



Health Evidence Review Commission

August 8, 2013

**Meridian Park Hospital
Community Health Education Center, Room 117B&C
19300 SW 65th Avenue, Tualatin, OR 97062**



Section 1:

Call to Order, Roll Call, Approval of Minutes

AGENDA
HEALTH EVIDENCE REVIEW COMMISSION

HERC Meeting Materials 8-8-13 3 of 530

Meridian Park Room 117B&C
 19300 SW 65th Avenue, Tualatin, OR 97062
 August 8, 2013
 1:00-4:00 pm

(All agenda items are subject to change and times listed are approximate)

#	Time	Item	Presenter	Action Item
1	1:00 PM	Call to Order, Roll Call, Approval of Minutes	Som Saha	
2	1:05 PM	Director's Report A. SB 365 B. ICD-10 List Update	Darren Coffman	X
3	1.20 PM	Value-based Benefits Subcommittee Report • Public comment	Lisa Dodson Ariel Smits	X
4	1:50 PM	Coverage Guidances (CGs) for HERC Review Discussed at May Meeting A. Treatment of sleep apnea • Public comment	Wally Shaffer Alison Little	X
5	2:10 PM	CGs Recommended by EbGS Carried Forward from May Agenda A. Management of recurrent acute otitis media in children • Public comment B. Cervical cancer screening • Public comment C. Coronary artery calcium scoring • Public comment D. Coronary computed tomography angiography • Public comment	Wiley Chan Paige Hatcher Alison Little	X
6	2:55 PM	New CGs Recommended by HTAS A. PET scan for breast cancer • Public comment	Alissa Craft Wally Shaffer Alison Little	X
7	3:15 PM	New CGs Recommended by EbGS A. Induction of Labor • Public comment B. Neuroimaging in headache • Public comment	Wiley Chan Paige Hatcher Alison Little	X
8	3:35 PM	Biennial Review of List	Darren Coffman Ariel Smits	
9	3:50 PM	Next Steps • Schedule next meeting – October 10, 2013 Meridian Park Room 117 B&C	Som Saha	
10	3:55 PM	Public Comment on Topics Not Appearing on Agenda		
11	4:00 PM	Adjournment	Som Saha	

Minutes

HEALTH EVIDENCE REVIEW COMMISSION
Wilsonville Training Center Rooms 111-112
Wilsonville, Oregon
May 9, 2013

Members Present: Som Saha, MD, Chair; Alissa Craft, DO, MBA, Vice-Chair; Lisa Dodson, MD; James Tyack, DMD; Beth Westbrook, PsyD; Wiley Chan, MD; Vern Saboe, DC; Irene Croswell, RPh (arrived at 2:40 pm via teleconference); Gerald Ahmann, MD.

Members Absent: Mark Gibson; Leda Garside, RN; Susan Williams, MD.

Staff Present: Darren Coffman; Ariel Smits, MD, MPH; Cat Livingston, MD, MPH; Wally Shaffer, MD; Jason Gingerich; Dorothy Allen (teleconference).

Also Attending: Wally Shaffer, MD & Denise Taray, DMAP; Alison Little, MD MPH, Shannon Vandegriff, OHSU CeBP; Mike Willett, Pfizer; BJ Cavnor, Northwest Patient Education Network; Kevin Pedigo, MD, Lilly USA; Cheryl A. Moore, ODE/AADE; Bill Struyk, Johnson & Johnson; Kathy Kirk, Oregon Pain Management Commission; David Pollack, MD, VbBS.

Call to Order

Som Saha, Chair of the Health Evidence Review Commission (HERC), called the meeting to order. Role was called.

Approval of Minutes

MOTION: To approve the minutes of the January 10, 2013 meeting as presented.
CARRIES 8-0. (Absent: Croswell)

Director's Report

Commission & Subcommittee Membership

Darren Coffman announced Dr. Susan Williams, an orthopedic surgeon from Roseburg, has been appointed to the Commission and confirmed by the Senate. Dr. Williams has been serving on the Value-based Benefits Subcommittee.

Coffman gave an update on subcommittee membership, naming two individuals who are recommended to the following appointments:

- Tracy Muday, MD – Health Technology Assessment Subcommittee (HTAS)
 - Family physician from Coos Bay and Medical Director of a new CCO in that area
- John Sattenspeil, MD – Evidence-based Guidelines Subcommittee (EbGS)
 - Chief Medical Officer for the CCO in Lane County

Chris Kirk resigned from VbBS when he took another job outside of the Medicaid arena. Additionally, Irene Croswell, who has participated in two subcommittees until now, is scaling back to serve just on VbBS where her expertise in prescription medication is more valuable.

MOTION: To appoint new subcommittee members as recommended. Carries 8-0.
(Absent: Croswell)

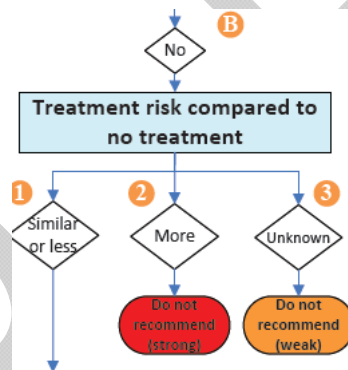
Algorithm Changes

In the algorithm for coverage guidance development ([meeting materials, pages 14-15](#)), a change was suggested by the Evidence-based Guidelines Subcommittee to account for situations where a treatment's risk may not be known.

Suggestion:

On the far right hand side under "Treatment risk compared to no treatment" (II, B, 3)

- Add "Unknown"



MOTION: To accept changes to the HERC Guidance Development Framework algorithm as written. CARRIES: 8-0 (Absent: Croswell)

Ad Hoc Experts

Finding willing participants to act as ad hoc experts has been challenging. Staff is pursuing all leads, including individual recommendations, specialty societies and the Oregon Medical Association. If we are unable to recruit an expert, at some point we must move forward with the process and trust that expert views will be heard during the public comment period.

GRADE Methodology

[Meeting materials, pages 16-37](#)

Dr. Wiley Chan, EbGS Chair, delivered a presentation on GRADE (Grading of Recommendations, Assessment, Development and Evaluation) methodology. He disclosed that he is a member of the GRADE Working Group.

Dr. Chan stated that the whole point of evidence-based medicine and this process is to predict the effects of our interventions on health care outcomes. He then went on to talk about how the HERC process differs from the formal GRADE process.

There was minimal discussion. Most agree GRADE does not solve every problem, but seems a good place to start.

Biennial Report

GRADE Incorporation into Prioritization Methodology [Page 38](#)

Saha explained how VbBS uses the prioritization methodology to rank treatment-condition pairs for the Prioritized List of Health Services. One of the scoring criteria may be seen as weighed toward impacts to children's health above adults, and therefore may be out of alignment with the Affordable Care Act (ACA). Coffman added this statement, along with many other scoring criteria, was developed in 2006 and was meant to embody a *duration of benefit* as opposed to giving priority to children vs. adults.

To bring compliance, staff proposed to amend prioritization category language and scoring. Suggested language:

Impact on Healthy Life –What is the magnitude of the benefit to the patient from the treatment as compared to no treatment for the condition, after factoring in harms associated with the treatment. Range of 0 (no impact) to 10 (high impact)

Motion: To accept the proposed language amendments. CARRIES: 8-0. (Absent: Croswell)

Subcommittee Reports

Value-based Benefits Subcommittee (VbBS) Report
[Meeting materials handout](#)

Guideline Note 12 Discussion [pages 64-66](#) of handout

The wording of Guideline Note 12 (GLN12), Treatment of Cancer near the End of Life With Little or No Benefit, appears to be in conflict with the Affordable Care Act (ACA), which prohibits against making coverage decisions base on a person's expected length of life.

Gingerich explained the ACA essential benefits are defined as benefits that need to be covered by plans in the small group and individual markets, as well as by the Medicaid expansion population. It is not explicitly said that mandatory Medicaid, those currently covered, would have to have the same benefit package, but the expansion population does. However, in Oregon we have been working toward providing the same benefits package for both the mandatory and expansion populations. Saha stated the intent of GN12 is not at odds with the ACA language. Our intent has never been to stop treating individuals with limited life expectancy. Our intent has always been to limit therapies which do not provide benefit.

Staff suggested convening a workgroup composed of providers/experts in the fields of oncology, palliative care, primary care, medical ethics, health care law and disability advocates to discuss possible directions for the workgroup to explore in revising GN12 that focus on the magnitude of benefits of the treatment rather than the impact on the individual.

Members agree the Commission and workgroups are responsible to frame the concept of *magnitude of the benefit*; medical directors and health plans are responsible for implementation.

