, 27284-27286, 27301, 27303, 27310, 27331, 27486-27488, 27580, 27590-27596, 27786, 27870, 27884, 28715, 31613-31614, 31750-31781, 31800-31830, 33206-33210, 33213, 33233-33238, 33240-33244, 33249, 33284, 33400-33478, 33496, 33510-33536, 33768, 33863, 34830, 35188-35190, 35301-35390, 35556, 35566-35571, 35583-35587, 35656, 35666-35671, 35700, 35800-35881, 35883-35884, 35901-35907, 36145, 36261, 36550, 36575-36590, 36818-36821, 36831-36870, 37203, 43772-43774, 43848, 43860, 43870, 44137, 47802, 49002, 49020-49021, 49402, 49422, 50065, 50135, 50225, 50370, 50398, 50405, 50525, 50727-50728, 50830, 50920, 50930-50940, 51705-51710, 51860-51880, 51900-51925, 52001, 54340-54352, 54390, 54406-54417, 57296, 61880, 61888, 62194, 62225-62230, 62256-62258, 62350-62365, 63660, 63688, 63744-63746, 64585, 64595, 65150-65175, 65710-65755, 65920, 75984, 92506-92508, 92526, 92607-92609, 92626-92633, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97602, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 307

Diagnosis: RUPTURE OF PAPILLARY MUSCLE (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 429.5-429.6
CPT: 33425, 33430, 33542, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 308

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 5, 9)

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

ICD-9: 202.4, 203.1, 204.1-204.9, 205.1-205.9, 206.1-206.9, 207.1-207.8, 208.1-208.9, 238.4
CPT: 36822, 77261-77295, 77300, 77305-77321, 77331-77370, 77401-77417, 77427, 79101, 96401-96571, 99024, 99051, 99060, 99070, 99078, 99195, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243

Line: 309

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)

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

ICD-9: 183.2-183.9,184,233.3,236.1,236.3

CPT: 38562-38572,56501,56515,56620,56625,56630-56640,57065,57106-57112,57520,57530,57550,58150,58180,58200,58210,58240,58260,58275,58285,58290,58943-58960,77014,77261-77295,77300,77305-77370,77401-77417,77427,77470,77750-77790,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0243

Line: 310

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)

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

ICD-9: 140-149,160-161,231.0,231.8,235.0-235.1,235.6,235.9

CPT: 13132,13151,14040-14061,15570,15732-15734,15756-15758,15760,20955-20957,30117-30118,30520,31075-31090,31200-31205,31225-31230,31300,31360-31368,31370,31380-31395,31540-31541,31600-31603,31611,31820,31825,38724,40500-40530,40810-40816,40819,40845,41110-41116,41120-41155,41820,41825-41827,41850,42104-42120,42280-42281,42842,42845,42410-42450,42500,42826,43450,43496,69110,69150,69155,69502,77261-77295,77300-77315,77326-77370,77401-77470,77750-77790,79005-79445,92506-92508,92526,92607-92609,92626-92633,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D5983,D5984,D5985,D7440,D7441,D7920,D7981,G0243

Line: 311

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA

Treatment: MEDICAL THERAPY

ICD-9: 284.0

CPT: 38204-38215,38242,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: G0267,S9355

Line: 312

Diagnosis: OSTEOPETROSIS (See Guideline Notes 5,9,12)

Treatment: BONE MARROW RESCUE AND TRANSPLANT

ICD-9: 756.52,996.85,V59.3

CPT: 36680,38204-38215,38230-38242,96401-96571

HCPCS: G0243,G0267,S2142,S2150

Line: 313

Diagnosis: CRUSH INJURIES OF DIGITS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 903.5,927.3,928.3

CPT: 11730,11760,20973,25300-25301,29130,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 314

Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 308

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99255

HCPCS: H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2013,H2021,H2022,H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1013,T1016,T1023

Line: 315

Diagnosis: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE

Treatment: MEDICAL THERAPY

ICD-9: 772.5-772.9

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 316

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
(See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC
PROCEDURE)
ICD-9: 046,049,062-063,090.40,094.0-094.2,094.8-094.9,137.1,138,139.0,139.8,191-192,225,
237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-
277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,315.4,317-319,323.8-
323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,
336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,
345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-
357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,718.4,727.81,728.1,728.3-728.4,
740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,
768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-
851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.3,907.5,907.9,909,
952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,
989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0,V54.81
CPT: 14040,20550,20664,21610,23020,23800-23802,24301-24331,24800-24802,25280-25290,25310-
25316,25320,25332,25337,25800-25805,25830,26442,26474,26490,27000-27006,27036,27097-
27122,27140,27306-27307,27325-27326,27390-27400,27435,27605-27606,27612,27676-27692,
27705,27870-27871,28005,28010-28011,28130,28220-28234,28240,28300-28305,28307-28312,
28705-28725,28737-28760,29895,32501,61215,61343,62161-62162,62360-62362,63600,63610,
63650-63655,63685,64614,64763,92531-92542,92544-92548,95873-95874,97001-97004,97012-
97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 317

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 751.6
CPT: 43262,43268,47400-47490,47510-47530,47554-47556,47564,47570,47600-47900,48548,49422,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 318

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
ICD-9: 191-192,198.3-198.4,237.5-237.9
CPT: 37202,61312-61321,61500-61501,61510-61512,61516-61521,61530,61586,61592,61600-61608,
61615-61616,61750-61751,61770,61793-61795,62140-62148,62164-62165,62223,62350-62368,
63265,63275-63290,63300-63308,63615,64784-64792,64802-64818,77014,77261-77295,77300-
77315,77326-77372,77401-77470,77520-77790,79005-79445,95990-95991,96401-96571,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 319

Diagnosis: CATARACT, EXCLUDING CONGENITAL (See Guideline Note 29)
Treatment: EXTRACTION OF CATARACT
ICD-9: 366.0-366.3,366.45-366.46,366.8-366.9,V43.1
CPT: 65770,66250,66682,66825,66830,66840,66850-66852,66920-66984,66986-66990,67010,92002-
92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 320

Diagnosis: AFTER CATARACT
Treatment: DISCUSSION, LENS CAPSULE
ICD-9: 366.5
CPT: 66820-66825,66830,66985-66990,92002-92060,92070-92353,92358-92371
Line: 321

Diagnosis: FISTULA INVOLVING FEMALE GENITAL TRACT
Treatment: CLOSURE OF FISTULA
ICD-9: 619
CPT: 44660,46715,50650-50660,50930,51900-51920,57300-57311,57320,57330,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 322

Diagnosis: VITREOUS DISORDERS
Treatment: VITRECTOMY
ICD-9: 379.21-379.23
CPT: 67036-67038,67040,67210,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 323

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CLEFT PALATE AND/OR CLEFT LIP
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-9: 749.0-749.2, 750.25
CPT: 14060, 20900, 21079-21080, 21082-21083, 30462, 30600, 40500-40520, 40650-40720, 40761, 40810-40845, 42145, 42200-42227, 42235-42281, 92506-92508, 92526, 92607-92609, 92626-92633, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: D5932, D5933, D5954, D5955, D5958, D5959, D5960, D5987, D7111, D7140, D7210, D7250, D7260, D7340, D7350, D7912, D8010, D8020, D8030, D8040, D8050, D8060, D8070, D8080, D8090, D8210, D8220, D8660, D8670, D8680, D8690, D8691, D8692, D8693, D8999
Line: 324

Diagnosis: GOUT AND CRYSTAL ARTHROPATHIES
Treatment: MEDICAL THERAPY
ICD-9: 274, 712
CPT: 20605, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 325

Diagnosis: PERTUSSIS AND DIPHTHERIA
Treatment: MEDICAL THERAPY
ICD-9: 032-033
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 326

Diagnosis: THROMBOCYTOPENIA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 287.1, 287.3-287.5
CPT: 38100, 38102, 38120, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 327

Diagnosis: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU)
Treatment: MEDICAL THERAPY
ICD-9: 270.0, 270.2-270.9
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 328

Diagnosis: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
ICD-9: 474.0, 480.1
CPT: 31600-31603, 31820, 31825, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 329

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 445.81, 445.89, 447.0, 447.2-447.9, 593.81, 747.82
CPT: 34151, 35471, 35480, 35501-35515, 35526-35531, 35536-35551, 35560-35563, 35601-35616, 35626-35646, 35663, 37607, 62294, 63250-63252, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 330

Diagnosis: PARALYTIC ILEUS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.1, 560.31
CPT: 47562, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 331

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below) (See Guideline Note 14)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-9: 277.03, 453.0, 571.2, 571.5-571.6, 751.62, 774.4, 777.8, 996.82, V42.0, V59.6
CPT: 47133-47147, 50300, 50323-50365, 76776
Line: 332

Liver-kidney transplant only covered for a documented diagnosis of Caroli's disease (751.62).

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CHRONIC INFLAMMATORY DISORDER OF ORBIT
Treatment: MEDICAL THERAPY
ICD-9: 376.1
CPT: 67515,68200,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 333

Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 736.31-736.32,754.3,755.61-755.62
CPT: 27179,27181,27185,27256-27259,29861-29863,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 334

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
ICD-9: 370.0,371.0-371.1,371.21,371.23,371.4-371.7
CPT: 65286,65400,65450,65710-65730,65750-65755,65772,65775-65782,65920,66250,66825,66985-66990,68371,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0820
Line: 335

Diagnosis: DISORDERS INVOLVING THE IMMUNE SYSTEM
Treatment: MEDICAL THERAPY
ICD-9: 279,287.0,759.0
CPT: 95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 336

Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9,30)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 150,195.2,230.1
CPT: 15734,31540,38542,38720-38724,38794,43100-43124,43216,43219-43227,43248-43250,43340-43341,43360-43361,43496,44139-44147,44206-44208,44213,44300,77014,77261-77295,77300-77315,77331-77370,77402-77427,77470,77761-77790,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 337

Diagnosis: CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9,30)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.0,155.2,197.7,235.3
CPT: 36260-36262,37204,37617,47120-47130,47370-47371,47380-47382,47562,47600-47620,47711-47712,48150,49080,77014,77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79005-79440,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 338

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9,30)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 157.0-157.3,157.8-157.9,230.9
CPT: 43219,43262,43267-43268,43271-43272,47721,47741,47760,47785,48140-48155,77014,77261-77295,77300,77305-77315,77331-77370,77402-77417,77427-77470,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 339

Diagnosis: STROKE (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 433.01,433.11,433.21,433.31,433.81,433.91,434,436,437.0,437.1,437.6,747.81,V58.61
CPT: 34001,35301,35390,37195,37215-37216,61680,61793-61795,77014,77261-77295,77300-77301,77336,77370-77372,77417-77432,92506-92508,92526,92607-92609,92626-92633,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99364,99374-99375,99379-99440
Line: 340

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA

Treatment: MEDICAL THERAPY

ICD-9: 277.6,995.1

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 341

Diagnosis: PURULENT ENDOPHTHALMITIS

Treatment: VITRECTOMY

ICD-9: 360.0,360.13

CPT: 65800,66020,66030,67005-67036,67515,68200,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 342

Diagnosis: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC

Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY

ICD-9: 930.0-930.2,930.8-930.9

CPT: 65205-65222,67938,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 343

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY

Treatment: SURGICAL TREATMENT

ICD-9: 442.0,442.3,442.9

CPT: 24900-24931,25900-25931,26910-26952,27590-27598,27880-27889,28800-28825,35001-35002,35011,35013-35021,35141-35152,35572,35682-35683,35875-35876,35903,37609,64802-64818

Line: 344

Diagnosis: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 527.2-527.4

CPT: 40810-40816,42300-42320,42330,42335,42340,42408,42410,42415-42420,42440-42509,42600,42650-42665,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7980,D7981,D7982,D7983

Line: 345

Diagnosis: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS

Treatment: MEDICAL THERAPY

ICD-9: 123.1-123.9,124

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 346

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Note 6)

Treatment: SURGICAL TREATMENT

ICD-9: 441.2,441.4,441.7,441.9,442

CPT: 33320-33335,33530,33860-33891,33916,34800-34834,34900,35001-35081,35091,35102,35111-35152,35188,35301-35311,35331-35351,35500-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35651,35663,35682-35683,35697,35820,35840,35875-35876,35905,35907,36825-36830,36834,37565-37606,37618,61680-61700,75956-75959,92960-92998,93797-93798,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 347

Diagnosis: ARTERIAL ANEURYSM OF NECK (See Guideline Note 6)

Treatment: REPAIR

ICD-9: 442.81-442.82,442.89

CPT: 35321,35516-35518,35572,35691-35695,35800,35820,35875-35876,35901,35905,37205-37208,92960-92998,93797-93798

Line: 348

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER
OUTLET OBSTRUCTION (See Coding Specification Below)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 595.1,596.0,596.3-596.5,596.7-596.9,598.1-598.9,599.82-599.89,600.01,600.11,600.21,600.91,607.3,608.1,608.83,608.87,939.0,939.1,939.3,939.9

CPT: 50845,51040,51700,51702-51703,51715,51800-51845,51880-51980,52001,52010,52214-52240,52260-52285,52305-52315,52355-52400,52500,52510,52601,52606,52612-52648,53020,53040,53400-53500,53600-53621,53660-53665,54115,54161,54220,54230-54231,54235,54240,54250,54420-54435,54520,54640,54670,54680,54700,54830-54861,54900-54901,55400,55450,55520,55600,55605,55650,55680,55801,55821,55862-55865,57220,57287,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 349

ICD-9-CM codes 600.01, 600.11, 600.21, and 600.91, benign prostatic hypertrophy with urinary obstruction, are only included on this line when post-void residuals are at least 150 cc's.

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See Guideline Note 5)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.0,580.8-580.9,583.0-583.7,584
CPT: 36145,36800-36819,36821,36831-36833,36835,36838,36870,49324-49326,49422,49435-49436,90918-90997,93990,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0308,G0309,G0310,G0311,G0312,G0313,G0314,G0315,G0316,G0317,G0318,G0319,G0320,G0321,G0322,G0323,G0324,G0325,G0326,G0327
Line: 350

Diagnosis: VESICULAR FISTULA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.1-596.2
CPT: 51800-51845,51880-51980,53080,53085,53660-53661,57330,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 351

Diagnosis: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES
Treatment: MEDICAL THERAPY
ICD-9: 114-116,117.0-117.4,117.6-117.8,118,518.6
CPT: 32662,33405-33417,33420-33430,33973-33974,35180,35182,35184,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 352

Diagnosis: DISSEMINATED INTRAVASCULAR COAGULATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 286.6
CPT: 11040-11041,15200,15220,15240,15260,25900-25905,25915-25920,25927,26910-26952,27598,27880-27882,27888-27889,28800-28825,30150,54130-54135,69110-69120,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 353

Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 185,233.4,236.5
CPT: 38562-38572,38780,51700,52010,52234,52240,52281,52400,52510,52601,52612-52648,53600-53601,54520,54530,55810-55845,55860-55866,58960,77014,77261-77295,77300,77305-77315,77326-77370,77402-77417,77427,77776-77790,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 354

Diagnosis: SYSTEMIC SCLEROSIS
Treatment: MEDICAL THERAPY
ICD-9: 710.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 355

Diagnosis: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
ICD-9: 040.0,526.4,526.89,639.0,639.6,670.02,670.04,673.0,686.0,709.3,728.0,730.2,730.30,730.9,785.4,958.0,990,996.52,996.7,999.1
CPT: 99183
Line: 356

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) (See Guideline Note 31)
Treatment: BASIC RESTORATIVE
ICD-9: 521.0,521.3,526.0-526.3,526.8-526.9,V72.2
HCPCS: D2140,D2150,D2160,D2161,D2330,D2331,D2332,D2335,D2339,D2391,D2392,D2393,D2394,D2930,D2931,D2932,D2933,D2951,D2955,D2980,D3310,D3320,D3330,D3331,D3332,D3333,D3346,D3410,D7450,D7451,D7465,D7530,D7540,D7550,D9310,D9930,D9999
Line: 357

Diagnosis: BENIGN CEREBRAL CYSTS
Treatment: DRAINAGE
ICD-9: 348.0,349.2
CPT: 61120,61150-61151,61314-61316,61516,61522-61524,61680-61710,61795
Line: 358

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER
Treatment: MEDICAL THERAPY
ICD-9: 571.0-571.3, 571.5-571.6, 572.2-572.3, 572.8
CPT: 49080-49081, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 359

Diagnosis: SCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.00, 379.03-379.09, 379.11-379.16
CPT: 66130, 66220, 66225, 66250, 67250, 67255, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 360

Diagnosis: RUBEOSIS IRIDIS
Treatment: LASER SURGERY
ICD-9: 364.42, 364.7
CPT: 65875, 66170, 66720, 67228, 67500, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 361

Diagnosis: DISEASES OF ENDOCARDIUM (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 424
CPT: 32660, 33496, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 362

Diagnosis: WOUND OF EYE GLOBE
Treatment: SURGICAL REPAIR
ICD-9: 871
CPT: 65270, 65272-65273, 65280-65285, 65290, 66680, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 363

Diagnosis: ACUTE NECROSIS OF LIVER
Treatment: MEDICAL THERAPY
ICD-9: 570, 573.3
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 364

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS (See Guideline Note 5)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 403, 581.0-581.3, 581.8-581.9, 582, 587-589, 593.9
CPT: 36145, 36800-36819, 36821, 36825-36833, 36835, 36838, 36870, 49324-49326, 49420-49422, 49435-49436, 90918-90997, 93990, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0308, G0309, G0310, G0311, G0312, G0313, G0314, G0315, G0316, G0317, G0318, G0319, G0320, G0321, G0322, G0323, G0324, G0325, G0326, G0327, S9355
Line: 365

Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 420.91, 422.91
CPT: 31750, 31760, 32659-32661, 33010-33011, 33015, 33020, 33025, 33030-33031, 33050, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 366

Diagnosis: HEREDITARY HEMORRHAGIC TELANGIECTASIA
Treatment: EXCISION
ICD-9: 448.0
CPT: 11400-11426, 45382
Line: 367

Diagnosis: RHEUMATIC FEVER (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 390, 392.9
CPT: 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 368

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES
Treatment: MEDICAL THERAPY
ICD-9: 271.2-271.9
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 369

Diagnosis: ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 226, 227.0, 227.4-227.9, 253.0, 253.1, 253.6, 253.9
CPT: 60200-60240, 60270-60271, 60512, 60600-60605, 60650, 61548, 62100, 79005-79445, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243
Line: 370

Diagnosis: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
ICD-9: 362.21
CPT: 67101-67121, 92002-92060, 92070-92353, 92358-92371
Line: 371

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 046, 049, 062-063, 090.40, 094, 137.1, 138, 139.0, 139.8, 161.8, 191-192, 225, 237.5-237.7, 243, 250.6, 250.8, 263.2, 270, 271.0-271.1, 271.9, 272.7-272.9, 275.1, 277.1-277.2, 277.5, 277.8-277.9, 290, 294.1, 294.8, 299.0-299.1, 299.8, 310, 315.3, 317-319, 323.8-323.9, 326, 330.0-330.1, 330.8-330.9, 331-332, 333.0, 333.4-333.7, 333.90-333.93, 334-335, 336.0-336.1, 336.8-336.9, 337.0, 337.3, 340-344, 345.01, 345.11, 345.41, 345.51, 345.61, 345.71, 345.81, 345.91, 348.0-348.1, 348.3-348.9, 349.82, 349.89, 349.9, 356, 357.0, 357.5-357.9, 359.0-359.4, 359.8-359.9, 431-432, 434, 436, 438, 728.1, 728.3, 740-742, 747.82, 754.89, 756.5, 758, 759.4-759.5, 759.7-759.9, 760-762, 764-765, 767.0, 767.4, 768.2-768.9, 770.1, 771-773, 779.7, 781.8, 797, 850.4, 851.03-851.06, 851.1-851.3, 851.43-851.46, 851.5-851.7, 851.83-851.86, 851.9, 852-854, 905.0, 907.0-907.5, 907.9, 909, 952-953, 958.0-958.1, 958.4, 958.6, 961.1-961.2, 964.0, 965.0, 966-971, 974, 980, 982, 984-985, 989, 994.0-994.1, 994.7-994.8, 995.0-995.1, 995.4-995.6, 995.8, 997.0, 998.0
CPT: 21084, 31611, 61215, 70370-70371, 92506-92508, 92607-92609, 92626-92633, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 372

Diagnosis: CARDIAC ARRHYTHMIAS (See Guideline Note 6)
Treatment: MEDICAL THERAPY, PACEMAKER
ICD-9: 426, 427.0, 427.2-427.3, 427.6, 427.8-427.9, 429.4, V58.61
CPT: 33202-33203, 33206-33208, 33210, 33211-33226, 33233-33238, 33250-33256, 33261, 33265-33266, 33973-33974, 92960-92998, 93600-93652, 93724-93736, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99364, 99374-99375, 99379-99440
Line: 373

Diagnosis: MILD/MODERATE BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY
ICD-9: 767.19, 767.2-767.3, 767.5-767.9, 768.9
CPT: 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97150, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 374

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 440.2-440.9, 444.2, 445.01-445.02, 447.1
CPT: 20605, 27590, 34101, 34111, 34201, 35081, 35302-35306, 35361, 35371, 35450-35495, 35500, 35510, 35512, 35516-35525, 35533, 35539-35540, 35556-35558, 35565-35587, 35606, 35621, 35623, 35646-35661, 35665-35671, 35682-35686, 35701, 35721, 35741, 35761, 35860, 35875-35881, 35903, 36002, 37184-37186, 37205-37209, 37609, 64802-64818, 64821-64823, 93668, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 375

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: URINARY TRACT CALCULUS
Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY
ICD-9: 592.1, 592.9, 594.9, 692.77
CPT: 50382-50389, 50392, 50553, 50561, 50572, 50590, 50600-50630, 50900, 50945, 50961, 50970, 50976, 50980, 52310-52318, 52320, 52325, 52330, 52332, 52334, 52352-52353, 53020, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 376

Diagnosis: CONGENITAL ABSENCE OF VAGINA
Treatment: ARTIFICIAL VAGINA
ICD-9: 752.49
CPT: 56800, 57291-57295, 57800
Line: 377

Diagnosis: PENETRATING WOUND OF ORBIT
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 376.6, 870.3-870.4, 870.8, 870.9, 950
CPT: 12011-12013, 12051-12052, 13132, 13150-13152, 67405, 67412-67414, 67420-67445, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 378

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline Note 6)
Treatment: OPEN OR CLOSED REDUCTION
ICD-9: 732.1-732.2, 733.1, 733.93-733.95, 810.0, 811.0, 812.0, 812.2, 812.4, 813.0, 813.2, 813.4, 813.8, 814.0, 815.0, 816.0, 817.0, 818.0, 819.0, 820.0, 821.0, 821.2, 822.0, 823.0, 823.2, 823.8, 824.0, 824.2, 824.4, 824.6, 824.8, 825.0, 825.2, 827.0, 828.0, 905.2-905.5, V54.0, V54.10-V54.12, V54.14-V54.16, V54.20-V54.27
CPT: 20680, 20690-20694, 20900, 22610-22614, 23470, 23500-23515, 23570-23630, 24130, 24500-24516, 24530-24587, 24650-24685, 25119, 25210-25240, 25259, 25320, 25337, 25350-25375, 25390-25393, 25440-25447, 25450, 25455, 25490-25492, 25500-25575, 25600-25652, 25671, 25800-25830, 26520, 26600-26615, 26645-26650, 26676, 26720-26770, 27175-27178, 27181, 27230-27236, 27244, 27330, 27350, 27409, 27424, 27430-27435, 27465-27468, 27496-27540, 27610, 27656, 27664, 27712, 27750-27762, 27766, 27780-27792, 27808-27829, 27846-27848, 27892-27894, 28400-28531, 28730, 29049-29131, 29305-29445, 29505, 29515, 29700-29710, 29720-29740, 29850-29856, 29874-29879, 29897-29898, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 379

Diagnosis: HEARING LOSS - AGE 5 OR UNDER
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00, 388.02, 388.1-388.2, 388.4-388.5, 388.8, 389
CPT: 69424, 69433, 69436, 92562-92597, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 380

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Guideline Notes 6,13)
Treatment: ARTHROPLASTY/RECONSTRUCTION
ICD-9: 714.0, 714.3, 715.1-715.3, 715.9, 716.1, 732.7, 733.4, V54.81
CPT: 20610, 20692, 23120, 23470-23472, 23800-23802, 24102, 24130, 24160, 24164, 24360-24366, 24800-24802, 25000, 25115-25119, 25240, 25270, 25320, 25337, 25390-25393, 25441-25450, 25455, 25490-25492, 25800, 25810, 25820, 25825, 25830, 26320, 26516-26536, 26850, 26990-26992, 27036, 27090-27091, 27122-27132, 27187, 27284-27286, 27358, 27437-27454, 27457, 27580, 27620-27626, 27641, 27700-27704, 27870-27871, 28090, 28104, 28114-28116, 28122, 28725, 28740, 28750, 29819-29826, 29834-29838, 29843-29848, 29861-29863, 29871-29876, 29884-29887, 29894-29899, 77014, 77261-77295, 77300, 77305-77315, 77331-77336, 77401-77427, 77470, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 381

Diagnosis: ANEURYSM OF PULMONARY ARTERY (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 417.0, 417.1, 417.8-417.9, 901.41
CPT: 32480-32486, 32488, 32500-32501, 32540, 33726, 33910-33915, 33917-33920, 33922, 33973-33974, 92960-92998, 93797-93798, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 382

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: BODY INFESTATIONS (EG. LICE, SCABIES)
Treatment: MEDICAL THERAPY
ICD-9: 132-134
CPT: 96900-96922, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 383

Diagnosis: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 088
CPT: 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 384

Diagnosis: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS
Treatment: MEDICAL THERAPY
ICD-9: 333.0-333.7, 333.81, 333.83, 333.89, 333.90, 333.92, 478.74-478.75
CPT: 31513, 31570-31571, 31582, 64612-64613, 95873-95874, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 385

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-9: 577.2
CPT: 43240, 48001, 48020, 48105, 48120-48148, 48152-48154, 48500-48540, 48548, 49423-49424, 64680, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 386

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99255
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2027, H2032, S9484, T1013, T1016, T1023
Line: 387

Diagnosis: ACUTE SINUSITIS (See Guideline Note 32)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 461
CPT: 31000-31090, 31256, 31276, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S2342
Line: 388

Diagnosis: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
ICD-9: 364.41
CPT: 65805-65815, 65930, 92002-92060, 92070-92353, 92358-92371
Line: 389

Diagnosis: ENTROPION
Treatment: REPAIR
ICD-9: 374.0
CPT: 67820-67850, 67880-67882, 67921-67924, 67950, 67961, 67966, 67971, 67973-67975, 92002-92060, 92070-92353, 92358-92371
Line: 390

Diagnosis: SPONTANEOUS ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 631, 634.2-634.9
CPT: 59812, 59820, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 391

Diagnosis: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; HYPERTROPHY OF TONSILS AND ADENOIDS; ULCER OF TONSIL (See Guideline Note 32)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-9: 034, 101, 474.0-474.1, 474.8
CPT: 42820-42821, 42825-42826, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 392

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: GIARDIASIS, INTESTINAL HELMINTHIASIS
Treatment: MEDICAL THERAPY
ICD-9: 007.1,120-122,123.0,125-129
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 393

Diagnosis: AMBLYOPIA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 368.0
CPT: 65780-65782,66820-66986,67311-67340,67343,67345,67901-67909,68135,68320,68325-68326,68328,68335,68340,68371,92002-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 394

Diagnosis: SOMATIZATION DISORDER; SOMATIFORM PAIN DISORDER
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.7,300.81-300.82,300.9,306,307.80,307.89
CPT: 90801,90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0037,H0038,H2010,H2021,H2022,H2023,H2027,H2033,S9484,T1013,T1016,T1023
Line: 395

Diagnosis: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
ICD-9: 986-987,993.3
CPT: 99183
Line: 396

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,34)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 344.6,722.0-722.2,722.7,723.4,724.4,742.59
CPT: 20931,20938,22548,22554,22556,22558,22585,22612,22630,22632,22808,22840,22845,22851,22855,55870,62284,62287,62290-62291,62350-62351,62355,62362,62365,62367-62368,63001-63091,63170-63200,63300-63308,63600,63610,63650-63655,63685,64421,95990-95991,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2350,S2351
Line: 397

Diagnosis: ENCEPHALOCELE
Treatment: SURGICAL TREATMENT
ICD-9: 742.0
CPT: 20664,61020,61070,61107,61210-61215,61322-61323,62100,62120-62121,62160-62163,62180-62258,62272,63740-63746
Line: 398

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 212
CPT: 19260-19272,21627,21630,31512,31541-31546,31636-31640,31770,31775,32320,32480-32488,32540,32657,32661-32662,33120,33130,39000-39010,39220,77014,77261-77295,77315,77326-77370,77402-77470,77520-77790,79005-79445,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 399

Diagnosis: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM
Treatment: SURGICAL TREATMENT
ICD-9: 621.4,623.2-623.3,626.8,752.40,752.42
CPT: 56442,56700,57130,57400,57500,58120
Line: 400

Diagnosis: RETINAL TEAR
Treatment: LASER PROPHYLAXIS
ICD-9: 361.30,361.32-361.33
CPT: 67141-67145,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 401

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 380.0,380.11,380.21,383.3,383.81,383.89,384.1,384.8,385

CPT: 21235,69220,69420-69450,69501-69505,69511,69530-69535,69601-69605,69610,69620-69646,69662,69670,69700,69905,69910,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 402

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

ICD-9: 726.5,727.59,727.62-727.65,727.67-727.69,728.83,728.89,840.0-840.3,840.5-840.9,841-843,845.0

CPT: 20610,23430,24340-24342,25310,26357-26392,26418-26437,26474,26497,26775-26776,27380-27386,27650-27654,27658-27659,27665,27675,27695-27698,27829,28200-28210,29065-29280,29345,29355-29365,29405,29425,29440,29445,29505,29515-29540,29700,29705,29730,29740,29861-29863,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 403

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 Note 6,35)

Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)

ICD-9: 046,049,062-063,090.40,094,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.90-333.93,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,369.0-369.8,431-432,434,436,438,728.1,728.3,736,740-742,747.82,754.89,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.1,995.4-995.6,995.8,997.0,998.0

CPT: 61215,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2117

Line: 404

Diagnosis: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS

Treatment: MEDICAL THERAPY

ICD-9: 284.8-284.9,285.2

CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 405

Diagnosis: ESOPHAGEAL STRICTURE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 530.3

CPT: 32110,32120,32124,32820,43219-43220,43226,43245,43248-43249,43330,43410,43415,43420,43425,43450-43456,43653,43830,43832,44300,44372-44373,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 406

Diagnosis: CHRONIC ULCER OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 454.0,454.2,459.11,459.13,459.31,459.33,707

CPT: 10060-10061,11000-11044,14000-15136,15300-15321,15400-15421,15570-15770,15920-15958,27598,28122,28810,29580,37700-37785,97036,97602,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: D7920

Line: 407

Diagnosis: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS

Treatment: SURGICAL TREATMENT

ICD-9: 530.10,530.11,530.19,530.6,530.81-530.83,530.89,551.3,552.3,553.3

CPT: 32800,39502-39541,39560,39561,43030,43130,43135,43280,43324,43330-43331

Line: 408

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.51,307.54
CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255,99304-99318
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,
H0038,H0039,H0045,H2011,H2012,H2013,H2014,H2010, H2021,H2022,H2023,H2027,H2032,S5151,
S9125,S9480,S9484,T1005,T1013,T1016,T1023
Line: 409

Diagnosis: SUPERFICIAL INJURIES WITH INFECTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 910.1,910.3,910.5,910.7,910.9,911.1,911.3,911.5,911.7,911.9,912.1,912.3,912.5,912.7,
912.9,913.1,913.3,913.5,913.7,913.9,914.1,914.3,914.5,914.7,914.9,915.1,915.3,915.5,
915.7,915.9,916.1,916.3,916.5,916.7,916.9,917.1,917.3,917.5,917.7,917.9,919.1,919.3,
919.5,919.7,919.9,958.3
CPT: 10120,10121,10140,10160,11000-11001,12001-12014,97602,99024,99051,99060,99070,99078,
99201-99362,99374-99375,99379-99440
Line: 410

Diagnosis: PITUITARY DWARFISM
Treatment: MEDICAL THERAPY
ICD-9: 253.3
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 411

Diagnosis: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.21
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,
99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,
H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005,T1013,
T1016,T1023
Line: 412

Diagnosis: ACUTE OTITIS MEDIA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 381.0,381.51,381.8-381.9,382.0,382.4,382.9,384.0,993.0
CPT: 69210,69420-69421,69424,69433,69436,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 413

Diagnosis: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.01,300.21-300.22
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,
99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,
H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9480,S9484,T1005,T1013,T1016,T1023
Line: 414

Diagnosis: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-9: 464.01,464.1-464.4,464.51
CPT: 31600-31605,31820-31830,99024,99051,99060,99070,99078,99201-99362,99374-99375,
99379-99440
Line: 415

Diagnosis: ACHALASIA, NON-NEONATAL
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 513.1,519.2,530.0,530.5
CPT: 39000-39010,43219-43220,43324-43325,43330-43331,43450,43456-43458,43460,99024,99051,
99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2079
Line: 416

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Note 36)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 617
CPT: 49200-49201,49322,58145-58150,58260-58263,58290-58292,58550,58552-58553,58660-58662,
58740,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 417

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CALCULUS OF BLADDER OR KIDNEY
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY
ICD-9: 592.0, 594.0-594.1, 594.8
CPT: 50060-50081, 50130, 50382-50389, 50392-50393, 50395, 50580-50590, 50700-50715, 50961, 52310-52318, 52330, 52332, 52334, 52352-52353, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 418

Diagnosis: ESOPHAGITIS
Treatment: MEDICAL THERAPY
ICD-9: 530.1-530.2, 530.6, 530.81-530.83, 530.85, 530.89, 530.9
CPT: 43248-43249, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 419

Diagnosis: ANOGENITAL VIRAL WARTS
Treatment: MEDICAL THERAPY
ICD-9: 078.1
CPT: 11420-11426, 17000-17004, 46900-46924, 54050-54065, 56501, 56515, 57061, 57065, 57150, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 420

Diagnosis: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50, 307.54, 307.59
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99255, 99304-99318
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 421

Diagnosis: LYMPHADENITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 289.1, 289.3, 683
CPT: 10060-10061, 38300-38308, 38505-38542, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 422

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note 37)
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY
ICD-9: 218-219, 621.0-621.2
CPT: 58120-58180, 58260-58263, 58290-58292, 58541-58553, 58559, 58561, 58670-58671, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S2078, S2250
Line: 423