Saha and Dodson noted that the basis of evidence reviews is to employ science to make difficult discussions. Smits offered another solution for providing high cost medications with marginal benefit is for drug companies to lower their prices. Saha stressed the workgroup should be a comprised of a balanced committee who can make consensus decisions.

MOTION: To convene a workgroup to revise policy and guideline statements regarding cancer treatments near the end of life. CARRIES: 9-0

Public comment:

Kevin Pedigo, an oncologist and consultant for Lilly USA, shared his belief that cancer studies do not compare new drugs to placebo, rather to whatever drug is the best available agent. He felt that explains why incremental gains hold more validity than it seems to at first glance. He believes GN12 is ambiguous as to whether the incremental benefit measures that incremental gain or its benefit compared to no treatment.

BJ Cavnor, Northwest Patient Education Network, submitted a prepared statement advocating care for patients with chronic illness in Oregon using a science-based assessment of available treatments. He stated his concern with new guidelines that potentially restrict access to certain high cost prescription medications.

VbBS Report Continued

Ariel Smits, Cat Livingston and Lisa Dodson reported the VbBS had met March 14, 2013 and earlier in the day, May 9, 2013. Each helped to summarize a number of topics discussed. Please refer to the VbBS minutes for the meeting identified for further detail on the recommendations.

Recommended changes for the ICD-10 Prioritized List (Tentatively October 1, 2014) include:

March:

- Add the diagnosis codes for benign urinary lesions to a covered line and kept on an uncovered line with a guideline to clarify when they should be covered
- Add CPT and ICD-10 codes for 2 new dermatologic lines

May:

- Add several procedure codes for surgical treatment of fecal incontinence added to the appropriate unfunded line with a guideline to clarify for coverage

Recommendations for interim changes, effective 10/1/13 include:

March:

- Add uterine artery embolization procedure codes to the uterine fibroid line
- Add the procedure code for therapeutic PT/OT activities to 2 covered lines
- Remove psychotherapy procedure codes from the low back pain lines and add the health and behavior assessment procedures codes
- Add acupuncture procedure codes the lower neck pain line
- Advise DMAP to move diagnostic codes for sleep apnea testing from the Ancillary File to the Diagnostic File

May:

- Move cervical brachial syndrome from a funded to a non-funded line
- Add certain chronic pelvic inflammatory conditions to a non-funded line
- Add procedure code for therapeutic apheresis to several funded lines and advise DMAP to remove from the Ancillary File
- Add procedure code for corneal pachymetry to several funded lines
- Limit procedure codes for intra-aortic balloon device insertion and removal to two funded lines and adopt a new guideline
- Add acupuncture procedure codes to the funded knee arthritis line
- Add several procedure codes regarding splenectomy to a covered line for internal injuries
- Add nerve block procedure codes were to a number of funded and unfunded lines; advise DMAP to remove from the Ancillary File
- Various straightforward coding changes were recommended
- Add several diagnostic codes for fetal death to the pregnancy line

New Guidelines Proposed:

March:

- New guideline on Routine Cervical Cancer Screening to follow the recommendations of the US Preventive Services Task Force

May:

- A new guideline to indicate Chronic Pelvic Inflammatory Conditions are included on a lower line only; acute conditions are included on a higher line.
- A new guideline limiting Intra-Aortic Balloon Pumps for use in cardiogenic shock
- A new guideline to limit Lung Volume Reduction Surgery restricting coverage to severe cases that will benefit the most

From both the March and May meetings there were guideline changes recommended by VbBS based on HTAS Coverage Guidances; those recommendations are recorded in the HTAS portion of this document for:

- *MRI For Breast Cancer Diagnosis*
- *Continuous Glucose Monitoring In Diabetes Mellitus*
- *Diagnosis of Sleep Apnea*
- *Vertebroplasty, Sacroplasty, and Kyphoplasty*

Recommendations to Amend to Existing Guidelines

March:

- Edit the Uterine Leiomyoma guideline broaden its application to surgical procedures other than hysterectomy and modify the criteria for coverage
- Edit the criteria for excessive bleeding in Menstrual Bleeding Disorders guideline
- Edit the Tympanostomy Tubes In Acute Otitis Media guideline (GLN 29) to clarify coverage for patients with congenital conditions.
- Update the Health and Behavior Assessment/Intervention guideline to reference the latest CMS guidelines on the use of these services.
- Edit the Acupuncture guideline (GLN 92) to include pairing with chronic neck pain.:

May:

- Modify the Acupuncture guideline (GLN 92) to include pairing with knee arthritis
- Make grammatical change to Mood Disorders In Children Age Eighteen and Under Guideline (GLN 28)
- Modify the Hyperbaric Oxygen guideline to clarify what conditions treatment is paired with
- Modify the guidelines on cochlear implants, guideline notes 31 and 49, to clarify coverage for bilateral implants:

MOTION: To accept the ICD-10-CM VbBS recommendations with the exclusion of guideline discussion yet to be formally presented to HERC as stated. See the VbBS minutes of 3/14/13 and 5/9/13 for a full description of changes. Carries: 9-0.

Health Technology Assessment Subcommittee (HTAS) Report [Meeting materials, pages 62-76](#)

Alison Little and Wally Shaffer presented all the proposed coverage guidances from HTAS.

MRI for Breast Cancer Diagnosis

Evidence Summary

- Breast MRI identifies contralateral breast lesions in women with recently diagnosed breast cancer, but does not reliably distinguish between benign and malignant
- Preoperative MRI testing in women with recently diagnosed breast cancer may change treatment plans resulting in more extensive surgery (~16%)
 - No clear evidence of differences in incomplete excision rates or breast cancer recurrence rates
- No evidence of benefit on mortality with contralateral or preoperative breast MRI

Coffman noted this guidance was not reworked to include GRADE language. When the guidance is revisited in 2-years, the language will be updated to reflect recently adopted changes to the overall coverage guidance process.

For OHP implementation, VbBS recommended adopting the coverage guidance language as written.

MOTION: To approve the proposed coverage guidance for MRI for Breast Cancer Diagnosis. Carries 9-0.

Approved Coverage Guidance:

HERC COVERAGE GUIDANCE

In women with recently diagnosed breast cancer, preoperative or contralateral MRI of the breast should not be a covered service.

Diagnosis of Sleep Apnea

Evidence Summary

- Polysomnography (PSG) in sleep lab (type I monitor) considered gold standard for diagnosing sleep apnea
 - Includes 3 sleep arousal channels and minimum of 2 respiratory channels
- Strength of evidence that AHI is a strong and independent predictor of all-cause mortality limited to Apnea-Hypopnea Index (AHI) > 30
- Less robust association between baseline AHI and other long-term clinical outcomes
- No current established threshold level for AHI that indicates the need for treatment
- Type II monitor: same as Type I but portable
 - Wide variation in estimating actual AHI
- Type III monitor: No sleep arousal channels, minimum of 2 respiratory channels, portable
 - Perform better than type IV monitors
- Type IV monitors: Don't meet criteria for other types
- All accurately diagnose OSA
- Evidence of efficacy for some clinical prediction models and the Berlin questionnaire as screening tools for OSA

For OHP implementation, based on discussions with OHP Medical Directors who expressed their concern with the being able to provide the variety of tests across the state, this language is recommended by VbBS for a Prioritized Lis guideline notet:

Type I PSG is covered when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility.

OHP Clients should have access to at least one of the alterative listed below.

1. Type II or Type III sleep testing devices ~~are covered~~ when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

2. Type IV sleep testing devices measuring three or more channels, one of which is airflow, ~~are covered~~ when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

3. Sleep testing devices measuring three or more channels that include actigraphy, oximetry, and peripheral arterial tone, ~~are covered~~ when used to aid the diagnosis of

OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

CPAP titration should be performed as part of the diagnostic study, if possible.

MOTION: To approve the Diagnosis of Sleep Apnea guideline as recommended by VbBS for the Prioritized List. Carries: 8-0 (Abstained – Craft).

Approved Coverage Guidance:

HERC COVERAGE GUIDANCE

The following diagnostic tests for Obstructive Sleep Apnea (OSA) should be covered for adults:

1. Type I PSG is covered when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility.
2. Type II or Type III sleep testing devices are covered when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
3. Type IV sleep testing devices measuring three or more channels, one of which is airflow, are covered when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
4. Sleep testing devices measuring three or more channels that include actigraphy, oximetry, and peripheral arterial tone, are covered when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

Treatment of Sleep Apnea

Evidence Summary

- CPAP
 - Effective for improving sleep measures
 - No evidence of consistent benefit in improving quality of life, neurocognitive measures, or other intermediate outcomes
 - AutoCPAP and fixed CPAP result in similar compliance and treatment effects
- Mandibular advancement devices
 - Effective treatment for OSA
 - CPAP superior to mandibular advancement devices with regard to improved sleep study measures
- Intensive weight loss programs
 - Effective treatment for obese patients with OSA
- Insufficient evidence to evaluate efficacy of surgical procedures and other treatments

Main points of suggested coverage guidance:

- 12 week trial period to determine clinical benefit, tolerance and compliance
 - Minimum use of CPAP 4 hours/night for 70% of nights, during a 30-day period
- Patient education mandatory
- Positive diagnosis through PSG or HST
- Oral appliances should be provided
- For obese patients with OSA, intensive weight loss programs should be covered
- Surgery possible only after documented failure of CPAP or oral appliance; informed risk assessment

Discussion centered on reexamining the evidence for surgical options for this coverage guidance through the new GRADE methodology. A superficial walk-through the methodology seemed to lead to a weak recommendation to not cover.

Little will add a summary of the surgical systematic reviews in the description of the evidence to help clarify. If a further examination by staff leads confirms a weak recommendation to not cover according to the algorithm the coverage guidance does not require referral back to HTAS and can return to HERC for final consideration.

Vertebroplasty, Sacroplasty, and Kyphoplasty

Evidence Summary

- Vertebroplasty
 - No more effective than sham surgery
 - Comparisons to conservative medical therapy are inconsistent
 - Appears to have similar efficacy as kyphoplasty
- Kyphoplasty
 - No trials comparing to sham surgery
- May be more effective than conservative medical therapy early on, although differences diminish by 12 months
- Sacroplasty
 - No RCTs of sacroplasty
- Mortality rates for vertebroplasty and kyphoplasty range from 0.6% to 3.2%, and both are associated with high rates of cement leakage

For OHP implementation, VbBS recommended this language for a guideline to be associated with Line 507 the Prioritized List for:

Vertebroplasty and kyphoplasty are not included on this line (or any other line) for the treatment of routine osteoporotic compression fractures.

Vertebroplasty and kyphoplasty are only included on this line for the treatment of vertebral osteoporotic compression fractures when they are considered non-routine and meet all of the following conditions:

1. *The patient is hospitalized under inpatient status due to pain that is primarily related to a well-documented acute fracture, and*
2. *The severity of the pain prevents unassisted ambulation, and*
3. *The pain is not adequately controlled with oral or transcutaneous medication, and*
4. *The patient must have failed an appropriate trial of conservative management.*

Sacroplasty is not included on these or any lines of the Prioritized List for coverage consideration.

Members considered whether this coverage guidance should be sent back for the GRADE methodology treatment. It was felt the recommendations wouldn't likely change. Chan suggested altering the language to indicate when the procedure should be covered, rather than what should not be covered.

MOTION: To approve the coverage guidance for Vertebroplasty, Sacroplasty, and Kyphoplasty as amended. Carries 9-0.

Approved Coverage Guidance:

<u>HERC COVERAGE GUIDANCE</u>
<p>Vertebroplasty and kyphoplasty should be covered under the following circumstances:</p> <ol style="list-style-type: none"> 1. The patient is hospitalized under inpatient status due to pain that is primarily related to a well-documented acute fracture, and 2. The severity of the pain prevents unassisted ambulation, and 3. The pain is not adequately controlled with oral or transcutaneous medication. <p>The patient must have failed an appropriate trial of conservative management.</p> <p>Vertebroplasty and kyphoplasty should not be covered under other circumstances.</p> <p>Sacroplasty should not be covered.</p> <p>Note: This coverage guidance does not address vertebral fractures related to malignancy.</p>

Continuous Glucose Monitoring in Diabetes Mellitus (CGM)

Evidence Summary

- Similar effectiveness of retrospective CGM compared to Self Monitoring of Blood Glucose (SMBG) for any outcome, in any age group
- Real-time CGM vs. SMBG for children and adolescents
 - Some evidence that real-time CGM is more effective at decreasing HbA1c in children
 - Similar effectiveness in adolescents
- Real-time CGM for adults
 - Some evidence that real-time CGM is more effective than SMBG at decreasing HbA1c
 - Not all studies were statistically significant, study with longest follow up (18 mo.) found no differences
 - Amount of decrease in HbA1c may not be clinically significant (>0.5%), with 2 exceptions:
 - CGM + insulin pump compared to multiple daily injections (MDI) of insulin + SMBG
 - Poorly controlled diabetics (HbA1c > 8.0%)
 - No differences in quality of life compared to SMBG (2 studies)

- Increased patient satisfaction in insulin pump + CGM group (compared to MDI of insulin + SMBG) (2 studies)
- No evidence of difference between CGM and SMBG in the incidence of hypoglycemia or ketoacidosis
- No evidence that addresses the effect of CGM on diabetic complications, costs or mortality
- The subcommittee made no recommendation for what should happen when an HbA1c drops under 8%. Such a decision should be left to those who implement the guidance.

Saha asked about costs. Shaffer and Little confirmed it is very expensive, mostly in monthly supplies, for an approximate decrease of 0.3 to 0.7 in HbA1c.

Testimony:

Cheryl A. Moore RN, Certified Diabetes Educator, ODE/AADE, shared, for certain patients with type 2 diabetes, CGMs are a tremendous tool for doctors to help with prescribing.

Saha reiterated the evidence is pretty clear we should focus our dollars on type 1 patients. After some discussion, Saha asked for study data for patients on an insulin pump who have continuous monitoring vs. patients on a insulin pump who have intermittent monitoring. Little stated that data is not immediately available.

Approximate device costs:

Retrospective monitor: \$100

Continuous monitor: \$2,000 + additional monthly supplies and maintenance

For OHP implementation, VbBS recommended this language for the Prioritized List for Line 10:

Continuous blood glucose monitoring (CPT codes 95250-95251, HCPCS codes S1030-S1031) with real-time or retrospective continuous glucose monitoring systems are only included on Line 10 for Type 1 diabetics for whom insulin pump management is being considered, initiated, or utilized and who also have one of the following:

- *HbA1c levels greater than 8.0% (despite compliance with treatment), or*
- *a history of recurrent hypoglycemia.*

MOTION: To approve the proposed coverage guidance for Continuous Glucose Monitoring in Diabetes Mellitus. Carries 9-0.

Approved Coverage Guidance

HERC COVERAGE GUIDANCE

Continuous blood glucose monitoring with real-time or retrospective continuous glucose monitoring systems should only be covered for Type 1 diabetes mellitus patients for whom insulin pump management is being considered, initiated, or utilized and who also have one of the following:

- HbA1c levels greater than 8.0% despite compliance with therapy, or
- a history of recurrent hypoglycemia.

Real-time and retrospective continuous glucose monitoring systems should not be covered for Type 2 diabetes mellitus patients.

MOTION: To approve all VbBS guideline notes drawn from coverage guidances presented today. Carries; 9-0.

Evidence-based Guidelines Subcommittee (EbGS) Report
[Meeting materials, pages 153-167](#)

This report was not heard due to time constraints.

Topics not heard:

- Coronary Artery Calcium Scoring
- Coronary Computed Tomography Angiography
- Cervical Cancer Screening
- Management of Recurrent Acute Otitis Media in Children

These topics are carried forward to the August meeting.

Prioritization Review and Next Topics
[Meeting materials, pages 230-231](#)

The new topic list was approved with modifications (bariatric surgery will go to VbBS, without a coverage guidance created); Dental Radiographs for Caries will be kept on the list despite the old source. [Current list](#)

MOTION: To approve the list of new topics as stated. Carries: 9-0.

Coffman reported he is working with OHSU to review bariatric surgery patient outcome data and a VbBS review of that topic will take place once that information is available.

Public Comment

There was no public comment at this time.

Adjournment

Meeting was adjourned at 4:45 pm. Next meeting will be from 1:30-4:30 pm on Thursday, August 8, 2013 at the Meridian Park Hospital Health Education Center in Conf. Room 117 B&C.

Section 2: Director's Report

77th OREGON LEGISLATIVE ASSEMBLY--2013 Regular Session

Enrolled Senate Bill 365

Sponsored by Senators BATES, EDWARDS; Senators DEVLIN, HASS, JOHNSON, Representatives CONGER, MCLANE, PARRISH (Presession filed.)

CHAPTER

AN ACT

Relating to treatment for autism spectrum disorders; creating new provisions; amending ORS 676.610, 676.612, 676.613, 676.622, 676.625, 676.992, 743A.190 and 750.055; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2013 Act is added to and made a part of the Insurance Code.

SECTION 2. (1) As used in this section and sections 3 and 3a of this 2013 Act:

(a)(A) “Applied behavior analysis” means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human social behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior and that is provided by:

(i) A licensed health care professional registered under section 3 of this 2013 Act;

(ii) A behavior analyst or an assistant behavior analyst licensed under section 3 of this 2013 Act; or

(iii) A behavior analysis interventionist registered under section 3 of this 2013 Act.