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: INTRAOCULAR LENS
ICD-9: 379.3
CPT: 65750, 65765, 65767, 66825, 66985-66990, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 424

Diagnosis: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING
Treatment: RECONSTRUCT OF EAR CANAL
ICD-9: 380.5, 744.00-744.05, 744.09
CPT: 15040, 15110-15120, 15130-15176, 15300-15366, 15420-15431, 69310-69320, 69631-69637, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 425

Diagnosis: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.12-300.15, 300.6
CPT: 90801-90829, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99255
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 426

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY
ICD-9: 757.39
CPT: 11000-11001,96900-96922,97001-97004,97012-97014,97022,97032,97110-97124,97140-97150,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 427

Diagnosis: DELIRIUM DUE TO MEDICAL CAUSES
Treatment: MEDICAL THERAPY
ICD-9: 293.0-293.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 428

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 6,38)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 721.1,721.4-721.6,721.91,723.0,724.0,732.0,737.0-737.3,737.8-737.9,754.1-754.2,
756.13-756.17,756.19,756.3
CPT: 20930-20938,21720,21725,22210-22226,22548,22554-22585,22590-22632,22800-22855,29000,
29010,29015,29020,29025,29035,29040,29044,29046,29710,29715,29720,62284,62287,62290-
62291,63001-63091,63170-63200,63295,63300-63308,63600,63610,63650-63655,63685,77014,
97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,99024,99051,99060,99070,
99078,99201-99362,99374-99375,99379-99440
Line: 429

Diagnosis: MIGRAINE HEADACHES
Treatment: MEDICAL THERAPY
ICD-9: 346
CPT: 92002,92004,92012,92014,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 430

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.0,301.22
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,
99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,
H0039,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,
S9480,S9484,T1005,T1013,T1016,T1023
Line: 431

Diagnosis: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 607.1,607.81-607.83,607.85,607.89
CPT: 53431,54000-54001,54015,54110-54112,54200-54205,54230-54231,54235,54240,54250,54450,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 432

Diagnosis: SICCA SYNDROME; POLYMYALGIA RHEUMATICA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 710.2,725
CPT: 68760-68761,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 433

Diagnosis: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT
OCCLUSION
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
ICD-9: 362.34,388.02,433.00,433.10,433.20,433.30,433.80,433.90,435
CPT: 34001,35301,35390,37215-37216,61680,61795,99024,99051,99060,99070,99078,99201-99362,
99374-99375,99379-99440
Line: 434

Diagnosis: PERIPHERAL NERVE ENTRAPMENT (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 354.0,354.2,355.5,723.3,728.6
CPT: 20526,25109,25111,25118,25447,26035-26045,26060,26121-26180,26320,26440-26498,28035,
29105,29125,29848,64702-64704,64718-64727,64774-64783,64788-64792,64856-64857,64872-
64907,97001-97004,97012,97014,97022,97032,97110-97124,97140,97150,98925-98942,99024,
99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 435

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: MENIERE'S DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 386.0
CPT: 69666-69667, 69805-69806, 69915, 69950, 92531-92542, 92544-92548, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 436

Diagnosis: DISORDERS OF SHOULDER (See Guideline Note 6)
Treatment: REPAIR/RECONSTRUCTION
ICD-9: 718.01, 718.11, 718.21, 718.31, 718.51, 718.81, 726.0, 726.10-726.11, 726.19, 726.2, 727.61, 840.4, 840.7
CPT: 20550, 20600-20615, 23000, 23020, 23105-23130, 23190-23195, 23395, 23410-23420, 23440-23466, 23490-23491, 23700, 29807, 29819-29827, 29873, 97001-97004, 97012-97014, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 98925-98942, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 437

Diagnosis: INCONTINENCE OF FECES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 787.6
CPT: 46750-46762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 438

Diagnosis: OPPOSITIONAL DEFIANT DISORDER (See Guideline Note 39)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.9, 313.81
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99255
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2012, H2014, H2021, H2022, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 439

Diagnosis: SARCOIDOSIS
Treatment: MEDICAL THERAPY
ICD-9: 135
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 440

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 349.0, 519.00, 519.02, 530.86-530.87, 536.40, 536.42, 536.49, 569.60, 569.62, 569.69, 990, 996.30-996.32, 996.52-996.54, 996.57, 996.59, 997.60-997.61, 997.69, 997.91, 997.99, 998.12-998.13, 998.4, 998.7, 998.82-998.89, 999.2, 999.5-999.7
CPT: 10140, 10160, 11976-11977, 11982-11983, 15002-15005, 15040, 15110-15116, 15130-15176, 15300-15366, 15400-15431, 19328-19330, 19371-19380, 20680, 20694, 21120, 21501, 22849-22850, 22852-22855, 24160-24164, 25250-25251, 25449, 26320, 27090-27091, 27132-27138, 27265-27266, 27486-27488, 27570, 27704, 31502, 31613-31614, 31630, 31750-31781, 31800-31830, 33922, 35875-35876, 35901-35905, 36595-36596, 36860-36861, 43760-43761, 43772-43774, 43830-43832, 43848, 44227, 44312-44314, 44340-44346, 44625, 47525-47530, 49422, 53442, 53446-53449, 58301, 62273, 63660, 63688, 64595, 64788, 65150-65175, 66985-66986, 67560, 69710-69711, 75984, 92506-92508, 92526, 92607-92609, 92626-92633, 95970-95975, 97001-97004, 97012-97014, 97022, 97032, 97036, 97110-97124, 97140-97535, 97542, 97602, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 441

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Note 40)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 621.7, 626.2-626.6, 627.0
CPT: 58120, 58150, 58180, 58260, 58262, 58290-58291, 58353, 58356, 58541-58544, 58550-58553, 58561-58563, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S2078
Line: 442

Diagnosis: ADRENOGENITAL DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 255.2, 752.7
CPT: 50700, 54690, 56800, 56805, 56810, 57335, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 443

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: NON-MALIGNANT OTITIS EXTERNA
Treatment: MEDICAL THERAPY
ICD-9: 112.82, 380.10, 380.12-380.13, 380.15-380.16, 380.22-380.23
CPT: 69020, 69210, 92626-92633, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 444

Diagnosis: VAGINITIS, TRICHOMONIASIS
Treatment: MEDICAL THERAPY
ICD-9: 112.1, 131, 616.1, 623.5
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 445

Diagnosis: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;
CONGENITAL ANOMALIES OF EYE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 378, 743
CPT: 65780-65782, 66820-66986, 67311-67340, 67343, 67345, 67901-67909, 68135, 68320, 68325-68326, 68328, 68335, 68340, 68371, 92002-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 446

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS;
OVARIAN CYSTS; STREAK OVARIES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 220, 221.0, 256.0, 620.0-620.2, 620.4, 620.7-620.9, 752.0
CPT: 49322, 51702-51703, 58120, 58140-58152, 58260-58263, 58290-58292, 58541-58550, 58559-58563, 58660-58662, 58700-58720, 58800, 58805, 58900, 58920, 58925, 58940-58943, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 447

Diagnosis: URETHRAL FISTULA
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 599.1-599.2, 599.4
CPT: 45820, 53230, 53235, 53240, 53250, 53520, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 448

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II
AND III (See Guideline Note 6)
Treatment: REPAIR, MEDICAL THERAPY
ICD-9: 717.0-717.4, 717.6-717.8, 718.26, 718.36, 718.56, 727.66, 836.0-836.2, 844
CPT: 20610, 27332-27340, 27350, 27380-27381, 27403-27430, 29345-29445, 29505, 29530, 29705, 29730, 29740, 29871-29889, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 449

Diagnosis: OPEN WOUND OF EAR DRUM
Treatment: TYMPANOPLASTY
ICD-9: 872.61
CPT: 69450, 69610-69643
Line: 450

Diagnosis: CHRONIC DEPRESSION (DYSTHYMIA)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.4-300.5
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99245
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0036, H0037, H0038, H0039, H2010, H2011, H2012, H2014, H2021, H2022, H2023, H2027, H2032, H2033, S9480, S9484, T1013, T1016, T1023
Line: 451

Diagnosis: HYPOSPADIAS AND EPISPADIAS
Treatment: REPAIR
ICD-9: 752.6
CPT: 51715, 53431, 54230-54231, 54235, 54240, 54250, 54300-54390, 54420-54430, 54440, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 452

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9,30)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.1,156,197.8,230.8
CPT: 43271,47564,47570,47600-47620,47711-47712,47741,47785,48145-48155,60540,77014,77261-77295,77300,77305-77315,77326-77327,77331-77370,77402-77417,77427-77470,79005-79445,96401-96571,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0243
Line: 453

Diagnosis: DYSTROPHY OF VULVA
Treatment: MEDICAL THERAPY
ICD-9: 624.0-624.1
CPT: 56501,56515,56620,57452,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 454

Diagnosis: RECURRENT EROSION OF THE CORNEA
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-9: 371.42
CPT: 65435-65436,65600,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 455

Diagnosis: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 307.3
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H0035,H0036,H0037,H0038,H0039,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S9125,S9480,S9484,T1013,T1016,T1023
Line: 456

Diagnosis: FOREIGN BODY IN UTERUS, VULVA AND VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 939.2
CPT: 57410-57415,58120,58562,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 457

Diagnosis: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
ICD-9: 374.86,729.6
CPT: 10120-10121,20520-20525,23330,24200-24201,25248,27086-27087,27372,28190-28193,40804,41805,55120
Line: 458

Diagnosis: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION
Treatment: LASER SURGERY
ICD-9: 362.30,362.35-362.36
CPT: 67228,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 459

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 350,352
CPT: 61450,61458,61790-61791,64573,64600-64610,64716,77014,77261-77295,77300-77301,77336,77370,77372,77417-77432,95970-95975,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 460

Diagnosis: MALUNION AND NONUNION OF FRACTURE (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 733.8,V54.81
CPT: 20690-20694,20900,20902,20955-20975,21244,21462,21750,21825,23472,23480-23485,24130,24140,24400,24410,24430-24435,25259,25400-25440,25628,26185,26546,26565,26841,27125,27165-27170,27217,27465-27466,27468,27470-27472,27656,27720-27725,27824-27829,28315,28320-28322,28485,28725,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 461

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Note 41)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.0,309.1,309.23-309.29,309.3-309.4,309.82,309.83,309.89,309.9,V61.20,V62.82
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 462

ICD-9-CM codes V61.20, Counseling for Parent-Child Problem, Unspecified, and V62.82, Bereavement, Uncomplicated, are only included in this line when identified as secondary diagnoses with a primary diagnosis of 309.89, Other Specified Adjustment Reactions.

Diagnosis: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00-388.01,388.1-388.5,389
CPT: 92562-92597,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 463

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.0,307.2
CPT: 58957-58958,90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S9484,T1013,T1016,T1023
Line: 464

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 440.0-440.1
CPT: 35450,35471,35490,35501-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35654,35663,35697,35820,35840,35875-35876,35905,35907,37184-37186,37205-37208,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 465

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Note 42)
Treatment: VITRECTOMY, LASER SURGERY
ICD-9: 362.5
CPT: 66990,67028,67038,67210,67221-67225,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 466

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.89
CPT: 90801-90829,90846-90862,90882,90887,96101,99051,99060,99201-99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H0045,H2010,H2011,H2012,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1013,T1016,T1023
Line: 467

Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION
Treatment: MEDICAL THERAPY
ICD-9: 360.21,360.34,367,368.10-368.11,368.13-368.16,368.2-368.3,368.5-368.9
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 468

Diagnosis: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT
Treatment: SURGICAL TREATMENT
ICD-9: 364.61-364.64,364.8,376.30-376.36,376.40,376.42-376.47,376.81
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 469

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: URINARY INCONTINENCE (See Guideline Note 43)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 599.81, 625.6, 788.31-788.33, 788.38
CPT: 20922, 51840-51845, 51990-51992, 53446, 53448, 57160, 57220, 57260, 57267, 57280-57284, 57287-57289, 90911, 97001-97002, 97014, 97110, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 470

Diagnosis: DISORDERS OF PLASMA PROTEIN METABOLISM
Treatment: MEDICAL THERAPY
ICD-9: 273
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 471

Diagnosis: FACTITIOUS DISORDERS
Treatment: CONSULTATION
ICD-9: 300.16, 300.19, 301.51
CPT: 90801, 90804-90807, 90816-90819, 90823-90827, 90846, 90847, 90853, 90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99245
HCPCS: H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H2010, H2011, H2013, H2021, H2022, H2033, S9484, T1013, T1016, T1023
Line: 472

Diagnosis: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION
Treatment: MEDICAL THERAPY
ICD-9: 771.6-771.7
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 473

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline Note 44)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
ICD-9: 520.0, V72.2
HCPCS: D1510, D1515, D1520, D1525, D1555, D4240, D4241, D4245, D4260, D4261, D4268, D4910, D4920
Line: 474

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.23, 300.29
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99245
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H2010, H2011, H2012, H2014, H2021, H2022, H2023, H2027, H2032, H2033, S9484, T1013, T1016, T1023
Line: 475

Diagnosis: ACUTE BRONCHITIS AND BRONCHIOLITIS
Treatment: MEDICAL THERAPY
ICD-9: 466
CPT: 31600-31603, 31820, 31825, 94640, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 476

Diagnosis: CENTRAL PTERYGIUM
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-9: 372.43
CPT: 65420, 65426, 77326, 77336, 77370, 77427, 77789, 79005-79445, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243
Line: 477

Diagnosis: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 478.25-478.26, 744.41-744.46, 744.49, 759.2
CPT: 38550, 38555, 42808, 42810, 42815, 60000, 60280-60281, 69145, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 478

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99255
HCPCS: G0176, G0177, H0002, H0004, H0018, H0019, H0031, H0032, H0033, H0034, H0036, H0037, H0038, H0039, H0045, H2011, H2010, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S9480, S9484, T1005, T1013, T1016, T1023
Line: 479

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.00, 300.02-300.09, 307.46, 313.0
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99245
HCPCS: G0176, G0177, H0002, H0004, H0018, H0019, H0031, H0032, H0033, H0034, H0036, H0037, H0038, H0039, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2023, H2027, H2032, H2033, S5151, S9125, S9484, T1005, T1013, T1016, T1023
Line: 480

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Note 6)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 713.5, 715, 716.0-716.1, 716.5-716.6
CPT: 11042, 20600, 20605, 20610, 25000, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 98925-98942, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 481

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG)
Treatment: MEDICAL THERAPY
ICD-9: 518.0-518.1
CPT: 31645, 31646, 94002-94005, 94640, 94660-94668, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 482

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Note 45)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.1
CPT: 69710-69718, 69930, 92601-92604
Line: 483

Diagnosis: BRACHIAL PLEXUS LESIONS
Treatment: MEDICAL THERAPY
ICD-9: 353.0
CPT: 21615-21616, 21700, 21705, 98925-98942, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 484

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note 46)
Treatment: SURGICAL REPAIR
ICD-9: 618
CPT: 45560, 51840, 52270, 52285, 53000, 53010, 56810, 57106, 57120, 57160, 57220, 57230, 57240-57289, 57545, 57555-57556, 58150, 58152, 58260-58280, 58290-58294, 58550-58554, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 485

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
ICD-9: 256.1, 256.31, 256.39, 256.4, 257, 259.0, 259.5, 608.3, 620.3, 627.1-627.9, 716.3, 752.0, 758.6-758.7
CPT: 54520, 54690, 58660-58661, 58940, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 486

Diagnosis: FUNCTIONAL ENCOPIRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99255
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0045, H2010, H2011, H2012, H2013, H2014, H2021, H2022, H2027, H2032, S5151, S9125, S9484, T1005, T1013, T1016, T1023
Line: 487

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR
ICD-9: 374.2-374.3,374.41,374.43,374.46
CPT: 15822-15823,67710,67875,67880,67900-67912,67961,67971,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 488

Diagnosis: CHRONIC SINUSITIS (See Guideline Note 32)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 473
CPT: 30000-30020,30110-30140,30200-30930,31000-31230,31237-31240,31254-31256,31267,31276,31287-31294,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 489

Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.2-370.9,371.43-371.44,371.48
CPT: 65780-65782,67515,68200,68371,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 490

Diagnosis: SELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.23
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2010,H2011,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1013,T1016,T1023
Line: 491

Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, INCISION
ICD-9: 455.1-455.2,455.4-455.5,455.7-455.8
CPT: 45320,45334,45339,46083,46220-46221,46250-46262,46320,46500,46608-46615,46934-46936,46945-46947,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 492

Diagnosis: CHRONIC OTITIS MEDIA (See Guideline Note 47)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 380.5,381.1-381.8,382.1-382.3,382.9,383.1-383.2,383.30-383.31,383.9,384.2,384.8-384.9
CPT: 42830-42831,42835-42836,69210,69220-69222,69310,69400-69410,69420-69421,69424,69433,69436,69440,69450,69501-69511,69601-69605,69610-69633,69635-69650,69700,69801-69802,69905,69910,69979,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 493

Diagnosis: RECTAL PROLAPSE
Treatment: PARTIAL COLECTOMY
ICD-9: 569.1-569.2
CPT: 44139-44144,44206-44208,44213,44701,45130,45135,45400,45505-45541,45900,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 494

Diagnosis: OTOSCLEROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 387
CPT: 69650-69662,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 495

Diagnosis: FOREIGN BODY IN EAR AND NOSE
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 931-932
CPT: 30300-30320,69200,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: G0238
Line: 496