(B) “Applied behavior analysis” excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy and long-term counseling as treatment modalities.

(b) “Autism spectrum disorder” has the meaning given that term in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association.

(c) “Diagnosis” means medically necessary assessment, evaluation or testing.

(d) “Health benefit plan” has the meaning given that term in ORS 743.730.

(e) “Medically necessary” means in accordance with the definition of medical necessity that is specified in the policy or certificate for the health benefit plan and that applies to all covered services under the plan.

(f) “Treatment for autism spectrum disorder” includes applied behavior analysis for up to 25 hours per week and any other mental health or medical services identified in the individualized treatment plan, as described in subsection (6) of this section.

(2) A health benefit plan shall provide coverage of:

(a) The screening for and diagnosis of autism spectrum disorder by a licensed neurologist, pediatric neurologist, developmental pediatrician, psychiatrist or psychologist, who has experience or training in the diagnosis of autism spectrum disorder; and

(b) Medically necessary treatment for autism spectrum disorder and the management of care, for an individual who begins treatment before nine years of age, subject to the requirements of this section.

(3) This section does not require coverage for:

(a) Services provided by a family or household member;

(b) Services that are custodial in nature or that constitute marital, family, educational or training services;

(c) Custodial or respite care, equine assisted therapy, creative arts therapy, wilderness or adventure camps, social counseling, telemedicine, music therapy, neurofeedback, chelation or hyperbaric chambers;

(d) Services provided under an individual education plan in accordance with the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq.;

(e) Services provided through community or social programs; or

(f) Services provided by the Department of Human Services or the Oregon Health Authority, other than employee benefit plans offered by the department and the authority.

(4) An insurer may not terminate coverage or refuse to issue or renew coverage for an individual solely because the individual has received a diagnosis of autism spectrum disorder or has received treatment for autism spectrum disorder.

(5) Coverage under this section may be subject to utilization controls that are reasonable in the context of individual determinations of medical necessity. An insurer may require:

(a) An autism spectrum disorder diagnosis by a professional described in subsection (2)(a) of this section if the original diagnosis was not made by a professional described in subsection (2)(a) of this section.

(b) Prior authorization for coverage of a maximum of 25 hours per week of applied behavior analysis recommended in an individualized treatment plan approved by a professional described in subsection (2)(a) of this section for an individual with autism spectrum disorder, as long as the insurer makes a prior authorization determination no later than 30 calendar days after receiving the request for prior authorization.

(6) If an individual is receiving applied behavior analysis, an insurer may require submission of an individualized treatment plan, which shall include all elements necessary for the insurer to appropriately determine coverage under the health benefit plan. The individualized treatment plan must be based on evidence-based screening criteria. An insurer may require an updated individualized treatment plan, not more than once every six months, that includes observed progress as of the date the updated plan was prepared, for the purpose of performing utilization review and medical management. The insurer may require the individualized treatment plan to be approved by a professional described in subsection (2)(a) of this section, and to include the:

(a) Diagnosis;

(b) Proposed treatment by type;

(c) Frequency and anticipated duration of treatment;

(d) Anticipated outcomes stated as goals, including specific cognitive, social, communicative, self-care and behavioral goals that are clearly stated, directly observed and continually measured and that address the characteristics of the autism spectrum disorder; and

(e) Signature of the treating provider.

(7)(a) Once coverage for applied behavior analysis has been approved, the coverage continues as long as:

(A) The individual continues to make progress toward the majority of the goals of the individualized treatment plan; and

(B) Applied behavior analysis is medically necessary.

(b) An insurer may require periodic review of an individualized treatment plan, as described in subsection (6) of this section, and modification of the individualized treatment plan

if the review shows that the individual receiving the treatment is not making substantial clinical progress toward the goals of the individualized treatment plan.

(8) Coverage under this section may be subject to requirements and limitations no more restrictive than those imposed on coverage or reimbursement of expenses arising from the treatment of other medical conditions under the policy or certificate, including but not limited to:

(a) Requirements and limitations regarding in-network providers; and

(b) Provisions relating to deductibles, copayments and coinsurance.

(9) This section applies to coverage for up to 25 hours per week of applied behavior analysis for an individual if the coverage is first requested when the individual is under nine years of age. This section does not limit coverage for any services that are otherwise available to an individual under ORS 743A.168 or 743A.190, including but not limited to:

(a) Treatment for autism spectrum disorder other than applied behavior analysis or the services described in subsection (3) of this section.

(b) Applied behavior analysis for more than 25 hours per week; or

(c) Applied behavior analysis for an individual if the coverage is first requested when the individual is nine years of age or older.

(10) Coverage under this section includes treatment for autism spectrum disorder provided in the individual's home or a licensed health care facility or, for treatment provided by a licensed health care professional registered with the Behavior Analysis Regulatory Board or a behavior analyst or assistant behavior analyst licensed under section 3 of this 2013 Act, in a setting approved by the health care professional, behavior analyst or assistant behavior analyst.

(11) An insurer that provides coverage of applied behavior analysis in accordance with a decision of an independent review organization that was made prior to January 1, 2016, shall continue to provide coverage, subject to modifications made in accordance with subsection (7) of this section.

(12) ORS 743A.001 does not apply to this section.

SECTION 3. (1) There is created, within the Oregon Health Licensing Agency, the Behavior Analysis Regulatory Board consisting of seven members appointed by the Governor, including:

(a) Three members who are licensed by the board;

(b) One member who is a licensed psychiatrist or developmental pediatrician, with experience or training in treating autism spectrum disorder;

(c) One member who is a licensed psychologist registered with the board;

(d) One member who is a licensed speech-language pathologist registered with the board; and

(e) One member of the general public who does not have a financial interest in the provision of applied behavior analysis and does not have a ward or family member who has been diagnosed with autism spectrum disorder.

(2) Not more than one member of the Behavior Analysis Regulatory Board may be an employee of an insurer.

(3) The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on November 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(4) A member of the Behavior Analysis Regulatory Board is entitled to compensation and expenses as provided in ORS 292.495.

(5) The Behavior Analysis Regulatory Board shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the board determines.

(6) A majority of the members of the Behavior Analysis Regulatory Board constitutes a quorum for the transaction of business.

(7) The Behavior Analysis Regulatory Board shall meet at least once every three months at a place, day and hour determined by the board. The board may also meet at other times and places specified by the call of the chairperson or of a majority of the members of the board.

(8) In accordance with ORS chapter 183, the Behavior Analysis Regulatory Board shall establish by rule criteria for the:

(a) Licensing of:

(A) Behavior analysts; and

(B) Assistant behavior analysts; and

(b) Registration of:

(A) Licensed health care professionals; and

(B) Behavior analysis interventionists.

(9) The criteria for the licensing of a behavior analyst must include, but are not limited to, the requirement that the applicant:

(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Behavior Analyst; and

(b) Have successfully completed a criminal records check.

(10) The criteria for the licensing of an assistant behavior analyst must include, but are not limited to, the requirement that the applicant:

(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Assistant Behavior Analyst;

(b) Be supervised by a behavior analyst who is licensed by the Behavior Analysis Regulatory Board; and

(c) Have successfully completed a criminal records check.

(11) The criteria for the registration of a behavior analysis interventionist must include, but are not limited to, the requirement that the applicant:

(a) Have completed coursework and training prescribed by the Behavior Analysis Regulatory Board by rule;

(b) Receive ongoing oversight by a licensed behavior analyst or a licensed assistant behavior analyst, or by another licensed health care professional approved by the board; and

(c) Have successfully completed a criminal records check.

(12) In accordance with applicable provisions of ORS chapter 183, the Behavior Analysis Regulatory Board shall adopt rules:

(a) Establishing standards and procedures for the licensing of behavior analysts and assistant behavior analysts and for the registration of licensed health care professionals and behavior analysis interventionists in accordance with this section;

(b) Establishing guidelines for the professional methods and procedures to be used by individuals licensed and registered under this section;

(c) Governing the examination of applicants for licenses and registrations under this section and the renewal, suspension and revocation of the licenses and registrations; and

(d) Establishing fees sufficient to cover the costs of administering the licensing and registration procedures under this section.

(13) The Behavior Analysis Regulatory Board shall issue a license to an applicant who:

(a) Files an application in the form prescribed by the board;

(b) Pays fees established by the board; and

(c) Demonstrates to the satisfaction of the board that the applicant meets the criteria adopted under this section.

(14) The Behavior Analysis Regulatory Board shall establish the procedures for the registration of licensed health care professionals and behavior analysis interventionists.