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Note 48); ANAL FISTULA
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-9: 565.0-565.1
CPT: 45905,45910,46030,46080,46200-46211,46270-46285,46288,46700,46706,46940-46942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 497

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY (See Guideline Note 6)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 733.13,805.2,805.4,805.8,809.0,839.40,839.42,839.49,905.1

CPT: 20930-20938,22325-22328,22520-22534,22841-22844,27216,27218,29035-29046,29700,29710,29720,72291-72292,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

HCPCS: S2360,S2361

Line: 498

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline Note 49)

Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS

ICD-9: 521.5,523,525.0,525.8,V72.2

CPT: 41870,41872

HCPCS: D2710,D2721,D2722,D2751,D2752,D2950,D2954,D2957,D3351,D3352,D3353,D3910,D3950,D4210,D4211,D4341,D4342,D5110,D5120,D5130,D5140,D5213,D5214,D5520,D5610,D5620,D5630,D5640,D5650,D5660,D5710,D5711,D5720,D5721,D5730,D5731,D5740,D5741,D5750,D5751,D5760,D5761,D5820,D5821,D5850,D5851,D6972,D6980,D7310,D7320,D7471,D7970

Line: 499

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Note 50)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 312.0-312.2,312.4,312.8

CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-99255

HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2012,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1013,T1016,T1023

Line: 500

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 610,611.0,611.2,611.5,611.8

CPT: 19000-19103,19110-19126,19295,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 501

Diagnosis: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 616.0,623.6,623.8-623.9,624.5

CPT: 56405,56501,56515,57135,57200,57210,57511,57513,57520,57530,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 502

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA

Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

ICD-9: 616.2,616.5-616.9

CPT: 10060-10061,11004,53060,53270,56440,56501,56515,56740,57135,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 503

Best Equates to Funding Level as of 1/1/06

Diagnosis: LICHEN PLANUS

Treatment: MEDICAL THERAPY

ICD-9: 697

CPT: 11900-11901,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440

Line: 504

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)

Treatment: PERIODONTICS AND COMPLEX PROSTHETICS

ICD-9: V72.2

CPT: 99051,99060,99201-99215,99241-99255

HCPCS: D3347,D3348,D3430,D4320,D4321,D5850,D5851,D5860,D5861,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6970,D6973,D6975,D7960,D7970

Line: 505

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-9: 727.51
CPT: 27345
Line: 506

Diagnosis: ENOPHTHALMOS
Treatment: ORBITAL IMPLANT
ICD-9: 372.64, 376.5
CPT: 20902, 21076-21077, 67550, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: D5915, D5928
Line: 507

Diagnosis: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment: TARSORRHAPHY
ICD-9: 351.0-351.1, 351.8-351.9, 370.34, 374.44, 374.45, 374.89
CPT: 15840-15842, 64864-64870, 67875, 67880-67882, 67911, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 508

Diagnosis: PERIPHERAL ENTHESOPATHIES (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 726.12, 726.3-726.4, 726.6-726.9, 728.81
CPT: 95970-95975, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 509

Diagnosis: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 110, 111
CPT: 11720-11732, 11750, 96900-96922, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 510

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10-300.11
CPT: 90801-90807, 90810-90813, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99255
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H2010, H2011, H2013, H2014, H2021, H2022, H2023, H2027, H2032, S9484, T1013, T1016, T1023
Line: 511

Diagnosis: FRACTURES OF RIBS AND STERNUM, CLOSED
Treatment: MEDICAL THERAPY
ICD-9: 805.6, 807.0, 807.2, 839.41
CPT: 27200, 27202, 29200, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 512

Diagnosis: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
ICD-9: 343.0
CPT: 21720, 21725, 62350-62368, 63185-63190, 95990-95991
Line: 513

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9
CPT: 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90882, 90887, 96101, 99051, 99060, 99201-99215, 99241-99245
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0034, H0035, H2010, H2011, H2014, H2027, H2032, H2033, S9484, T1013, T1016, T1023
Line: 514

Diagnosis: HEPATORENAL SYNDROME
Treatment: MEDICAL THERAPY
ICD-9: 572.4
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 515

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID
Treatment: ECTROPION REPAIR
ICD-9: 216.1,224,372.63,374.1,374.85
CPT: 17340,21280,21282,67343,67700-67808,67820-67850,67880-67882,67914-67924,67950,67961,67966,67971,67973-67975,68110,68115-68130,68135,68320,68325-68326,68328,68330,68335,68340,68362,68440,68705,92002-92060,92070-92353,92358-92371
Line: 516

Diagnosis: PHIMOSIS
Treatment: SURGICAL TREATMENT
ICD-9: 605
CPT: 54150-54161
Line: 517

Diagnosis: CERUMEN IMPACTION
Treatment: REMOVAL OF EAR WAX
ICD-9: 380.4
CPT: 69210,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 518

Diagnosis: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.5-527.9
CPT: 40810-40816,42300,42305,42330,42335,42340,42408-42409,42410,42415-42425,42440-42510,42600,42650-42665,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7980,D7981,D7982
Line: 519

Diagnosis: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS
Treatment: MEDICAL THERAPY
ICD-9: 372.10-372.13,372.2-372.3,372.53,372.73,374.55
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 520

Diagnosis: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSSTROPHY
Treatment: MEDICAL THERAPY
ICD-9: 727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4
CPT: 20550-20553,20600,20610,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 521

Diagnosis: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS
Treatment: MEDICAL THERAPY
ICD-9: 373.34,695.0,695.2-695.9
CPT: 17340,17360,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 522

Diagnosis: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
ICD-9: 726.12,726.3-726.9,728.81
CPT: 20550-20553,20600-20610,21032,24105,24350-24352,24354,24356,25109,25447,26035-26045,26060,26121-26180,26320,26440-26596,26820-26863,27060-27062,27095-27097,27100-27122,27140-27185,27306-27307,27448-27455,27466-27468,27475-27485,27715,27730-27742,28119,64550,64702-64704,64718-64727,64774-64795,64856-64857,64872-64907
Line: 523

Diagnosis: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 471,478.1,993.1
CPT: 30000-30020,30110-30140,30200-30930,31000-31230,31237-31240,31254-31256,31267,31276,31287-31294,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 524

Diagnosis: CIRCUMSCRIBED SCLERODERMA
Treatment: MEDICAL THERAPY
ICD-9: 701.0
CPT: 11900-11901,17000-17004,17340,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 525

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: PERIPHERAL NERVE DISORDERS
Treatment: MEDICAL THERAPY
ICD-9: 337.2, 353, 354.1, 354.3-354.9, 355.0, 355.3, 355.7-355.8, 357.5-357.9, 723.2
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 526

Diagnosis: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0, V54.19, V54.29
CPT: 11740, 28470, 28490-28496, 29550, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 527

Diagnosis: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.33, 375, 870.2
CPT: 67880-67882, 68440, 68530, 68700, 68760-68761, 68801-68840, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 528

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 223
CPT: 50542-50543, 50562, 52224, 52282, 53260-53265, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 529

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 379.54, 386.1-386.2, 386.4-386.9
CPT: 69666-69667, 69805-69806, 69915, 69950, 92531-92542, 92544-92548, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 530

Diagnosis: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0
CPT: 28510, 28515
Line: 531

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
Treatment: MEDICAL THERAPY
ICD-9: 451.0, 451.2, 451.82, 451.84, 451.89, 451.9, V58.61
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99364, 99374-99375, 99379-99440
Line: 532

Diagnosis: DISORDERS OF SWEAT GLANDS
Treatment: MEDICAL THERAPY
ICD-9: 705.0-705.1, 705.2, 705.81-705.83, 705.89, 705.9, 780.8
CPT: 11450-11471, 64650-64653, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 533

Diagnosis: SEXUAL DYSFUNCTION
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-9: 302.7, 607.84
CPT: 54400-54417, 90801-90807, 90810-90813, 90846, 90847, 90849, 90853, 90857, 90862, 90882, 90887, 93980-93981, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0176, G0177, H0002, H0004, H0031, H0032, H0033, H0034, H0035, H0038, H2011, H2014, H2027, H2032, S9484, T1013, T1016, T1023
Line: 534

Diagnosis: PARALYSIS OF VOCAL CORDS OR LARYNX
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-9: 478.3, 478.70
CPT: 31582, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 535

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: DELUSIONAL DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.0-297.2, 297.8-297.9
CPT: 90801-90829, 90846-90862, 90882, 90887, 96101, 99051, 99060, 99201-99255, 99304-99318
HCPCS: G0176, G0177, H0002, H0004, H0017, H0018, H0019, H0031, H0032, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0045, H2011, H2012, H2013, H2014, H2010, H2021, H2022, H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005, T1013, T1016, T1023
Line: 536

Diagnosis: CYSTIC ACNE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 705.83, 706.0-706.1
CPT: 10040-10061, 11450-11471, 11900-11901, 17000, 17340, 17360, 96900-96922, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 537

Diagnosis: UNCOMPLICATED HERNIA
Treatment: REPAIR
ICD-9: 550.9, 553.0-553.2, 553.8-553.9
CPT: 44050, 49250, 49505-49572, 49580, 49585-49590, 49650-49651, 55540, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: S2075, S2076, S2077
Line: 538

Diagnosis: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
ICD-9: 212.0
CPT: 30117-30150, 30520, 31020, 31032, 31201, 31276, 69145, 69501-69540, 69550-69554, 69960
Line: 539

Diagnosis: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 213, 215, 526.0-526.1, 526.81, 719.2, 733.2
CPT: 11400-11446, 12051-12052, 13131, 17106-17111, 20150, 20550-20551, 20610, 20615, 20900, 20930-20938, 20955-20973, 21025-21032, 21040-21041, 21046-21049, 21181, 21555-21556, 21600, 21930-21935, 22548-22585, 22851, 23075-23076, 23101, 23140-23156, 23200-23222, 24075-24077, 24105-24126, 24420, 24498, 25000, 25110-25136, 25170, 25210-25240, 25295-25301, 25320, 25335-25337, 25390-25393, 25441-25447, 25450, 25455, 25490-25492, 25810-25830, 26100-26116, 26200-26215, 26250-26262, 26449, 27025, 27047-27049, 27054, 27065-27071, 27075-27079, 27187, 27327-27328, 27355-27358, 27365, 27465-27468, 27495-27498, 27630-27638, 27645-27647, 27656, 27745, 27892-27894, 28043-28045, 28100-28108, 28122-28124, 28171-28175, 28820-28825, 36680, 63081-63103, 64774, 64792, 77014, 77261-77295, 77300-77315, 77331-77336, 77401-77427, 77470, 79005-79445, 96401-96571, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243
Line: 540

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 558
CPT: 95004-95180, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 541

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-9: 718.02-718.05, 718.13-718.15, 718.52-718.56, 718.65, 718.82-718.86, 728.79, 732.3, 732.6, 732.8-732.9, 733.90-733.91, 736.00-736.04, 736.07, 736.09, 736.1, 736.20, 736.29, 736.30, 736.39, 736.4, 736.6, 736.76, 736.79, 736.89, 736.9, 738.6, 738.8, 754.42-754.44, 754.61, 754.8, 755.50-755.53, 755.56-755.57, 755.59, 755.60, 755.63-755.64, 755.69, 755.8, 756.82-756.83, 756.89
CPT: 11041-11042, 14040-14041, 15040, 15110-15120, 15130-15157, 15240, 20150, 20690-20694, 20900, 20920, 20922, 20924, 21740-21743, 24101, 25109, 25320, 25335-25337, 25390-25393, 25441-25450, 25455, 25490-25492, 25810-25830, 26035-26060, 26121-26180, 26320, 26390, 26440-26596, 26820-26863, 27095-27097, 27100-27122, 27140, 27185, 27306-27307, 27435, 27448-27455, 27465-27468, 27475-27485, 27496-27498, 27590, 27656, 27676, 27685-27690, 27705, 27715, 27727, 27730-27742, 27892-27894, 29861-29863, 64702-64704, 64718-64727, 64774-64783, 64788-64792, 64856-64857, 64872-64907, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 542

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS
Treatment: MEDICAL THERAPY
ICD-9: 536.0-536.3, 536.8-536.9, 537.1-537.2, 537.5-537.6, 537.89, 537.9, 564.0-564.7, 564.9
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 543

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Note 51)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 300.81, 614.1, 614.6, 620.6, 625.0-625.2, 625.5, 625.8-625.9
CPT: 49322, 58150, 58260-58262, 58290-58291, 58400, 58410, 58541-58544, 58550, 58552-58553, 58562, 58660-58662, 58700, 58720, 58740, 58805, 58925, 64517, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 544

Diagnosis: ATOPIC DERMATITIS
Treatment: MEDICAL THERAPY
ICD-9: 691.8
CPT: 95004-95180, 96900-96922, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 545

Diagnosis: CONTACT DERMATITIS AND OTHER ECZEMA
Treatment: MEDICAL THERAPY
ICD-9: 692.0-692.6, 692.70-692.74, 692.79, 692.8-692.9
CPT: 95004-95180, 96900-96922, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 546

Diagnosis: HYPOTENSION
Treatment: MEDICAL THERAPY
ICD-9: 458
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 547

Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 056.0, 056.71, 323.8-323.9
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 548

Diagnosis: PERIPHERAL NERVE DISORDERS
Treatment: SURGICAL TREATMENT
ICD-9: 337.2, 353, 354.1, 354.3-354.9, 355.0, 355.3, 355.4, 355.7-355.8, 723.2
CPT: 23397, 64702-64719, 64722, 64726-64727, 64774-64792, 64820, 64856-64857, 64872-64907
Line: 549

Diagnosis: ICHTHYOSIS
Treatment: MEDICAL THERAPY
ICD-9: 757.1
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 550

Diagnosis: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 355.6, 728.71
CPT: 20550, 20605, 28008, 28060, 28080, 29893, 64726, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 551

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 6, 52)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 721.0, 721.2-721.3, 721.7-721.8, 721.90, 722.0-722.6, 722.8-722.9, 723.1, 723.5-723.9, 724.1-724.2, 724.5-724.9, 739, 839.2, 847
CPT: 20550, 29220, 62350-62351, 62360-62362, 64416, 64445, 64449-64450, 64550, 95990-95991, 97001-97004, 97012-97014, 97022, 97032, 97110-97124, 97140-97535, 97542, 97760-97762, 98925-98942, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 552

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: RAYNAUD'S SYNDROME
Treatment: MEDICAL THERAPY
ICD-9: 443.0,443.82,443.89,443.9
CPT: 64821-64823,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 553

Diagnosis: TENSION HEADACHES
Treatment: MEDICAL THERAPY
ICD-9: 307.81,784.0
CPT: 98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 554

Diagnosis: MILD PSORIASIS (See Guideline Note 52); DERMATOPHYTOSIS: SCALP, HAND, BODY,
DEEP-SEATED
Treatment: MEDICAL THERAPY
ICD-9: 110.0,110.2,110.5-110.6,696.1-696.2,696.8
CPT: 11900-11901,96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 555

Diagnosis: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-9: 718.07,718.57,718.87,727.1,732.5,735,736.70-736.72,754.50,754.59,754.60,754.69,
754.70,754.79,755.65-755.67
CPT: 20920,20922,20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-
28119,28126-28160,28220-28238,28240-28341,28360,28705-28760,29450,99024,99051,99060,
99070,99078,99201-99362,99374-99375,99379-99440
Line: 556

Diagnosis: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
Treatment: REMOVAL OF GRANULOMA
ICD-9: 709.4,728.82
CPT: 21555-21556,21930,23075-23076,24075-24076,25075-25076,26115-26116,27047-27048,27327-
27328,27618-27619,28043,28045,28192,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 557

Diagnosis: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 603.0,603.8-603.9,608.84,629.1,778.6
CPT: 54840,55000,55040-55041,55060,55500,99024,99051,99060,99070,99078,99201-99362,99374-
99375,99379-99440
Line: 558

Diagnosis: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
ICD-9: 708.0-708.1,708.5,708.8,995.7
CPT: 96900-96922,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 559

Diagnosis: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING (See Guideline Note 54)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.32-312.39
CPT: 90801-90807,90810-90813,90846-90862,90882,90887,96101,99051,99060,99201-99215,99241-
99255
HCPCS: G0176,G0177,H0002,H0004,H0017,H0018,H0019,H0031,H0032,H0033,H0034,H0036,H0037,H0038,
H0039,H0045,H2010,H2011,H2013,H2014,H2021,H2022,H2023,H2027,H2032,S5151,S9125,S9484,
T1005,T1013,T1016,T1023
Line: 560

Diagnosis: SUBLINGUAL, SCROTAL, AND PELVIC VARICES
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-9: 456.3-456.5
CPT: 36470,55530-55535,55550,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-
99440
Line: 561

Diagnosis: ASEPTIC MENINGITIS (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 047-049
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 562

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: TMJ DISORDER
Treatment: TMJ SPLINTS
ICD-9: 524.6,848.1
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7880
Line: 563

Diagnosis: XEROSIS
Treatment: MEDICAL THERAPY
ICD-9: 706.8
CPT: 11010-11044,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 564

Diagnosis: CHRONIC DISEASE OF TONSILS AND ADENOIDS
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-9: 474.0,474.1-474.2,474.9
CPT: 42820-42836,42860,42870,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 565

Diagnosis: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.21-313.22
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0035,H0036,H0037,H0038,H2010,H2011,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1013,T1016,T1023
Line: 566

Diagnosis: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR
Treatment: DRAINAGE
ICD-9: 380.3,380.8,738.7
CPT: 10140,69000-69005,69020,69140,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 567

Diagnosis: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN
Treatment: MEDICAL THERAPY
ICD-9: 373.31-373.33,690,698,701.1-701.3,701.8,701.9
CPT: 11000-11057,11200-11201,11401-11406,11900,11950-11954,17000-17004,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 568

Diagnosis: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE
Treatment: MEDICAL THERAPY
ICD-9: 601.1,601.3,601.9,602
CPT: 55801,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 569

Diagnosis: CHONDROMALACIA (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 733.92
CPT: 97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 570

Diagnosis: MACROMASTIA
Treatment: SUBCUTANEOUS TOTAL MASTECTOMY, BREAST REDUCTION
ICD-9: 611.1
CPT: ,19318
Line: 571

Diagnosis: DYSMENORRHEA (See Guideline Note 55)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 625.3-625.4
CPT: 58150,58260,58290,58541-54544,58550-58553,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 572

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: OPEN WOUND OF EAR DRUM

Treatment: MEDICAL THERAPY

ICD-9: 872.61

CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 573

Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS

Treatment: MEDICAL THERAPY

ICD-9: 372.01-372.05, 372.14, 372.54, 372.56, 472, 477, 995.3, V07.1

CPT: 30420, 92002-92060, 92070-92353, 92358-92371, 95004-95180, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 574

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS (See Guideline Note 14)

Treatment: LIVER TRANSPLANT

ICD-9: 155.0-155.1, 996.82, V59.6

CPT: 47133, 47135-47147

HCPCS: G0243

Line: 575

Diagnosis: POSTCONCUSSION SYNDROME

Treatment: MEDICAL THERAPY

ICD-9: 310.2

CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 576

Diagnosis: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS

Treatment: EXCISION

ICD-9: 221.1-221.9

CPT: 56440-56441, 56501, 57130-57135

Line: 577

Diagnosis: RUMINATION DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.53

CPT: 90816-90819, 90823-90827, 90846-90849, 90887, 99051, 99060, 99217-99239, 99251-99255

HCPCS: H0035, H0038, H2011, H2027, S9125, S9484

Line: 578

Diagnosis: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION

Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

ICD-9: 373.11-373.12, 373.2, 374.50, 374.54, 374.56, 374.84

CPT: 67700, 67800-67808, 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 579

Diagnosis: CONDUCTIVE HEARING LOSS

Treatment: AUDIANT BONE CONDUCTORS

ICD-9: 389.0, 389.2

CPT: 69710-69711

Line: 580

Diagnosis: ACUTE ANAL FISSURE

Treatment: FISSURECTOMY, MEDICAL THERAPY

ICD-9: 565.0

CPT: 46200, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 581

Diagnosis: PLEURISY

Treatment: MEDICAL THERAPY

ICD-9: 511.0, 511.9

CPT: 32200, 32215, 32220-32225, 32310, 32420, 32650-32652, 32655, 32664-32665, 32940, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 582

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CENTRAL SEROUS RETINOPATHY
Treatment: LASER SURGERY
ICD-9: 362.40-362.41,362.6-362.7
CPT: 67210
Line: 583

Diagnosis: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-9: 568.0,568.82-568.89,568.9
CPT: 44005,44180,44213,44603-44604,49423-49424,58660
Line: 584

Diagnosis: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY
Treatment: MEDICAL THERAPY
ICD-9: 693
CPT: 95004-95180,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 585

Diagnosis: BLEPHARITIS
Treatment: MEDICAL THERAPY
ICD-9: 373.0,373.8-373.9,374.87
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 586

Diagnosis: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION
Treatment: MEDICAL THERAPY
ICD-9: 599.6,600
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 587

Diagnosis: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Note 6)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 371.82,457.0,998.81,998.9
CPT: 38300-38308,38380-38382,38542-38555,38700-38760,49062,49323,49423-49424,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 588

Diagnosis: LYMPHEDEMA
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-9: 457.1-457.9,757.0
CPT: 38300-38308,38380-38382,38542-38555,38700-38760,49062,49323,49423-49424,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 589

Diagnosis: ACUTE NON-SUPPURATIVE LABYRINTHITIS
Treatment: MEDICAL THERAPY
ICD-9: 386.30-386.32,386.34-386.35
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 590

Diagnosis: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-9: 470,478.0,738.0,754.0
CPT: 14060,20912,21325-21335,30115-30117,30124-30320,30400-30430,30465,30520,30580,30620,30630,31020-31090,31200,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7260
Line: 591

Diagnosis: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 528.0,528.9
CPT: 40650,40805,40810,40812,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 592

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES
Treatment: MEDICAL THERAPY, ORTHOTIC
ICD-9: 734,736.73,755.00,755.02,755.10,755.13-755.14
CPT: 28344-28345,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 593

Diagnosis: ERYTHEMA MULTIFORME
Treatment: MEDICAL THERAPY
ICD-9: 695.1
CPT: 65780-65782,68371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 594

Diagnosis: INFECTIOUS MONONUCLEOSIS
Treatment: MEDICAL THERAPY
ICD-9: 075
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 595

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment: SURGICAL TREATMENT
ICD-9: 752.0-752.3,752.41
CPT: 57135,57500,57720,58400,58540,58559-58562,58660,58700,58720,58740,58940,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 596

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Note 56)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-9: 721.5-721.6,723.0,724.0,731.0,737.0-737.3,737.8-737.9,738.4-738.5,754.1-754.2,756.1,756.3
CPT: 20930-20938,21720,21725,22210-22226,22554-22585,22590-22632,22800-22855,63050-63051,63295,97001-97004,97010-97014,97022,97032,97110-97124,97140-97150,97530,97535,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 597

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90801,90804-90807,90846-90853,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0034,H2010,H2011,H2014,H2027,H2032,S9484,T1013,T1016,T1023
Line: 598

Diagnosis: SPASTIC DYSPHONIA
Treatment: MEDICAL THERAPY
ICD-9: 478.79
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S2340,S2341
Line: 599

Diagnosis: URETHRITIS, NON-SEXUALLY TRANSMITTED
Treatment: MEDICAL THERAPY
ICD-9: 597.8,599.3-599.5,599.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 600

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59,301.6,301.81-301.82,301.84,301.89,301.9
CPT: 90801-90807,90810-90813,90846,90847,90849,90853,90857,90862,90882,90887,96101,99051,99060,99201-99215,99241-99245
HCPCS: G0176,G0177,H0002,H0004,H0031,H0032,H0033,H0034,H0036,H0037,H0038,H0039,H0045,H2010,H2011,H2014,H2021,H2022,H2023,H2027,H2032,H2033,S5151,S9484,T1005,T1013,T1016,T1023
Line: 601

Diagnosis: CANDIDIASIS OF MOUTH, SKIN AND NAILS
Treatment: MEDICAL THERAPY
ICD-9: 112.0,112.3,112.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 602

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 222.0,222.2,222.3,222.8,222.9
CPT: 52606,54231,54512,54522,54900-54901,55200,55600,55605,55650,55680,55801,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 603

Diagnosis: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-9: 525.2
CPT: 15574,20902,21210,21215,21244-21249,40840,40842,40845
HCPCS: D7340,D7350
Line: 604

Diagnosis: OLD LACERATION OF CERVIX AND VAGINA
Treatment: MEDICAL THERAPY
ICD-9: 621.5,622.3,624.4
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 605

Diagnosis: VULVAL VARICES
Treatment: VASCULAR SURGERY
ICD-9: 456.6
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 606

Diagnosis: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES
Treatment: MEDICAL THERAPY
ICD-9: 703.8-703.9,704.0,704.1-704.9,706.3,706.9,757.4-757.5,V50.0
CPT: 11000-11001,11720-11765,11900-11901,17380,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 607

Diagnosis: OBESITY (See Guideline Note 57)
Treatment: NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; BARIATRIC SURGERY FOR OBESITY WITHOUT COMORBID TYPE II DIABETES & BMI ≥ 35
ICD-9: 278.0
CPT: 99051,99078,99201-99362,99374-99375,99381-99412,43644-43645,43770-43774,43845-43848
Line: 608

Diagnosis: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL
Treatment: MEDICAL THERAPY
ICD-9: 463
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 609

Diagnosis: CORNS AND CALLUSES
Treatment: MEDICAL THERAPY
ICD-9: 700
CPT: 11055-11057,17000-17004,17110,17340,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: S0390
Line: 610

Diagnosis: SYNOVITIS AND TENOSYNOVITIS (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 726.12,727.00,727.03-727.09
CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 611

Diagnosis: PROLAPSED URETHRAL MUCOSA
Treatment: SURGICAL TREATMENT
ICD-9: 599.3,599.5
CPT: 51840-51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 612

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: MEDICAL CONDITIONS WHERE TREATMENT OF THE CONDITION WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL (See Guideline Notes 5,9)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 140-208
CPT: 11600-11646, 36260-36262, 36522, 38720-38724, 41110-41114, 41130, 42120, 42842-42845, 43228, 43248-43250, 47420-47425, 47610, 47741, 47785, 57460, 58951, 60600-60605, 60650, 61500, 61510, 61517-61521, 61546-61548, 61586, 61793, 77014, 77261-77295, 77300-77370, 77401-77470, 77761-77790, 79005-79445, 96401-96571, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: G0243
Line: 613

Diagnosis: GANGLION
Treatment: EXCISION
ICD-9: 727.02, 727.4
CPT: 10140, 10160, 20551-20553, 20600-20612, 25111-25112, 26160, 28090, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 614

Diagnosis: EPISCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.01-379.02
CPT: 92002-92060, 92070-92353, 92358-92371, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 615

Diagnosis: DIAPER RASH
Treatment: MEDICAL THERAPY
ICD-9: 691.0
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 616

Diagnosis: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE
ICD-9: 529.5, 750.0-750.1
CPT: 40806, 40819, 41010, 41115
Line: 617

Diagnosis: CYSTS OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE
ICD-9: 527.1, 528.4, 528.8
CPT: 40800, 41005-41009, 41015-41018, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
HCPCS: D7460, D7461
Line: 618

Diagnosis: CONGENITAL DEFORMITIES OF KNEE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 727.83, 755.64
CPT: 27403-27429, 27435, 27465-27466, 27468, 27496-27498, 27656, 27892-27894, 29871-29889, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 619

Diagnosis: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
ICD-9: 577.1
CPT: 48000, 48548
Line: 620

Diagnosis: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES
Treatment: MEDICAL THERAPY
ICD-9: 054.2, 054.6, 054.73, 054.9
CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440
Line: 621

Diagnosis: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
ICD-9: 744.00-744.04, 744.09, 744.1-744.3
CPT: 21086, 21089, 69110, 69300
HCPCS: D5914, D5927
Line: 622

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-9: 701.4-701.5
CPT: 11200-11201,11300-11446,11900-11901,12032,17000-17004,77014,77261-77295,77300-77315,77331-77336,77401-77427,77470,79005-79445
HCPCS: G0243
Line: 623

Diagnosis: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY
ICD-9: 729.0-729.2,729.31-729.39,729.4-729.9
CPT: 11041-11042,14040-14041,20550,20600-20610,62350-62351,62360-62362,64550,95970-95975,95990-95991,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 624

Diagnosis: MINOR BURNS
Treatment: MEDICAL THERAPY
ICD-9: 692.76,941.0-941.2,942.0-942.2,943.0-943.2,944.0-944.2,945.0-945.2,946.0-946.2,949.0-949.1
CPT: 11000-11001,11040-11044,11960-11971,16000-16030,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 625

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
ICD-9: 291.82,292.85,307.41-307.45,307.47-307.49,327.22,327.3-327.8,333.99,780.50,780.52,780.54-780.56,780.58,780.59,v69.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 626

Diagnosis: ORAL APHTHAE
Treatment: MEDICAL THERAPY
ICD-9: 528.2
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 627

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I (See Guideline Note 6)
Treatment: MEDICAL THERAPY
ICD-9: 355.1-355.3,355.9,717,718.26,718.36,718.56,836.0-836.2,840-843,844.0-844.3,844.8-844.9,845.00-845.03,845.1,846,848.3,848.40-848.42,848.49,848.5,848.8-848.9,905.7
CPT: 24341,27347,27590,29240,29260,29280,29520,29530,29540,29550,29580,29590,97001-97004,97012-97014,97022,97032,97110-97124,97140-97535,97542,97760-97762,98925-98942,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 628

Diagnosis: ASYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
ICD-9: 708.2-708.4,708.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 629

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)
Treatment: COSMETIC DENTAL SERVICES
ICD-9: 520.0-520.3,520.5,520.8-520.9,521.1-521.2,521.7,521.9,524.3-524.4,v72.2
CPT: 99201-99215,99241-99255
HCPCS: D2410,D2420,D2430,D2510,D2520,D2530,D2610,D2620,D2630,D2642,D2643,D2644,D2650,D2651,D2652,D2662,D2663,D2664,D2720,D2750,D2790,D2791,D2792,D2952,D2960,D2961,D2962,D2999,D3120,D3460,D3999,D4271,D4999,D5281,D5810,D5820,D5862,D5867,D5875,D5899,D5999,D6010,D6012,D6040,D6050,D6055,D6056,D6057,D6058,D6059,D6060,D6061,D6062,D6063,D6064,D6065,D6066,D6067,D6068,D6069,D6070,D6071,D6072,D6073,D6074,D6075,D6076,D6077,D6078,D6079,D6080,D6090,D6091,D6092,D6093,D6095,D6100,D6199,D6210,D6240,D6245,D6250,D6548,D6600,D6601,D6602,D6603,D6604,D6605,D6606,D6607,D6608,D6609,D6610,D6611,D6612,D6613,D6614,D6615,D6720,D6721,D6722,D6740,D6750,D6790,D6920,D6950,D6999,D7280,D7290,D7291,D7292,D7293,D7294,D7410,D7840,D7850,D7951,D7995,D7996,D7999,D8010,D8020,D8030,D8040,D8050,D8060,D8070,D8080,D8090,D8210,D8220,D8660,D8693,D8670,D8680,D8690,D8691,D8692,D8999,D9941,D9950,D9970,D9971,D9972,D9973,D9974,D9999
Line: 630

Diagnosis: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-9: 883.0
CPT: 12001-12002,14040-14041,14350
Line: 631

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS
Treatment: MEDICAL THERAPY
ICD-9: 800.00-800.01,801.00-801.01,803.00-803.01,850.0,850.9,851.00-851.01,851.09,851.20-851.21,851.29,851.40-851.41,851.49,851.60-851.61,851.69,851.80-851.81,851.89
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 632

Diagnosis: VIRAL WARTS EXCLUDING VENEREAL WARTS
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
ICD-9: 078.0,078.10,078.19
CPT: 11055-11057,11420-11424,11900-11901,17000-17004,17110-17111,17340,28043,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 633

Diagnosis: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY
ICD-9: 460,465
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 634

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 052,055,056.79,056.8-056.9,057,072,074,078.0,078.2,078.4-078.8,079.0-079.6,079.88-079.89,079.9,480,487
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 635

Diagnosis: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS
Treatment: MEDICAL THERAPY
ICD-9: 462,464.00,464.50,476,478.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 636

Diagnosis: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
ICD-9: 524.0-524.2,524.5,524.7-524.8,524.9
CPT: 21120-21127,21145-21147,21150-21151,21154-21160,21193-21196,21198,21206-21209,21255,21295-21296,30520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7940,D7941,D7943,D7944,D7945,D7946,D7947,D7948,D7949
Line: 637

Diagnosis: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 217,611.3,611.4,611.6,611.71,611.9,757.6
CPT: 19110,19125-19126,19290-19295,19324-19355,19357,19361,19364,19366-19396,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 638

Diagnosis: HYPERTELORISM OF ORBIT
Treatment: ORBITOTOMY
ICD-9: 376.41
CPT: 67405,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 639

Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION
Treatment: REPAIR SOFT TISSUES
ICD-9: 525.4-525.5,873.6
CPT: 12001-12057,13131-13133,13151-13153,40831,41250-41251,42180,42182,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 640

Diagnosis: SEBACEOUS CYST
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 685.1,706.2,744.47
CPT: 10060-10061,11400-11446,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 641

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.1,702.1-702.8,709.1-709.3,709.8-709.9
CPT: 11000,11040-11042,11055-11057,11300-11313,11400-11406,11420-11446,13100-13160,14000-14300,15040,15110-15120,15130-15157,15240,15780-15793,15830-15839,15847,15876-15879,17000-17004,17106-17108,17340,17360,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 642

Diagnosis: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION
ICD-9: 605,V50.2
CPT: 54000-54001,54150-54164,54450,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 643

Diagnosis: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
Treatment: DACRYOCYSTORHINOSTOMY
ICD-9: 375.02,375.30,375.32,375.4,375.56-375.57,375.61,771.6
CPT: 31238-31239,68420,68520,68720-68750,68770,68801,92002-92060,92070-92353,92358-92371
Line: 644

Diagnosis: CONJUNCTIVAL CYST
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75
CPT: 68020,68040,68110,92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 645

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES
Treatment: MEDICAL THERAPY
ICD-9: 210,214,216,221,222.1,222.4,228.00-228.01,228.1,229,686.1,686.9,702.0
CPT: 11300-11313,11400-11471,12031-12032,13100-13151,17000-17108,19120,40814,41116,41826,42104-42107,42160,42808,69145,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7450,D7451,D7460,D7981
Line: 646