(15) All moneys received by the Behavior Analysis Regulatory Board under subsection (13) of this section shall be paid into the General Fund of the State Treasury and credited to the Oregon Health Licensing Agency Account.

(16) An individual who has not been licensed or registered by the Behavior Analysis Regulatory Board in accordance with criteria and standards adopted under this section may not claim reimbursement for services described in section 2 of this 2013 Act under a health benefit plan or under a self-insured health plan offered by the Public Employees' Benefit Board or the Oregon Educators Benefit Board.

SECTION 3a. (1) Notwithstanding the composition of the Behavior Analysis Regulatory Board specified in section 3 of this 2013 Act, for the period beginning on the operative date of section 3 of this 2013 Act and ending on October 31, 2015, the board shall consist of seven members appointed by the Governor, including:

(a) Three members who are certified by the Behavior Analyst Certification Board, Incorporated, as Board Certified Behavior Analysts;

(b) One member who is a licensed psychiatrist or developmental pediatrician and who has experience or training in applied behavior analysis;

(c) One member who is a licensed psychologist and who has experience in the diagnosis or treatment of autism spectrum disorders;

(d) One member who is a licensed speech-language pathologist and who has experience or training in applied behavior analysis; and

(e) One member of the general public who does not have a financial interest in the provision of applied behavior analysis and does not have a ward or family member who has been diagnosed with autism spectrum disorder.

(2) Notwithstanding the term of office specified by section 3 of this 2013 Act, if members first appointed to the Behavior Analysis Regulatory Board under this section continue to serve after October 31, 2015, the board shall adopt a method for establishing the terms of office of board members so that the terms of office do not all expire on the same date.

SECTION 4. Notwithstanding section 3 (16) of this 2013 Act, an individual actively practicing applied behavior analysis on the effective date of this 2013 Act may continue to claim reimbursement from a health benefit plan, the Public Employees' Benefit Board or the Oregon Educators Board for services provided without a license before January 1, 2016.

SECTION 5. The Oregon Health Licensing Agency may take any action before November 1, 2013, that is necessary for the agency to implement the provisions of sections 3 and 3a of this 2013 Act on and after November 1, 2013.

SECTION 6. Not later than August 30, 2013, the Health Evidence Review Commission shall begin the process of evaluating applied behavior analysis, as defined in section 2 of this 2013 Act, as a treatment for autism spectrum disorder, as defined in section 2 of this 2013 Act, for the purpose of updating the list of health services recommended under ORS 414.690. Any adjustments to the list of health services that result from the evaluation process must be implemented not later than:

(1) October 1, 2014, if the adjustments do not require the development of new medical coding; and

(2) April 1, 2015, if the adjustments require the development or adoption of new medical coding.

SECTION 7. ORS 743A.190 is amended to read:

743A.190. (1) A health benefit plan, as defined in ORS 743.730, must cover for a child enrolled in the plan who is under 18 years of age and who has been diagnosed with a pervasive developmental disorder all medical services, including rehabilitation services, that are medically necessary and are otherwise covered under the plan.

(2) The coverage required under subsection (1) of this section, including rehabilitation services, may be made subject to other provisions of the health benefit plan that apply to covered services, including but not limited to:

- (a) Deductibles, copayments or coinsurance;
- (b) Prior authorization or utilization review requirements; or
- (c) Treatment limitations regarding the number of visits or the duration of treatment.
- (3) As used in this section:

(a) "Medically necessary" means in accordance with the definition of medical necessity that is specified in the policy, certificate or contract for the health benefit plan and that applies uniformly to all covered services under the health benefit plan.

(b) "Pervasive developmental disorder" means a neurological condition that includes [*Asperger's syndrome*,] autism **spectrum disorder**, developmental delay, developmental disability or mental retardation.

(c) "Rehabilitation services" means physical therapy, occupational therapy or speech therapy services to restore or improve function.

(4) The provisions of ORS 743A.001 do not apply to this section.

(5) The definition of "pervasive developmental disorder" is not intended to apply to coverage required under ORS 743A.168 **or section 2 of this 2013 Act.**

SECTION 8. ORS 750.055, as amended by section 3, chapter 21, Oregon Laws 2012, is amended to read:

750.055. (1) The following provisions of the Insurance Code apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.844 to 731.992, 731.870 and 743.061.

(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not including ORS 732.582.

(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(d) ORS chapter 734.

(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492, 743.495, 743.498, 743.499, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.764, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.894, 743.911, 743.912, 743.913, 743.917, 743A.010, 743A.012, 743A.020, 743A.034, 743A.036, 743A.048, 743A.058, 743A.062, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.110, 743A.140, 743A.141, 743A.144, 743A.148, 743A.160, 743A.164, 743A.168, 743A.170, 743A.175, 743A.184, 743A.185, 743A.188, 743A.190 and 743A.192 and section 2, chapter 21, Oregon Laws 2012, **and section 2 of this 2013 Act.**

(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(h) ORS 743A.024, except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred by a physician associated with a group practice health maintenance organization.

(i) ORS 735.600 to 735.650.

(j) ORS 743.680 to 743.689.

(k) ORS 744.700 to 744.740.

(L) ORS 743.730 to 743.773.

(m) ORS 731.485, except in the case of a group practice health maintenance organization that is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and operates an in-house drug outlet.

(2) For the purposes of this section, health care service contractors shall be deemed insurers.

(3) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(4) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

SECTION 9. Section 10 of this 2013 Act is added to and made a part of ORS chapter 343.

SECTION 10. (1) Section 2 of this 2013 Act does not limit, replace or affect any obligation of a school district to provide services under an individualized education program to a child with a disability in accordance with the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq., or other publicly funded programs to assist individuals with autism spectrum disorder.

(2) Any governmental or educational entity providing services as required under the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq., as amended, or other state or federal law requiring the provision of services to individuals with disabilities, is prohibited from reducing, eliminating or shifting required services to coverage provided under section 2 of this 2013 Act.

SECTION 11. In the manner prescribed in ORS chapter 183 for contested cases, the Oregon Health Licensing Agency may impose a form of discipline listed in ORS 676.612 against any person licensed or registered under section 3 of this 2013 Act for any of the prohibited acts listed in ORS 676.612 and for any violation of a rule adopted under section 3 of this 2013 Act.

SECTION 12. ORS 676.610 is amended to read:

676.610. (1)(a) The Oregon Health Licensing Agency is under the supervision and control of a director, who is responsible for the performance of the duties, functions and powers and for the organization of the agency.

(b) The Director of the Oregon Department of Administrative Services shall establish the qualifications for and appoint the Director of the Oregon Health Licensing Agency, who holds office at the pleasure of the Director of the Oregon Department of Administrative Services.

(c) The Director of the Oregon Health Licensing Agency shall receive a salary as provided by law or, if not so provided, as prescribed by the Director of the Oregon Department of Administrative Services.

(d) The Director of the Oregon Health Licensing Agency is in the unclassified service.

(2) The Director of the Oregon Health Licensing Agency shall provide the boards, councils and programs administered by the agency with such services and employees as the agency requires to carry out the agency's duties. Subject to any applicable provisions of the State Personnel Relations Law, the Director of the Oregon Health Licensing Agency shall appoint all subordinate officers and employees of the agency, prescribe their duties and fix their compensation.

(3) The Director of the Oregon Health Licensing Agency is responsible for carrying out the duties, functions and powers under ORS 675.360 to 675.410, 676.605 to 676.625, 676.992, 678.710 to 678.820, 680.500 to 680.565, 687.405 to 687.495, 687.895, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.235, 690.350 to 690.415, 691.405 to 691.485 and 694.015 to 694.185 **and sections 3 and 11 of this 2013 Act** and ORS chapter 700.

(4) The enumeration of duties, functions and powers in subsection (3) of this section is not intended to be exclusive or to limit the duties, functions and powers imposed on or vested in the Oregon Health Licensing Agency by other statutes.

SECTION 13. ORS 676.612 is amended to read:

676.612. (1) In the manner prescribed in ORS chapter 183 for contested cases and as specified in ORS 675.385, 678.780, 680.535, 687.445, 688.734, 688.836, 690.167, 690.407, 691.477, 694.147 and 700.111 **and section 11 of this 2013 Act**, the Oregon Health Licensing Agency may refuse to issue or renew, may suspend or revoke or may otherwise condition or limit a certificate, license, permit or registration to practice issued by the agency or may discipline or place on probation a holder

of a certificate, license, permit or registration for commission of the prohibited acts listed in subsection (2) of this section.

(2) A person subject to the authority of a board, council or program listed in ORS 676.606 commits a prohibited act if the person engages in:

(a) Fraud, misrepresentation, concealment of material facts or deception in applying for or obtaining an authorization to practice in this state, or in any written or oral communication to the agency concerning the issuance or retention of the authorization.