Diagnosis: DISEASE OF CAPILLARIES
Treatment: EXCISION
ICD-9: 448.1-448.9
CPT: 11400-11426
Line: 647

Diagnosis: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA
Treatment: MEDICAL THERAPY
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9
CPT: 56805,57061,57065,57200,57800,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 648

Diagnosis: CYST, HEMORRHAGE, AND INFARCTION OF THYROID
Treatment: SURGICAL TREATMENT
ICD-9: 246.2,246.3,246.9
CPT: 60001,60200,60210,60212,60220,60225,60270-60271,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 649

Diagnosis: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90801-90807,90810-90813,90846-90857,90882,90887,96101,99051,99060,99201-99215,99241-99255
HCPCS: G0177,H0002,H0004,H0031,H0032,H0034,H0035,H2010,T1013,T1016,T1023
Line: 650

Diagnosis: ACUTE VIRAL CONJUNCTIVITIS
Treatment: MEDICAL THERAPY
ICD-9: 077.0-077.8,077.99,372.00
CPT: 92002-92060,92070-92353,92358-92371,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 651

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: MUSCULAR CALCIFICATION AND OSSIFICATION

Treatment: MEDICAL THERAPY

ICD-9: 728.1

CPT: 27036, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 652

Diagnosis: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS

Treatment: MEDICAL THERAPY

ICD-9: 910.0, 910.2, 910.4, 910.6, 910.8, 911.0, 911.2, 911.4, 911.6, 911.8, 912.0, 912.2, 912.4, 912.6, 912.8, 913.0, 913.2, 913.4, 913.6, 913.8, 914.0, 914.2, 914.4, 914.6, 914.8, 915.0, 915.2, 915.4, 915.6, 915.8, 916.0, 916.2, 916.4, 916.6, 916.8, 917.0, 917.2, 917.4, 917.6, 917.8, 919.0, 919.2, 919.4, 919.6, 919.8, 920-924, 959.0, 959.11-959.12, 959.14-959.19, 959.2-959.8

CPT: 10120, 10140, 11740, 11760, 11762, 12001-12014, 28190, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 653

Diagnosis: CHRONIC BRONCHITIS

Treatment: MEDICAL THERAPY

ICD-9: 490, 491.0, 491.8-491.9

CPT: 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 654

Diagnosis: BENIGN POLYPS OF VOCAL CORDS

Treatment: MEDICAL THERAPY, STRIPPING

ICD-9: 478.4

CPT: 31540-31541, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 655

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM

Treatment: SURGICAL TREATMENT

ICD-9: 211.0-211.2, 211.5-211.6, 211.8-211.9

CPT: 43202, 43216-43217, 43248-43251, 43258, 43450, 44110-44120, 44139-44145, 44204, 44206-44208, 44369, 44392, 44701, 45160, 45308-45309, 45333, 45383-45385, 46610, 46937, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 656

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY

ICD-9: 454.8-454.9, 459.0, 459.10, 459.19, 459.2, 459.30, 459.39, 459.8-459.9, 607.82

CPT: 36468-36479, 37700, 37718-37735, 37760, 37766, 37780-37790, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 657

Diagnosis: CYST OF KIDNEY, ACQUIRED

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 593.2

CPT: 50390, 50541, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 658

Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS

Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY

ICD-9: 574.2, 575.8

CPT: 43262, 43264, 43267-43268, 47490, 47564, 47570, 47600-47620, 99024, 99051, 99060, 99070, 99078, 99201-99362, 99374-99375, 99379-99440

Line: 659

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note 58)

Treatment: ELECTIVE DENTAL SERVICES

ICD-9: 520.7, V72.2

CPT: 99201-99215, 99241-99255

HCPCS: D1204, D1205, D1206, D2542, D2543, D2544, D2720, D2740, D2750, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2799, D2952, D2953, D3421, D3425, D3426, D3450, D3470, D3920, D4230, D4231, D4249, D4263, D4264, D4270, D4271, D4273, D4274, D4381, D5211, D5212, D6212, D6780, D6781, D6782, D6783, D6940, D6976, D6977, D7220, D7230, D7240, D7241, D7250, D7272, D7971, D7998, D9120, D9910, D9911, D9940, D9951, D9952

Line: 660

Diagnosis: GYNECOMASTIA

Treatment: MASTECTOMY

ICD-9: 611.1

CPT: 19300

Line: 661

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

Diagnosis: TMJ DISORDERS
Treatment: TMJ SURGERY
ICD-9: 524.5,524.6,718.08,718.18,718.28,718.38,718.58
CPT: 20910,20926,21010,21050-21070,21210,21215,21230-21235,21240-21243,21480,21485,21490,
29800-29804,30520,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
HCPCS: D7852,D7854,D7856,D7858,D7860,D7865,D7870,D7871,D7872,D7873,D7874,D7875,D7876,D7877,
D7899,D7955,D7991
Line: 662

Diagnosis: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
ICD-9: 778.5,778.7-778.9
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 663

Diagnosis: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION
ICD-9: 748.4
CPT: 32140-32141,32500,32663
Line: 664

Diagnosis: AGENESIS OF LUNG
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 665

Diagnosis: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-9: 362.31-362.33
CPT: 67015,67500-67505
Line: 666

Diagnosis: BENIGN LESIONS OF TONGUE
Treatment: EXCISION
ICD-9: 529.1-529.6,529.8-529.9
CPT: 41110,41112-41114,99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 667

Diagnosis: UNCOMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-9: 455.0,455.3,455.6,455.9
CPT: 45320,45334,45339,46083,46220-46262,46320,46500,46610-46615,46934-46936,46945-46947,
99024,99051,99060,99070,99078,99201-99362,99374-99375,99379-99440
Line: 668

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 313.1,313.3,313.82-313.83
CPT: 99201-99215
HCPCS: T1023
Line: 669

Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 348.2,377.01,377.02,377.2,377.3,377.5,377.7,437.7-437.8
CPT: 99201-99255
Line: 670

Diagnosis: INFECTIOUS DISEASES WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 071,136.0,136.9
CPT: 99201-99255
Line: 671

Diagnosis: ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION
ICD-9: 240-241,251.1-251.2,254.0,254.8-254.9,259.4,259.8-259.9,277.3,759.1
CPT: 99201-99255
Line: 672

PRIORITIZED LIST OF HEALTH SERVICES
2008-09

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

Treatment: EVALUATION

ICD-9: 429.3,429.81-429.82,429.89,429.9,747.9

CPT: 99201-99255

Line: 673

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

Treatment: EVALUATION

ICD-9: 360.30-360.31,360.33,362.37,362.42-362.43,362.8-362.9,363.21,364.5,364.60,364.9,
371.20,371.22,371.24,371.3,371.81,371.89,371.9,372.40-372.42,372.44-372.45,372.50-
372.52,372.55,372.8-372.9,374.52-374.53,374.81-374.83,374.9,376.82,376.89,376.9,
377.03,377.1,377.4,377.6,379.24,379.29,379.4-379.8,380.9

CPT: 99201-99255

Line: 674

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

Treatment: EVALUATION

ICD-9: 333.82,333.84,333.91,333.93

CPT: 99201-99255

Line: 675

Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
(See Guideline Note 25)

Treatment: EVALUATION

ICD-9: 287.2,287.8-287.9,696.3-696.5,709.0,757.2-757.3,757.8-757.9

CPT: 99201-99255

Line: 676

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

Treatment: EVALUATION

ICD-9: 519.3,519.9,748.60,748.69,748.9,770.13,770.15,770.85

CPT: 99201-99255

Line: 677

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

Treatment: EVALUATION

ICD-9: 593.0-593.1,593.6,607.9,608.3,608.9,621.6,621.8-621.9,626.9,629.2,629.8,752.9

CPT: 99201-99255

Line: 678

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

Treatment: EVALUATION

ICD-9: 716.9,718.00,718.10,718.20,718.50,718.60,718.80,718.9,728.5,728.84,728.87,728.9,
731.2,738.2-738.3,738.9,744.5-744.9,748.1,755.9,756.2,756.9

CPT: 99201-99255

Line: 679

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

Treatment: EVALUATION

ICD-9: 527.0,569.9,573.9,576.5-576.9

CPT: 99201-99255

Line: 680

STATEMENTS OF INTENT

STATEMENTS OF INTENT FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as viral pneumonia, aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the ICD-9-CM code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on line 296 and any necessary outpatient or inpatient services would be covered.

The Commission has added the following statements to indicate their intent that reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the disease.

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY
Line: 541

Treatment of non-infectious gastroenteritis of significant severity that is associated with dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY
Line: 548

Treatment of viral encephalitis, myelitis and encephalomyelitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY
Line: 562

Treatment of aseptic meningitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS
IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
Line: 635

Treatment of viral pneumonia of significant severity that is associated with either respiratory failure or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

PRACTICE GUIDELINES

**GUIDELINE NOTES FOR DIAGNOSTIC SERVICES
NOT APPEARING ON THE 2008-09 PRIORITIZED LIST
OF HEALTH SERVICES**

**GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE 2008-09 PRIORITIZED LIST
OF HEALTH SERVICES**

PREVENTION TABLES

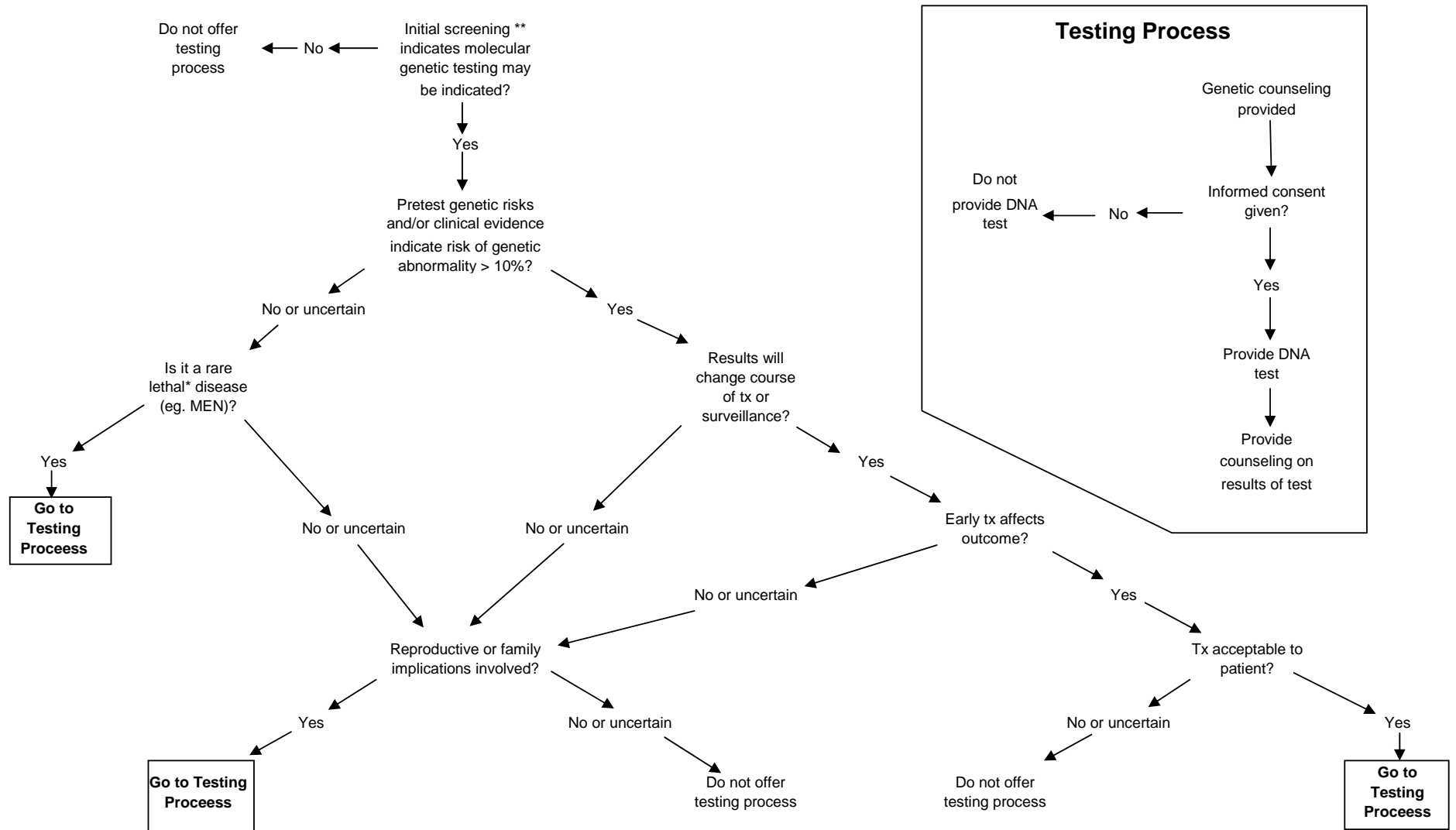
GUIDELINE NOTE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

- IV. Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure C.1 unless otherwise specified below.
- V. 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
 - 2. NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). 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 Medial Genetics
 - ii. Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medial 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.
- VI. 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 D2, TUBERCULOSIS TESTING GUIDELINE

- I. Quanti-FERON TB Gold (QFT-G), a blood test for detecting infection with *Mycobacterium tuberculosis*, may be used in the following circumstances:
 - A. Instead of Tuberculin Skin Test (TST) for investigation of contacts to confirmed cases of active tuberculosis (TB) disease.
 - B. Instead of TST for screening for latent TB in persons with definitive history or BCG or who have immigrated from countries with high prevalence (>10%) of latent TB where BCG is commonly given.
 - C. As a supplementary test to TST in foreign-born persons with a positive TST, history of BCG vaccination against tuberculosis, and no clinical evidence of current TB disease.
 - D. As a supplementary test in persons with a positive TST who are members of otherwise low-risk populations (e.g., U.S.-born persons and others who have immigrated to the U.S. > 5 years previously or more recently from low TB prevalence countries; absence of immunosuppressive conditions such as HIV infection, renal failure, diabetes mellitus or alcoholism; homelessness; known exposure to someone with active TB), and no clinical evidence of current TB disease.
 - E. In populations that need rapid (within 24 hours) diagnosis in order to guide appropriate public health interventions such as isolation for infectious tuberculosis or contact evaluation.
 - F. In a high-risk patient (e.g. homelessness, immune suppression or deficiency, recent immigrant) who the treating clinician believes is unlikely to return on time for the TST reading.

**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

PRACTICE GUIDELINES

**GUIDELINE NOTES FOR DIAGNOSTIC SERVICES
NOT APPEARING ON THE 2008-09 PRIORITIZED LIST
OF HEALTH SERVICES**

**GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE 2008-09 PRIORITIZED LIST
OF HEALTH SERVICES**

PREVENTION TABLES

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 1, FETOSCOPIC LASER SURGERY

Line 1

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt.

Certification of laboratory required (76813-76814).

GUIDELINE NOTE 2, PROPHYLACTIC BREAST REMOVAL

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.

GUIDELINE NOTE 3, TOBACCO DEPENDENCE

Line 3

Persons are eligible for tobacco dependence counseling if a documented quit date has been established.

GUIDELINE NOTE 4, OBESITY

Line 8

This guideline will be developed after completion of the Health Resources Commission's MedTAP report on the non-surgical management of obesity and will also take into consideration the recommendations of the US Preventive Services Task Force.

GUIDELINE NOTE 5, ERYTHROPOIETIN GUIDELINES

Lines 5,33,65,71,79,102,103,106,124,125,126,132,139,145,160,167,168,169,171,182,198,199,207,208,209,221,222,229,230,232,236,243,249,252,275,276,277,278,280,286,291,309,310,311,313,319,337,338,339,350,354,365,453,613

1. Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy, in the setting of myelodysplasia or in chronic renal failure, with or without dialysis.
 - A. Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.
2. Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.
 - A. An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.
 - B. Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, EPO should be titrated to maintain a level between 10 and 12.

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

Lines 12,50,51,52,63,74,76,78,80,85,89,90,94,95,96,99,100,101,109,110,116,117,123,130,140,142,143,144,146,147,162,166,185,186,190,191,193,195,196,202,203,209,217,227,237,239,270,271,273,274,276,279,287,288,292,296,301,303,306,308,317,334,340,347,348,362,366,368,372,373,375,379,381,382,384,397,403,404,429,435,437,441,449,461,481,498,509,540,552,570,588,611,628

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months immediately following stabilization from an acute event. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

Following 3 months of acute therapy, the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES (Cont'd)

An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever there is a change in status, such as surgery, botox injection, rapid growth, an acute exacerbation or for evaluation/training for an assistive communication device.

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit.

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

Line 33

Bariatric surgery for obesity is included on this line 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 be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.*¹
 - iii. No mental or behavioral disorder that may interfere with postoperative outcomes².
 - iv. Patient with previous psychiatric illness must be stable for at least 6 months.
 - 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. Maximize 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 program³)
 - 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 procedure⁴ 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
 - ii. Counseling in dietary lifestyle changes
4. Participate in additional evaluations: (Conducted after completion of medically supervised weight reduction program)
 - i. 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).

¹The italicized language in section 3.A.ii is being recommended by the Health Outcomes Committee but has yet to be approved by the full Health Services Commission as of the publication of this report.

²Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

³All surgical services including evaluation are to be performed at a center of excellence for bariatric surgery as recognized by Medicare.

⁴Only Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding are approved for inclusion.

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 8, URGENT DENTAL CARE

Line 59

Treatment only for symptomatic dental pain, infection, bleeding or swelling (D7220, D7230, D7240, D7250).

GUIDELINE NOTE 9, COLONY STIMULATING FACTOR (CSF) GUIDELINES

Lines 71,79,102,103,106,124,125,126,132,145,160,167,168,171,182,198,199,207,208,209,221,222,229,230,232,243,249,252,275,276,277,278,280,286,291,309,310,311,313,319,337,338,339,354,453,613

1. CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is potentially curative, and is known to produce febrile neutropenia at least 40% of the time. Even for these regimens, dose reduction should be considered instead of using CSF, as no improvement in survival has been documented by use of CSF.
2. For secondary prophylaxis, dose reduction should be considered the primary therapeutic option after an episode of severe or febrile neutropenia except in the setting of curable tumors (e.g., germ cell), as no disease free or overall survival benefits have been documented using dose maintenance and CSF.
3. CSF are not indicated in patients who are acutely neutropenic but afebrile.
4. CSF are not indicated in the treatment of febrile neutropenia except in high-risk patients, as no overall clinical benefit has been documented. High-risk patients include those with ANC < 100, uncontrolled primary disease, pneumonia, hypotension, multi-organ dysfunction and invasive fungal infection.
5. CSF are not indicated to increase chemotherapy dose-intensity or schedule, except in cases where improved outcome from such increased intensity has been documented in a clinical trial.
6. CSF are indicated in the setting of progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
7. CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.
8. There is no evidence of clinical benefit in the routine, continuous use of CSF in myelodysplastic syndromes. CSF may be indicated for some patients with severe neutropenia and recurrent infections, but should be used only if significant response is documented.

GUIDELINE NOTE 10, COMFORT CARE

Lines 71

Comfort care includes the provision of services or items that gives comfort and/or relieve symptoms to patients with a terminal illness. *There is no intent to limit comfort care services according to the expected length of life (e.g., six months) for the patient with terminal illness.*

This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. Examples of comfort care include:

- 1) Pain medication and/or pain management devices
- 2) In-home and day care services and hospice services as defined by DMAP
- 3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)
- 4) Palliative services for specific symptom relief
- 5) Physician aid-in-dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications².

¹The italicized language is being recommended by the Health Outcomes Committee but has yet to be approved by the full Health Services Commission as of the publication of this report.

²Services related to physician aid-in-dying are not priced as part of the list and only state funds will be used for their provision.

GUIDELINE NOTE 11, MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY

Lines 76,196

Minimally invasive coronary artery bypass surgery indicated only for single vessel disease.

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 12, SECOND BONE MARROW TRANSPLANTS, NON-MYELOABLATIVE STEM CELL TRANSPLANTS

Lines 79,103,106,126,132,167,171,199,207,232,280,311

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma. Non-myeoablative transplants (mini-transplants) are not covered.

GUIDELINE NOTE 13, HETEROTOPIC BONE FORMATION

Lines 89,381

Radiation treatment is indicated only in those at high risk of heterotopic bone formation: those with a history of prior heterotopic bone formation, ankylosing spondylitis or hypertrophic osteoarthritis

GUIDELINE NOTE 14, SECOND SOLID ORGAN TRANSPLANTS

Lines 92,252,254,256,279,332,575

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

GUIDELINE NOTE 15, PREVENTIVE DENTAL CARE

Line 105

Dental cleaning and fluoride limited to once per calendar year. Additional provision of prophylaxis for persons with disabilities who cannot perform adequate daily oral health care, severe periodontal disease and/or rampant caries, by report. (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).

GUIDELINE NOTE 16, HEART FAILURE

Line 109

Ventricular assist devices are only covered as a bridge to transplant, not as destination therapy.

GUIDELINE NOTE 17, PET SCAN GUIDELINES

Lines 126,171,183,222,243,278

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

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

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

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 NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 18, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN EARLY CHILDHOOD

Line 134

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

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

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

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

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

GUIDELINE NOTE 19, MODERATE/SEVERE PSORIASIS

Line 135

Moderate to severe psoriasis is defined as having functional impairment and one or more of the following:

- a) At least 10% of body surface area involved; and/or,
- b) Hand, foot or mucous membrane involvement.

First line agents include topical agents, oral retinoids, phototherapy and methotrexate. Use of other systemic agents should be limited to those who fail, have contraindications to, or do not have access to first line agents.

GUIDELINE NOTE 20, COLON CANCER SURVEILLANCE

Line 168

1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.
2. CEA testing should be performed every 2-3 months after colon resection for at least 2 years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated
3. Colonoscopy is indicated every 3 to 5 years.
4. No other surveillance testing is indicated.

GUIDELINE NOTE 21, COMPLICATED HERNIAS

Line 176

Complicated hernias are included on this line if they are incarcerated and have symptoms of obstruction and/or strangulation.

GUIDELINE NOTE 22, MENTAL HEALTH PROBLEMS IN EARLY CHILDHOOD RELATED TO NEGLECT OR ABUSE

Line 181

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

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 22, MENTAL HEALTH PROBLEMS IN EARLY CHILDHOOD RELATED TO NEGLECT OR ABUSE (Cont'd)

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

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

GUIDELINE NOTE 23, BREAST CANCER SURVEILLANCE

Line 198

1. History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.
2. Mammography is indicated annually, and patients treated with breast conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.
3. No other surveillance testing is indicated.

GUIDELINE NOTE 24, SLEEP APNEA

Line 211

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

GUIDELINE NOTE 25, MOOD DISORDERS IN EARLY CHILDHOOD

Line 213

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

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

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

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

GUIDELINE NOTE 26, MASTOCYTOSIS

Lines 222,232,676

Mastocytosis limited to the skin resides on Line 676

GUIDELINE NOTE 27, TESTICULAR CANCER

Line 232

The treatment of testicular cancer with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after multiple (at least 2) recurrences after standard chemotherapy.

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 28, COCHLEAR IMPLANTATION, AGE LESS THAN 5

Line 197

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Child has reached the age of 1
- c) Receive little or no useful benefit from hearing aids
- d) No medical contraindications
- e) High motivation and appropriate expectations (both child, when appropriate, and family)

GUIDELINE NOTE 29, CATARACT

Line 320

Cataract extraction is covered for binocular visual acuity of 20/50 or worse OR monocular visual acuity of 20/50 or worse with the recent development of symptoms related to poor vision (headache, etc).

GUIDELINE NOTE 30, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY

Lines 337,338,339,453

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 613, Medical Conditions Where Treatment Will Not Result in a 5% 5-Year Survival.

GUIDELINE NOTE 31, BASIC RESTORATIVE DENTAL CARE

Line 357

Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (D2391, D2392, D2393, D2394).

GUIDELINE NOTE 32, SINUS SURGERY

Lines 388,489

Sinus surgery indicated in the following circumstances:

- 1. 4 or more episodes of acute rhinosinusitis in one year
- OR
- 2. Failure of medical therapy of chronic sinusitis including all of the following:
 - Several courses of antibiotics AND
 - Trial of inhaled and/or oral steroids AND
 - Allergy assessment and treatment when indicated
- AND
- One or more of the following:
- Findings of obstruction of active infection on CT scan
 - Symptomatic mucocele
 - Negative CT scan but significant disease found on nasal endoscopy
- OR
- 3. Nasal polyposis causing or contributing to sinusitis
- OR
- 4. Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis
- OR
- 5. Invasive or allergic fungal sinusitis
- OR
- 6. Tumor of nasal cavity or sinuses
- OR
- 7. CSF rhinorrhea

GUIDELINE NOTE 33, TONSILLECTOMY

Line 392

Tonsillectomy is an appropriate treatment in a case with:

- 1) Three documented attacks of strep tonsillitis in a year where an attack is considered a positive culture/screen and where 10 days of continuous antibiotic therapy has been completed;

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 33, TONSILLECTOMY (Cont'd)

- 2) 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,
- 4) 4+ tonsils, which result in obstruction of breathing, swallowing and/or speech.

GUIDELINE NOTE 34, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Line 397

Neurologic impairment is defined as objective evidence of one or more of the following:

- a) Reflex loss
- b) Dermatomal muscle weakness
- c) Dermatomal sensory loss
- d) EMG or NCV evidence of nerve root impingement
- e) Cauda equina syndrome
- f) Neurogenic bowel or bladder

GUIDELINE NOTE 35, SUBTALAR ARTHROEREISIS

Line 404

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

GUIDELINE NOTE 36, ENDOMETRIOSIS AND ADENOMYOSIS

Line 417

- A. Hysterectomy, with or without adnexectomy, for endometriosis may be appropriate when all of the following are documented (1-4):
1. Patient history of (a and b):
 - a. Prior detailed operative description or histologic diagnosis of endometriosis
 - b. Presence of pain for more than 6 months with negative effect on patient's quality of life
 2. Failure of a 3-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Nonmalignant cervical cytology, if cervix is present
 4. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
- B. Hysterectomy, with or without adnexectomy, for adenomyosis may be appropriate when all of the following are documented (1-6):
1. Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Age > 30 years
 4. One of the following (a or b):
 - a. Endovaginal ultrasound suspicious for adenomyosis (presence of abnormal hypochoic myometrial echogenicity or presence of small myometrial cysts)
 - b. MRI showing thickening of the junctional zone > 12mm
 5. Nonmalignant cervical cytology, if cervix is present
 6. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 37, UTERINE LEIOMYOMA

Line 423

Hysterectomy for leiomyomata may be indicated when all of the following are documented (1-4):

1. One of the following (a or b):
 - a. Patient history of 2 out of 3 of the following (1, 2 and 3):
 - 1) Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
 - 2) Pelvic discomfort cause by myomata (i or ii or iii):
 - i. Chronic lower abdominal, pelvic or low backpressure
 - ii. Bladder dysfunction not due to urinary tract disorder or disease
 - iii. Rectal pressure and bowel dysfunction not related to bowel disorder or disease
 - 3) Rapid enlargement causing concern for sarcomatous changes of malignancy
 - b. Leiomyomata as probable cause of excessive uterine bleeding evidenced by (1, 2, and 3):
 - 1) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - 3) Documentation of mass by sonography
2. Nonmalignant cervical cytology, if cervix is present
3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
4. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 38, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Line 429

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe spinal stenosis in addition to a history of neurogenic claudication, or objective evidence of neurologic impairment consistent with MRI findings (see Guideline Note 9).

GUIDELINE NOTE 39, DISRUPTIVE BEHAVIOR DISORDERS IN EARLY CHILDHOOD

Line 439

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

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

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

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

GUIDELINE NOTE 40, MENSTRUAL BLEEDING DISORDERS

Line 442

Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (1-3):

1. Patient history of (a, b, c, d, and e):
 - a. Excessive uterine bleeding evidence by (1 and 2):
 - 1) Profuse bleeding lasting more than 7 days and repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - b. Failure of hormonal treatment for a six-month trial period or contraindication to hormone use
 - c. No current medication use that may cause bleeding, or contraindication to stopping those medications
 - d. Endometrial sampling performed
 - e. No evidence of remedial pathology by (1 or 2 or 3):
 - 1) Sonohysterography
 - 2) Hysteroscopy
 - 3) Hysterosalpingography
2. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
3. Nonmalignant cervical cytology, if cervix is present

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 41, ADJUSTMENT REACTIONS IN EARLY CHILDHOOD

Line 462

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

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

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

- Crying, calling and/or searching for the absent primary caregiver;
- Refusing attempts of others to provide comfort;
- Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria;
- Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood;
- Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions;
- Constricted range of affect not attributable to a mood disorder or PTSD;
- Detachment, seeming indifference toward, or selective "forgetting" of the lost caregiver and/or of reminders of the lost caregiver;
- Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver.

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

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

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

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

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

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

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

GUIDELINE NOTE 42, AGE-RELATED MACULAR DEGENERATION

Line 466

Pegaptanib is only covered for minimally classic and occult lesions of wet macular degeneration

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 43, URINARY INCONTINENCE

Line 470

Surgery for genuine stress urinary incontinence (ICD-9_CM code 625.6 may be indicated when all of the following are documented (1-7):

1. Patient history of (a, b, and c):
 - a. Involuntary loss of urine with exertion
 - b. Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychological causes, excessive urine production, restricted mobility, and stool impaction)
 - c. Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
2. Patient's voiding habits
3. Physical or laboratory examination evidence of either (a or b):
 - a. Urethral hypermobility
 - b. Intrinsic sphincter deficiency
4. Diagnostic workup to rule out urgency incontinence
5. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
6. Nonmalignant cervical cytology, if cervix is present
7. Patient required to have 3 months alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises, biofeedback, and/or electrical stimulation, as available)

GUIDELINE NOTE 44, DENTAL SERVICES FOR SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE

Line 474

By Report (D4240, D4260)

GUIDELINE NOTE 45, COCHLEAR IMPLANTS, OVER AGE 5

Line 483

Children will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Receive little or no useful benefit from hearing aids
- c) No medical contraindications
- d) High motivation and appropriate expectations (both child, when appropriate, and family)

Postlinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Severe to profound sensorineural hearing loss in both ears
- b) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
- c) Receive limited benefit from appropriately fit hearing aids; i.e., scores of 40% or less on sentence recognition test in the best-aided listening condition
- d) No medical contraindications

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- a) Profound sensorineural hearing loss in both ears
- b) Hearing loss acquired before learning oral speech and language development (prelinguistic hearing loss)
- c) Receive no benefit from hearing aids
- d) No medical contraindications
- e) A desire to be a part of the hearing world

GUIDELINE NOTE 46, UTERINE PROLAPSE

Line 485

Hysterectomy for pelvic organ prolapse may be indicated when all of the following are documented (1-5):

1. Patient history of symptoms of pelvic prolapse such as:
 - a. Complaints of the pelvic organs prolapsing at least to the introitus
 - b. Low back discomfort or pelvic pressure
 - c. Difficulty in defecating
 - d. Difficulty in voiding
2. Nonmalignant cervical cytology, if cervix is present
3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 46, UTERINE PROLAPSE (Cont'd)

4. Physical examination is consistent with patient's symptoms of pelvic support defects indicating either symptomatic prolapse of the cervix, enterocele, cystocele, rectocele or prolapse of the vaginal vault
5. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 47, CHRONIC OTITIS MEDIA

Line 493

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.

For the child who has had bilateral effusion for a total of 3 months and who has a bilateral hearing deficiency (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 bilateral hearing deficit.

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

GUIDELINE NOTE 48, CHRONIC ANAL FISSURE

Line 497

Surgery for chronic anal fissure (ICD-9 code 565.0) is included in this line with one or more of the following:

- 1) Condition unresponsive to six to eight weeks of continuous treatment;
- 2) Condition progresses in spite of six to eight weeks of treatment;
- 3) Presence of pectenosis; and/or,
- 4) Fissures that have previously healed but have recurred three or more times.

GUIDELINE NOTE 49, STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS

Line 499

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211). To be used in conjunction with making a prosthesis (D7470, D7970). Limited to two reimbursements (D5850, D5851). Must have four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate (D5110, D5120, D5130, D5140, D5213, D5214). By Report (D4210). Payable once every two years (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761). Payable only when there are pockets of 5 mm or greater (D4341).

GUIDELINE NOTE 50, CONDUCT DISORDER

Line 500

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 51, PELVIC PAIN SYNDROME

Line 544

- A. Diagnostic MRI may be indicated for evaluation of pelvic pain to assess for Adenomyosis and to assist in the management of these challenging patients when all of the following are documented:
1. Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives of Depro-Provera
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Age > 30 years

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 51, PELVIC PAIN SYNDROME (Cont'd)

4. An endovaginal ultrasound within the past 12 months that shows no other suspected gynecological pathology if diagnostic MRI shows > 12mm thickening of the junctional zone, the Presumptive diagnosis of adenomyosis is fulfilled. See guideline note 28.
- B. Hysterectomy for chronic pelvic pain in the absence of significant pathology may be Indicated when all of the following are documented (1-7):
 1. Patient history of:
 - a. No remediable pathology found on laparoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
 2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Evaluation of the following systems as possible sources of pelvic pain:
 - a. Urinary
 - b. Gastrointestinal
 - c. Musculoskeletal
 4. Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
 5. Nonmalignant cervical cytology, if cervix is present
 6. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
 7. Negative preoperative pregnancy test unless patient is postmenopausal or as been previously sterilized

GUIDELINE NOTE 52, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Line 552

Disorders of spine without neurologic impairment include any conditions represented on this line for which objective evidence of one or more of the criteria stated in the guideline note 8 is not available.

GUIDELINE NOTE 53, MILD PSORIASIS

Line 555

Mild psoriasis is defined as uncomplicated, having:

- a) No functional impairment; and/or,
- b) Involving less than 10% of body surface area and no involvement of the hand, foot, or mucous membranes.

GUIDELINE NOTE 54, IMPULSE DISORDERS

Line 560

Impulse disorders rarely occur in isolation from other psychiatric diagnosis, thus the Patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 55, DYSMENORRHEA

Line 572

Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (1-7):

1. Patient history of:
 - a. No remediable pathology found on laparoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
2. Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs

GUIDELINE NOTES FOR THE 2008-09 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 55, DYSMENORRHEA (Cont'd)

3. Evaluation of the following systems as possible sources of pelvic pain:
 - a. Urinary
 - b. Gastrointestinal
 - c. Musculoskeletal
4. Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
5. Nonmalignant cervical cytology, if cervix is present
6. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
7. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 56, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Line 597

Scoliosis not defined as clinically significant included curvature less than 25 degrees that does not have a documented progression of at least 10 degrees.