(b) Using, causing or promoting the use of any advertising matter, promotional literature, testimonial, guarantee, warranty, label, insignia or any other representation, however disseminated or published, that is false, misleading or deceptive.

(c) Making a representation that the certificate, license, permit or registration holder knew or should have known is false or misleading regarding skill or the efficacy or value of treatment or remedy administered by the holder.

(d) Practicing under a false, misleading or deceptive name, or impersonating another certificate, license, permit or registration holder.

(e) Permitting a person other than the certificate, license, permit or registration holder to use the certificate, license, permit or registration.

(f) Practicing with a physical or mental condition that presents an unreasonable risk of harm to the holder of a certificate, license, permit or registration or to the person or property of others in the course of performing the holder's duties.

(g) Practicing while under the influence of alcohol, controlled substances or other skill-impairing substances, or engaging in the illegal use of controlled substances or other skill-impairing substances so as to create a risk of harm to the person or property of others in the course of performing the duties of a holder of a certificate, license, permit or registration.

(h) Failing to properly and reasonably accept responsibility for the actions of employees.

(i) Employing, directly or indirectly, any suspended, uncertified, unlicensed or unregistered person to practice a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606.

(j) Unprofessional conduct, negligence, incompetence, repeated violations or any departure from or failure to conform to standards of practice in performing services or practicing in a regulated occupation or profession subject to the authority of the boards, councils and programs listed under ORS 676.606.

(k) Conviction of any criminal offense, subject to ORS 670.280. A copy of the record of conviction, certified by the clerk of the court entering the conviction, is conclusive evidence of the conviction. A plea of no contest or an admission of guilt shall be considered a conviction for purposes of this paragraph.

(L) Failing to report any adverse action, as required by statute or rule, taken against the certificate, license, permit or registration holder by another regulatory jurisdiction or any peer review body, health care institution, professional association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in this section.

(m) Violation of a statute regulating an occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606.

(n) Violation of any rule regulating an occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606.

(o) Failing to cooperate with the agency in any investigation, inspection or request for information.

(p) Selling or fraudulently obtaining or furnishing any certificate, license, permit or registration to practice in a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606, or aiding or abetting such an act.

(q) Selling or fraudulently obtaining or furnishing any record related to practice in a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606, or aiding or abetting such an act.

(r) Failing to pay an outstanding civil penalty or fee that is due or failing to meet the terms of any order issued by the agency that has become final.

(3) For the purpose of requesting a state or nationwide criminal records check under ORS 181.534, the agency may require the fingerprints of a person who is:

(a) Applying for a certificate, license, permit or registration that is issued by the agency;

(b) Applying for renewal of a certificate, license, permit or registration that is issued by the agency; or

(c) Under investigation by the agency.

(4) If the agency places a holder of a certificate, license, permit or registration on probation under subsection (1) of this section, the agency, in consultation with the appropriate board, council or program, may determine and at any time modify the conditions of the probation.

(5) If a certificate, license, permit or registration is suspended, the holder may not practice during the term of suspension. Upon the expiration of the term of suspension, the certificate, license, permit or registration may be reinstated by the agency if the conditions of suspension no longer exist and the holder has satisfied all requirements in the relevant statutes or administrative rules for issuance, renewal or reinstatement.

SECTION 14. ORS 676.613 is amended to read:

676.613. (1) In addition to all other remedies, when it appears to the Oregon Health Licensing Agency that a person is engaged in, has engaged in or is about to engage in any act, practice or transaction that violates any provision of ORS 675.360 to 675.410, 676.617, 678.710 to 678.820, 680.500 to 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.235, 690.350 to 690.415, 691.405 to 691.485 or 694.015 to 694.185 **or section 3 of this 2013 Act** or ORS chapter 700, the agency may, through the Attorney General or the district attorney of the county in which the act, practice or transaction occurs or will occur, apply to the court for an injunction restraining the person from the act, practice or transaction.

(2) A court may issue an injunction under this section without proof of actual damages. An injunction issued under this section does not relieve a person from any other prosecution or enforcement action taken for violation of statutes listed in subsection (1) of this section.

SECTION 15. ORS 676.622 is amended to read:

676.622. (1) A transaction conducted through a state or local system or network that provides electronic access to the Oregon Health Licensing Agency information and services is exempt from any requirement under ORS 675.360 to 675.410, 676.605 to 676.625, 676.992, 680.500 to 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.235, 690.350 to 690.415, 691.405 to 691.485 and 694.015 to 694.185 **and section 3 of this 2013 Act** and ORS chapter 700, and rules adopted thereunder, requiring an original signature or the submission of handwritten materials.

(2) Electronic signatures subject to ORS 84.001 to 84.061 and facsimile signatures are acceptable and have the same force as original signatures.

SECTION 16. ORS 676.625 is amended to read:

676.625. (1) The Oregon Health Licensing Agency shall establish by rule and shall collect fees and charges to carry out the agency's responsibilities under ORS 676.605 to 676.625 and 676.992 and any responsibility imposed on the agency pertaining to the boards, councils and programs administered and regulated by the agency pursuant to ORS 676.606.

(2) The Oregon Health Licensing Agency Account is established in the General Fund of the State Treasury. The account shall consist of the moneys credited to the account by the Legislative Assembly. All moneys in the account are appropriated continuously to and shall be used by the Oregon Health Licensing Agency for payment of expenses of the agency in carrying out the duties, functions and obligations of the agency, and for payment of the expenses of the boards, councils and programs administered and regulated by the agency pursuant to ORS 676.606. The agency shall keep

a record of all moneys credited to the account and report the source from which the moneys are derived and the activity of each board, council or program that generated the moneys.

(3) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting fees and charges credited to the account, the fees and charges may not exceed the cost of administering the agency and the boards, councils and programs within the agency, as authorized by the Legislative Assembly within the agency's budget, as the budget may be modified by the Emergency Board.

(4) All moneys credited to the account pursuant to ORS 675.405, 676.617, 680.525, 687.435, 688.728, 688.834, 690.235, 690.415, 691.479, 694.185 and 700.080 **and section 3 of this 2013 Act**, and moneys credited to the account from other agency and program fees established by the agency by rule, are continuously appropriated to the agency for carrying out the duties, functions and powers of the agency under ORS 676.605 to 676.625 and 676.992 **and section 3 of this 2013 Act**.

(5) The moneys received from civil penalties assessed under ORS 676.992 shall be deposited and accounted for as are other moneys received by the agency and shall be for the administration and enforcement of the statutes governing the boards, councils and programs administered by the agency.

SECTION 17. ORS 676.992 is amended to read:

676.992. (1) Except as provided in subsection (3) of this section, and in addition to any other penalty or remedy provided by law, the Oregon Health Licensing Agency may impose a civil penalty not to exceed \$5,000 for each violation of the following statutes and any rule adopted thereunder:

- (a) ORS 688.701 to 688.734 (athletic training);
- (b) ORS 690.005 to 690.235 (cosmetology);
- (c) ORS 680.500 to 680.565 (denture technology);
- (d) ORS 687.405 to 687.495 (direct entry midwifery);
- (e) ORS 690.350 to 690.415 (tattooing, electrolysis, body piercing, dermal implanting and scarification);
- (f) ORS 694.015 to 694.185 (dealing in hearing aids);
- (g) ORS 688.800 to 688.840 (respiratory therapy and polysomnography);
- (h) ORS chapter 700 (environmental sanitation);
- (i) ORS 676.617 (single facility licensure);
- (j) ORS 675.360 to 675.410 (sex offender treatment);
- (k) ORS 678.710 to 678.820 (nursing home administrators);
- (L) ORS 691.405 to 691.485 (dietitians); [and]
- (m) ORS 676.612 (prohibited acts); **and**
- (n) Section 3 of this 2013 Act (applied behavior analysis).**

(2) The agency may take any other disciplinary action that it finds proper, including but not limited to assessment of costs of disciplinary proceedings, not to exceed \$5,000, for violation of any statute listed in subsection (1) of this section or any rule adopted under any statute listed in subsection (1) of this section.

(3) Subsection (1) of this section does not limit the amount of the civil penalty resulting from a violation of ORS 694.042.

(4) In imposing a civil penalty pursuant to this section, the agency shall consider the following factors:

- (a) The immediacy and extent to which the violation threatens the public health or safety;
- (b) Any prior violations of statutes, rules or orders;
- (c) The history of the person incurring a penalty in taking all feasible steps to correct any violation; and
- (d) Any other aggravating or mitigating factors.

(5) Civil penalties under this section shall be imposed as provided in ORS 183.745.