GUIDELINE NOTE 57, MEDICAL AND SURGICAL MANAGEMENT OF OBESITY NOT MEETING CRITERIA SPECIFIED IN OTHER OBESITY-RELATED GUIDELINES

Line 608

Non-surgical management of obesity is included on this line for those services that do not meet the criteria found in Guideline Note 4. Bariatric surgery for the treatment of morbid obesity is included on this line for those individuals who do not meet the criteria found in Guideline Note 7.

GUIDELINE NOTE 58, ELECTIVE DENTAL SERVICES

Line 660

Treatment not related to symptomatic pain, infection, bleeding or swelling (D7220, D7230, D7240, D7241, D7250)

PRACTICE GUIDELINES

**GUIDELINE NOTES FOR DIAGNOSTIC SERVICES
NOT APPEARING ON THE 2008-09 PRIORITIZED LIST
OF HEALTH SERVICES**

**GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE 2008-09 PRIORITIZED LIST
OF HEALTH SERVICES**

PREVENTION TABLES

Birth to 10 Years

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death Conditions originating in perinatal period Congenital anomalies Sudden infant death syndrome (SIDS) Unintentional injuries (non-motor vehicle) Motor vehicle injuries

Interventions for the General Population

SCREENING

Height and weight [Ch 21]
Blood pressure [Ch 3]
Vision screen (3-4 yr) [Ch 33]
Hemoglobinopathy screen (birth)¹ [Ch 43]
Phenylalanine level (birth)² [Ch 44]
T₄ and/or TSH (birth)³ [Ch 45]
Effects of STDs
FAS, FAE, drug affected infants⁴
Infant motor, hearing, developmental screens

Learning and attention disorders⁵
Signs of child abuse, neglect, family violence

COUNSELING

Injury Prevention [Ch 57, 58]
Child safety car seats (age <5 yr)
Lap-shoulder belts (age >5 yr)
Bicycle helmet; avoid bicycling near traffic
Smoke detector, flame retardant sleepwear
Hot water heater temperature <120-130°F
Window/stair guards, pool fence, walkers
Safe storage of drugs, toxic substances,
firearms & matches
Syrup of ipecac, poison control phone number
CPR training for parents/caretakers
Infant sleeping position

Diet and Exercise

Breast-feeding, iron-enriched formula and

foods (infants & toddlers) [Ch 22, 56]
Limit fat & cholesterol; maintain caloric balance; emphasize
grains, fruits, vegetables (age >2 yr) [Ch 56]
Regular physical activity* [Ch 55]

Substance User [Ch 54]

Effects of passive smoking*
Anti-tobacco message*

Dental Health [Ch 61]

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Advice about baby bottle tooth decay*

Mental Health/Chemical Dependency

Parent education regarding:

- Child development
- Attachment/bonding
- 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

¹Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations (See Ch 43). ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. ⁵Consider 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.

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

Birth to 10 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS [<i>Ch 65</i>] Diphtheria-tetanus-pertussis (DTP) ¹ Oral poliovirus (OPV) ² Measles-mumps-rubella (MMR) ³ <i>H. influenzae</i> type b (Hib) conjugate ⁴	Hepatitis B ⁵ Varicella ⁶ CHEMOPROPHYLAXIS Ocular prophylaxis (birth) [<i>Ch 27</i>]
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¹2, 4, 6, and 12-18 mo; once between ages 4-6 yr (DTaP may be used at 15 mo and older). ²2, 4, 6-18 mo; once between ages 4-6 yr. ³12-15 mo and 4-6 yr. ⁴2, 4, 6 and 12-15 mo; no dose needed at 6 mo if PRP-OMP vaccine is used for first 2 doses. ⁵Birth, 1 mo, 6 mo; or, 0-2 mo, 1-2 mo later, and 6-18 mo. If not done in infancy: current visit, and 1 and 6 mo later ⁶12-18 mo; or any child without history of chickenpox or previous immunization. Include information on risk in adulthood, duration of immunity, and potential need for booster doses.

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS (See detailed high-risk definitions)
Preterm or low birth	Hemoglobin/hematocrit (HR1)
Infants of mothers at risk for HIV	HIV testing
Low income; immigrants	Hemoglobin/hematocrit (HR1); PPD (HR3)
TB contacts	PPD (HR3)
Native American/Alaska Native	Hemoglobin/hematocrit (HR1); PPD (HR3); hepatitis A vaccine (HR4); pneumococcal vaccine (HR5)
Residents of long-term care facilities	PPD (HR3); hepatitis A vaccine (HR4); influenza vaccine (HR6)
Certain chronic medical conditions	Blood lead level (HR7)
Increased individual or community lead exposure	Daily fluoride supplement (HR8)
Inadequate water fluoridation	Avoid excess/midday sun, use protective clothing* (HR9)
Family h/o skin cancer; nevi; fair skin, eyes, hair	Screen for child abuse, neurological, mental health conditions
History of multiple injuries	Increased well-child visits (HR10)
High risk for mental health disorders	

High Risk Groups

HR1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low birth weight infants, infants whose principal dietary intake is unfortified cow's milk (see Ch. 22).

HR2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: 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 partners currently or in past; persons seeking treatment for STDs; blood transfusion during 1978-1985 (see Ch. 28).

HR3 = Persons infected with HIV, 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), residents of long-term care facilities (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

Birth to 10 Years (Cont'd)

HR4 = Persons >2 yr 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). Consider for institutionalized children aged >2 yr. Clinicians should also consider local epidemiology (see Ch. 65-67).

HR5 = Immunocompetent persons >2 yr with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons >2 yr living in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations) (see Ch. 66).

HR6 = Annual vaccination of children >6 mo who are residents of chronic care facilities or who have chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

HR7 = Children about age 12 mo who: 1) live in communities in which the prevalence of lead levels requiring individual intervention, including residential lead hazard control or chelation, is high or undefined; 2) live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling; 3) have close contact with a person who has an elevated lead level; 4) live near lead industry or heavy traffic; 5) live with someone whose job or hobby involves lead exposure; 6) use lead-based pottery; or 7) take traditional ethnic remedies that contain lead (see Ch. 23).

HR8 = Children living in areas with inadequate water fluoridation (<0.6 ppm) (see Ch. 61).

HR9 = Persons with a family history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color (see Ch. 12).

HR10 = 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.

Ages 11-24 Years

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death

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

Interventions for the General Population

SCREENING

Height and weight [Ch 21]
Blood pressure¹ [Ch 3]
Papanicolaou (Pap) test² [Ch 9]
Chlamydia screen³ (females <25 yr)
Rubella serology or vaccination hx⁴
(females >12 yr) [Ch 32]
Learning and attention disorders⁵
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁶ [Ch 52]
Eating disorders⁷
Anxiety and mood disorders⁸
Suicide risk factors⁹

COUNSELING

Injury Prevention [Ch 57,58]
Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms* [Ch 50, 59]
Smoking near bedding or upholstery

Substance Use

Avoid tobacco use [Ch 54]
Avoid underage drinking & illicit drug use*
[Ch 52, 53]
Avoid alcohol/drug use while driving, swimming,
boating, etc.* [Ch 57, 58]

Sexual Behavior [Ch 62, 63]

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

Diet and Exercise

Limit fat & cholesterol; maintain caloric
balance; emphasize grains, fruits, vegetables [Ch 56]
Adequate calcium intake (females) [Ch 56]
Regular physical activity* [Ch 55]

Dental Health [Ch 61]

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

¹Periodic BP for persons aged > 21 yr. ²If sexually active at present or in the past: q < 3 yr. If sexual history is unreliable, begin Pap test at age 18 yr.
³If sexually active. ⁴Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally
acceptable alternatives. ⁵Consider 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.
⁶Persons 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. ⁷Persons with a weight
>10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁸In 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. ⁹Recent 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 [Ch 65, 66]

Tetanus-diphtheria (Td) boosters (11-16 yr)

Hepatitis B¹

MMR (11-12 yr)²

Varicella (11-12 yr)³

Rubella⁴ (females >12 yr) [Ch 32]

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/capable of pregnancy) [Ch 42]

¹If not previously immunized: current visit, 1 and 6 mo later. ²If no previous second dose of MMR. ³If susceptible to chickenpox. ⁴Serologic 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

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)

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 (see Ch. 26).

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 (see Ch. 27).

Ages 11-24 Years (Cont'd)

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 (see Ch. 28).

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 (see Ch. 29).

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 (see Ch. 66, 67).

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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR7 = Persons who continue to inject drugs (see Ch. 53).

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) (see Ch. 66).

HR9 = Annual vaccination of: residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

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 (see Ch. 65, 66).

HR11 = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr (see Ch. 65, 66).

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) (see Ch. 65, 66).

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 (see Ch. 12).

HR14 = Women with prior pregnancy affected by neural tube defect planning a pregnancy (see Ch. 42).

Ages 11-24 Years (Cont'd)

HR15 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm) (see Ch. 61).

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.

Ages 25-64 Years

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

Interventions for the General Population

SCREENING

Blood pressure [Ch 3]
Height and weight [Ch 21]
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64)
Papanicolaou (Pap) test¹ [Ch 9]
Fecal occult blood test² and/or sigmoidoscopy (>50 yr) [Ch 8]
Mammogram + clinical breast exam³ (women 40-49 yr)
Mammogram + clinical breast exam⁴ (women >50 yr)
Rubella serology or vaccination hx⁵ (women of childbearing age) [Ch 32]
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁷ [Ch 52]
Eating disorders⁸
Anxiety and mood disorders⁹
Suicide risk factors¹⁰
Somatoform disorders¹¹
Environmental stressors¹²

COUNSELING

Substance Use

Tobacco cessation [Ch 54]
Avoid alcohol/drug use while driving, swimming, boating, etc.* [Ch 57, 58]

Diet and Exercise

Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables [Ch 56]
Adequate calcium intake (women) [Ch 56]
Regular physical activity* [Ch 55]

Injury Prevention [Ch 57,58]

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms* [Ch 50, 59]
Smoking near bedding or upholstery

Sexual Behavior [Ch 62, 63]

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

Dental Health [Ch 61]

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

IMMUNIZATIONS [Ch 32, 66]

Tetanus-diphtheria (Td) boosters
Rubella⁵ (women of childbearing age)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy) [Ch 42]
Discuss hormone prophylaxis (peri- and postmenopausal women) [Ch 68]

¹Women who are or have been sexually active and who have a cervix: q < 3 yr. ²Annually. ³The screening decision for women 40-49 should be a mutual decision between a woman and her clinician. If a decision to proceed with mammography is made, it should be done every 1-2 years in combination with an annual clinical breast examination. ⁴For women of age 50 and older, screening mammography should be performed every 1-2 years in combination with an annual clinical breast examination. ⁵Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. ⁶Consider 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. ⁷Persons 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. ⁸Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁹In 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. ¹⁰Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. ¹¹Multiple unexplained somatic complaints. ¹²Community 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)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS (See detailed high-risk definitions)
High-risk sexual behavior	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	Avoid excess/midday sun, use protective clothing* (HR13)
Previous pregnancy with neural tube defect	Folic acid 4.0 mg (HR14)

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 (see Ch. 26).

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology (see Ch. 27).

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 (see Ch. 28).

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 (see Ch. 29).

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) (see Ch. 66).

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 (see Ch. 66, 67).

Ages 25-64 Years (Cont'd)

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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR8 = Persons who continue to inject drugs (see Ch. 53).

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) (see Ch. 66).

HR10 = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

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) (see Ch. 66).

HR12 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults (see Ch. 65, 66).

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 (see Ch. 12).

HR14 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy (see Ch. 42).

Age 65 and Older

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

Interventions for the General Population

SCREENING

Blood pressure [Ch 3]
Height and weight [Ch 21]
Fecal occult blood test¹ and/or sigmoidoscopy [Ch 8]
Mammogram + clinical breast exam²
Papanicolaou (Pap) test³ [Ch 9]
Vision screening [Ch 33]
Assess for hearing impairment [Ch 35]
Signs of elder abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁴ [Ch 52]
Anxiety and mood disorders⁵
Somatoform disorders⁶
Environmental stressors⁷

COUNSELING

Substance Use

Tobacco cessation [Ch 54]
Avoid alcohol/drug use while driving, swimming, boating, etc.* [Ch 57, 58]

Diet and Exercise

Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables [Ch 56]
Adequate calcium intake (women) [Ch 56]
Regular physical activity* [Ch 55, 58]
Assess eating environment

Injury Prevention [Ch 57,58]

Lap/shoulder belts
Motorcycle and bicycle helmets*
Fall prevention*
Safe storage/removal of firearms* [Ch 50, 59]
Smoke detector*
Set hot water heater to <120-130°F
CPR training for household members
Smoking near bedding or upholstery

Dental Health [Ch 61]

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

Sexual Behavior

STD prevention: avoid high-risk sexual behavior*;
use condoms [Ch 62]

IMMUNIZATIONS [Ch 66]

Pneumococcal vaccine
Influenza¹
Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS

Discuss hormone prophylaxis (peri- and postmenopausal women) [Ch 68]

¹Annually. ²Screening mammography should be performed every 1-2 years in combination with an annual clinical breast examination. ³All women who are or have been sexually active and who have a cervix. Consider discontinuation of testing after age 65 yr if previous regular screening with consistently normal results. ⁴Persons 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. ⁵In 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. ⁶Multiple unexplained somatic complaints. ⁷Community violence or disaster, immigration, homelessness, family medical problems.

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

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

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	Fall prevention intervention (HR5) Consider cholesterol screening (HR6)
Persons >75 yr; or >70 yr with risk factors for falls	Avoid excess/midday sun, use protective clothing* (HR7)
Cardiovascular disease risk factors	PPD (HR1); hepatitis A vaccine (HR2)
Family h/o skin cancer; fair skin, eyes, hair	HIV screen (HR3); hepatitis B vaccine (HR8)
Native American/Alaska Native	Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9)
Blood product recipients	PPD (HR1); hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9); advice to reduce Infection risk (HR10)
High-risk sexual behavior	Varicella vaccine (HR11)
Injection or street drug use	Refer to meal and social support resources
Persons susceptible to varicella	
Persons living alone & with poor nutrition	

High Risk Groups

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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

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 (see Ch. 66, 67).

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 (see Ch. 28).

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 (see Ch. 66).

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 (see Ch. 58).

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) (see Ch. 2).

Age 65 and Older (Cont'd)

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 (see Ch. 12).

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) (see Ch. 66).

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 (see Ch. 26).

HR10 = Persons who continue to inject drugs (see Ch. 53).

HR11 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults (see Ch. 65, 66).

Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

SCREENING

First visit

Blood pressure [Ch 3, 37]

Hemoglobin/hematocrit [Ch 22]

Hepatitis B surface antigen (HBsAg) [Ch 24]

RPR/VDRL [Ch 26]

Chlamydia screen (<25 yr) [Ch 29]

Rubella serology or vaccination history [Ch 32]

D(Rh) typing, antibody screen [Ch 38]

Offer CVS (<13 wk)¹ or amniocentesis (15-18 wk)¹
(age>35 yr) [Ch 41]

Offer hemoglobinopathy screening [Ch 43]

Assess for problem or risk drinking [Ch 52]

Offer HIV screening² [Ch 28]

Follow-up visits

Blood pressure [Ch 3, 37]

Urine culture (12-16 wk) [Ch 31]

Offer amniocentesis (15-18 wk)¹ (age>35 yr) [Ch 41]

Offer multiple marker testing¹ (15-18 wk) [Ch 41]

Offer serum α -fetoprotein¹ (16-18 wk) [Ch 42]

COUNSELING

Tobacco cessation; effects of passive smoking [Ch 54]

Alcohol/other drug use [Ch 52, 53]

Nutrition, including adequate calcium intake [Ch 56]

Encourage breastfeeding [Ch 22, 56]

Lap/shoulder belts [Ch 57]

Infant safety car seats [Ch 57]

STD prevention: avoid high-risk sexual behavior*; use
condoms* [Ch 62]

CHEMOPROPHYLAXIS

Multivitamin with folic acid³ [Ch 42]

¹Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ²Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations (see Ch. 28). ³Beginning at least 1 mo before conception and continuing through the first trimester.

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

**See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit) (HR3); HBsAg (3rd trimester) (HR4); RPR/VDRL (3rd trimester) (HR5)
Blood transfusion 1978-85	HIV screen (1st visit) (HR3)
Injection drug use	HIV screen (HR3); ABsAg (3rd trimester) (HR4); advice to reduce infection risk (HR6)
Unsensitized D-negative women	D(Rh) antibody testing (24-28 wk) (HR7)
Risk factors for Down syndrome	Offer CVS ¹ (1st trimester), amniocentesis ¹ (15-18 wk) (HR8)
Previous pregnancy with neural tube defect	Offer amniocentesis ¹ (15-18 wk), folic acid 4.0 mg ³ (HR9)
High risk for child abuse	Targeted case management

High Risk Groups

HR1 = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk (see Ch. 29).

HR2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk (see Ch. 27).

HR3 = In areas where universal screening is not performed due to low prevalence of HIV infection, pregnant women with the following individual risk factors should be screened: past or present injection drug use; women who exchange sex for money or drugs; injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs (see Ch. 28).

HR4 = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners (see Ch. 24).

HR5 = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology (see Ch. 66).

HR6 = Women who continue to inject drugs (see Ch. 53).

HR7 = Unsensitized D-negative women (see Ch. 38).

HR8 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement (see Ch. 41).

HR9 = Women with previous pregnancy affected by neural tube defect (see Ch. 42)

APPENDIX D:

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