(6) The moneys received by the agency from civil penalties under this section shall be paid into the General Fund of the State Treasury and credited to the Oregon Health Licensing Agency Account established under ORS 676.625. Such moneys are continuously appropriated to the agency for

the administration and enforcement of the laws the agency is charged with administering and enforcing that govern the person against whom the penalty was imposed.

SECTION 18. Section 3 of this 2013 Act and the amendments to ORS 676.610, 676.612, 676.613, 676.622, 676.625 and 676.992 by sections 12 to 17 of this 2013 Act become operative November 1, 2013.

SECTION 19. Section 3 of this 2013 Act is amended to read:

Sec. 3. (1) There is created, within the Oregon Health Licensing Agency, the Behavior Analysis Regulatory Board consisting of seven members appointed by the Governor, including:

- (a) Three members who are licensed by the board;
- (b) One member who is a licensed psychiatrist or developmental pediatrician, with experience or training in treating autism spectrum disorder;
- (c) One member who is a licensed psychologist registered with the board;
- (d) One member who is a licensed speech-language pathologist registered with the board; and
- (e) One member of the general public who does not have a financial interest in the provision of applied behavior analysis and does not have a ward or family member who has been diagnosed with autism spectrum disorder.

(2) Not more than one member of the Behavior Analysis Regulatory Board may be an employee of an insurer.

(3) The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on November 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(4) A member of the Behavior Analysis Regulatory Board is entitled to compensation and expenses as provided in ORS 292.495.

(5) The Behavior Analysis Regulatory Board shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the board determines.

(6) A majority of the members of the Behavior Analysis Regulatory Board constitutes a quorum for the transaction of business.

(7) The Behavior Analysis Regulatory Board shall meet at least once every three months at a place, day and hour determined by the board. The board may also meet at other times and places specified by the call of the chairperson or of a majority of the members of the board.

(8) In accordance with ORS chapter 183, the Behavior Analysis Regulatory Board shall establish by rule criteria for the:

- (a) Licensing of:
 - (A) Behavior analysts; and
 - (B) Assistant behavior analysts; and
- (b) Registration of:
 - (A) Licensed health care professionals; and
 - (B) Behavior analysis interventionists.

(9) The criteria for the licensing of a behavior analyst must include, but are not limited to, the requirement that the applicant:

- (a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Behavior Analyst; and
- (b) Have successfully completed a criminal records check.

(10) The criteria for the licensing of an assistant behavior analyst must include, but are not limited to, the requirement that the applicant:

- (a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Assistant Behavior Analyst;
- (b) Be supervised by a behavior analyst who is licensed by the Behavior Analysis Regulatory Board; and

(c) Have successfully completed a criminal records check.

(11) The criteria for the registration of a behavior analysis interventionist must include, but are not limited to, the requirement that the applicant:

(a) Have completed coursework and training prescribed by the Behavior Analysis Regulatory Board by rule;

(b) Receive ongoing oversight by a licensed behavior analyst or a licensed assistant behavior analyst, or by another licensed health care professional approved by the board; and

(c) Have successfully completed a criminal records check.

(12) In accordance with applicable provisions of ORS chapter 183, the Behavior Analysis Regulatory Board shall adopt rules:

(a) Establishing standards and procedures for the licensing of behavior analysts and assistant behavior analysts and for the registration of licensed health care professionals and behavior analysis interventionists in accordance with this section;

(b) Establishing guidelines for the professional methods and procedures to be used by individuals licensed and registered under this section;

(c) Governing the examination of applicants for licenses and registrations under this section and the renewal, suspension and revocation of the licenses and registrations; and

(d) Establishing fees sufficient to cover the costs of administering the licensing and registration procedures under this section.

(13) The Behavior Analysis Regulatory Board shall issue a license to an applicant who:

(a) Files an application in the form prescribed by the board;

(b) Pays fees established by the board; and

(c) Demonstrates to the satisfaction of the board that the applicant meets the criteria adopted under this section.

(14) The Behavior Analysis Regulatory Board shall establish the procedures for the registration of licensed health care professionals and behavior analysis interventionists.

(15) All moneys received by the Behavior Analysis Regulatory Board under subsection (13) of this section shall be paid into the General Fund of the State Treasury and credited to the Oregon Health Licensing Agency Account.

[(16) An individual who has not been licensed or registered by the Behavior Analysis Regulatory Board in accordance with criteria and standards adopted under this section may not claim reimbursement for services described in section 2 of this 2013 Act under a health benefit plan or under a self-insured health plan offered by the Public Employees' Benefit Board or the Oregon Educators Benefit Board.]

SECTION 20. ORS 743A.190, as amended by section 7 of this 2013 Act, is amended to read:

743A.190. (1) A health benefit plan, as defined in ORS 743.730, must cover for a child enrolled in the plan who is under 18 years of age and who has been diagnosed with a pervasive developmental disorder all medical services, including rehabilitation services, that are medically necessary and are otherwise covered under the plan.

(2) The coverage required under subsection (1) of this section, including rehabilitation services, may be made subject to other provisions of the health benefit plan that apply to covered services, including but not limited to:

(a) Deductibles, copayments or coinsurance;

(b) Prior authorization or utilization review requirements; or

(c) Treatment limitations regarding the number of visits or the duration of treatment.

(3) As used in this section:

(a) "Medically necessary" means in accordance with the definition of medical necessity that is specified in the policy, certificate or contract for the health benefit plan and that applies uniformly to all covered services under the health benefit plan.

(b) "Pervasive developmental disorder" means a neurological condition that includes autism spectrum disorder, developmental delay, developmental disability or mental retardation.

(c) “Rehabilitation services” means physical therapy, occupational therapy or speech therapy services to restore or improve function.

(4) The provisions of ORS 743A.001 do not apply to this section.

(5) The definition of “pervasive developmental disorder” is not intended to apply to coverage required under ORS 743A.168 [or section 2 of this 2013 Act].

SECTION 21. ORS 750.055, as amended by section 3, chapter 21, Oregon Laws 2012, and section 8 of this 2013 Act, is amended to read:

750.055. (1) The following provisions of the Insurance Code apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.844 to 731.992, 731.870 and 743.061.

(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not including ORS 732.582.

(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(d) ORS chapter 734.

(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492, 743.495, 743.498, 743.499, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.764, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.894, 743.911, 743.912, 743.913, 743.917, 743A.010, 743A.012, 743A.020, 743A.034, 743A.036, 743A.048, 743A.058, 743A.062, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.110, 743A.140, 743A.141, 743A.144, 743A.148, 743A.160, 743A.164, 743A.168, 743A.170, 743A.175, 743A.184, 743A.185, 743A.188, 743A.190 and 743A.192 and section 2, chapter 21, Oregon Laws 2012[, and section 2 of this 2013 Act].

(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(h) ORS 743A.024, except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred by a physician associated with a group practice health maintenance organization.

(i) ORS 735.600 to 735.650.

(j) ORS 743.680 to 743.689.

(k) ORS 744.700 to 744.740.

(L) ORS 743.730 to 743.773.

(m) ORS 731.485, except in the case of a group practice health maintenance organization that is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and operates an in-house drug outlet.

(2) For the purposes of this section, health care service contractors shall be deemed insurers.

(3) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(4) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

SECTION 22. Section 2 of this 2013 Act is repealed January 2, 2022.

SECTION 23. Sections 2 and 10 of this 2013 Act and the amendments to ORS 743A.190 and 750.055 by sections 7 and 8 of this 2013 Act apply to health benefit plan policies and certificates:

(1) Offered by the Public Employees' Benefit Board or the Oregon Educators Benefit Board for coverage beginning on or after January 1, 2015; and

(2) Other than for plans offered by the Public Employees' Benefit Board or the Oregon Educators Benefit Board, for coverage beginning on or after January 1, 2016.

SECTION 24. The amendments to section 3 of this 2013 Act by section 19 of this 2013 Act and the amendments to ORS 743A.190 and 750.055 by sections 20 and 21 of this 2013 Act become operative January 2, 2022.

SECTION 25. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.

Passed by Senate June 29, 2013

.....
Robert Taylor, Secretary of Senate

.....
Peter Courtney, President of Senate

Passed by House July 1, 2013

.....
Tina Kotek, Speaker of House

Received by Governor:

.....M,....., 2013

Approved:

.....M,....., 2013

.....
John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M,....., 2013

.....
Kate Brown, Secretary of State

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 1**
 Condition: PREGNANCY (See Guideline Notes 1,2,16,22,64,65,76,85,92,99)
 Treatment: MATERNITY CARE
 ICD-10: N88.3,O02.81-O02.89,O09.00-O09.13,O09.211-O09.93,O10.011-O10.93,O11.1-O11.9,O12.00-O12.23,O13.1-O13.9,O14.00-O14.93,O15.00-O15.9,O16.1-O16.9,O20.0-O20.9,O21.0-O21.9,O22.00-O22.53,O22.8x1-O22.93,O23.00-O23.43,O23.511-O23.93,O24.011-O24.93,O25.10-O25.3,O26.00-O26.53,O26.611-O26.93,O29.011-O29.93,O30.001-O30.93,O31.00x0-O31.8x99,O32.0xx0-O32.9xx9,O33.0-O33.2,O33.3xx0-O33.9,O34.00-O34.43,O34.511-O34.93,O35.0xx0-O35.9xx9,O36.0110-O36.93x9,O40.1xx0-O40.9xx9,O41.00x0-O41.93x9,O42.00,O42.011-O42.92,O43.011-O43.93,O44.00-O44.13,O45.001-O45.93,O46.001-O46.93,O47.00-O47.9,O48.0-O48.1,O60.00-O60.03,O60.10x0-O60.23x9,O61.0-O61.9,O62.0-O62.9,O63.0-O63.9,O64.0xx0-O64.9xx9,O65.0-O65.9,O66.0-O66.3,O66.40-O66.9,O67.0-O67.9,O68,O69.0xx0-O69.9xx9,O70.0-O70.9,O71.00-O71.9,O72.0-O72.3,O73.0-O73.1,O74.0-O74.9,O75.0-O75.5,O75.81-O75.9,O76,O77.0-O77.9,O80-O85,O86.11-O86.89,O87.0-O87.9,O88.011-O88.83,O89.01-O89.9,O90.1-O90.6,O90.81-O90.9,O91.011-O91.03,O91.211-O91.23,O92.011-O92.79,O98.011-O98.93,O99.011-O99.89,O9A.111-O9A.53,Q92.61,Q95.0-Q95.1,Z03.71-Z03.79,Z22.330,Z32.00-Z32.02,Z34.00-Z34.93,Z36,Z3A.00-Z3A.49,Z39.0-Z39.2
 CPT: 01958-01963,01967-01969,12021,57022,59000-59100,59160-59622,59866,59871,76801-76828,81508-81512,84163,84704,96150-96154,97802-97814,98960,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0108,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,H0045,S0270-S0274,S2401-S2403,S2405,S2411,S8055,S9208-S9214
- Line: 2**
 Condition: BIRTH OF INFANT (See Guideline Notes 64,65)
 Treatment: NEWBORN CARE
 ICD-10: P00.0-P00.7,P00.81-P00.9,P01.0-P01.9,P02.0-P02.1,P02.20-P02.9,P03.0-P03.6,P03.810-P03.9,P04.0-P04.3,P04.41-P04.9,P05.00,P05.10,P05.9,P29.0,P29.11-P29.2,P29.4,P29.89-P29.9,P36.0,P36.10-P36.9,P94.1-P94.9,P96.0,P96.3-P96.5,P96.83-P96.89,Z38.00-Z38.8
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99460-99463,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 3**
 Condition: PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS (See Coding Specification Below) (See Guideline Notes 64,65,69,76,106)
 Treatment: MEDICAL THERAPY
 ICD-10: Z00.00-Z00.01,Z00.110-Z00.129,Z01.00-Z01.10,Z01.110-Z01.118,Z01.411-Z01.42,Z08,Z11.1,Z11.3-Z11.4,Z11.51,Z12.11,Z12.31,Z12.4,Z13.1,Z13.220,Z13.4,Z13.820,Z13.88,Z20.1-Z20.7,Z20.810-Z20.828,Z71.41,Z71.7,Z76.1-Z76.2,Z80.41,Z91.81
 CPT: 90471,90472,90632-90636,90645-90650,90654-90662,90669,90680,90681,90696-90710,90713-90716,90719-90723,90732-90734,90736,90740-90748,92002-92014,92551,92552,92567,96110,98966-98969,99051,99060,99070,99078,99173,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0008-G0010,G0396,G0397,G0406-G0408,G0425-G0427,G0438,G0439,G0442-G0445,G9141,G9142,H0049,H0050,S0270-S0274,S0610-S0613
 CPT code 96110 can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes.
- Line: 4**
 Condition: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F10.10,F10.20-F10.21,F11.10,F11.20-F11.21,F12.10,F12.20-F12.21,F13.10,F13.20-F13.21,F14.10,F14.20-F14.21,F15.10,F15.20-F15.21,F16.10,F16.20-F16.21,F18.10,F18.20-F18.21,F19.10,F19.20-F19.21,F55.3
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004-H0006,H0010-H0016,H0020,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,S0270-S0274,T1006,T1007,T1502
- Line: 5**
 Condition: TOBACCO DEPENDENCE (See Guideline Notes 1,4,64,65)
 Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
 ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6
 CPT: 96150-96154,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D1320,G0396,G0397,G0406-G0408,G0425-G0427,G0436,G0437,G8402,G8453,G9016,H0038,S0270-S0274,S9075,S9453

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 6**
 Condition: REPRODUCTIVE SERVICES (See Guideline Notes 64,65,68,76)
 Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
 ICD-10: Z30.011-Z30.9,Z31.61-Z31.69,Z39.2
 CPT: 11976,11981-11983,55250,55450,57170,58300,58301,58340,58565,58600-58615,58670,58671,74740,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S4981,S4989,T1015
- Line: 7**
 Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,65,102)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F32.2-F32.5,F32.9,F33.0-F33.3,F33.40-F33.42,F33.9
 CPT: 90785,90832-90840,90846-90853,90867,90868,90870,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 8**
 Condition: TYPE I DIABETES MELLITUS (See Guideline Notes 1,64,65,76,108)
 Treatment: MEDICAL THERAPY
 ICD-10: E10.10-E10.29,E10.319-E10.359,E10.40-E10.42,E10.44-E10.59,E10.618-E10.9,E89.1,Z46.81
 CPT: 49435,49436,90935-90947,90989-90997,92002-92014,92227,95250,95251,96150-96154,97802-97804,98960,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0108,G0245,G0246,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S1030,S1031,S9145,S9353
- Line: 9**
 Condition: ASTHMA (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: J45.20-J45.52,J45.901-J45.998
 CPT: 31600-31603,31820,31825,86486,94002-94005,94640,94644-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274,S9441
- Line: 10**
 Condition: GALACTOSEMIA (See Guideline Notes 1,64,65,75)
 Treatment: MEDICAL THERAPY
 ICD-10: E74.20-E74.29
 CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 11**
 Condition: RESPIRATORY CONDITIONS OF FETUS AND NEWBORN (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: P22.0-P22.9,P23.0-P23.9,P24.00-P24.9,P25.0-P25.8,P26.0-P26.9,P28.0,P28.10-P28.9,P84,Q31.0,R04.81
 CPT: 31580,31603,39501,39503,39545,94002-94005,94610,94640,94660-94668,94772-94777,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 12**
 Condition: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS (See Guideline Notes 1,7,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: B20,Z21
 CPT: 90284,94642,96150-96154,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 13**
Condition: CONGENITAL HYPOTHYROIDISM (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: E00.0-E00.9,E03.0-E03.1,P72.0,P72.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 14**
Condition: PHENYLKETONURIA (PKU) (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: E70.0-E70.1
CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 15**
Condition: CONGENITAL INFECTIOUS DISEASES (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: P35.0-P35.9,P37.0-P37.4,P37.8-P37.9
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 16**
Condition: CONGENITAL SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A50.01-A50.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 17**
Condition: VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: P07.00-P07.03,P07.14-P07.15,P07.20-P07.26,P07.31,P07.33-P07.39,P10.2-P10.3,P52.0-P52.1,P52.21-P52.3,P52.5,P83.0,P91.60
CPT: 94772,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 18**
Condition: NEONATAL MYASTHENIA GRAVIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: P94.0
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 19**
Condition: FEEDING PROBLEMS IN NEWBORNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P92.1-P92.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99460-99463,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 20**
 Condition: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION (See Guideline Notes 1,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: G91.0-G91.3,G91.8-G91.9,G93.2,Q03.0-Q03.9,Q04.4-Q04.8,Q05.0-Q05.3,Q07.02-Q07.03,Z45.41
 CPT: 20664,31294,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746,67570,92002-92014,92081-92083,92250,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 21**
 Condition: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P70.0-P70.1,P70.3-P70.4
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 22**
 Condition: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P38.1-P38.9,P39.0
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 23**
 Condition: LOW BIRTH WEIGHT (1500-2500 GRAMS) (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P07.10,P07.16-P07.20,P07.24-P07.39
 CPT: 94772,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 24**
 Condition: CYSTIC FIBROSIS (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: E84.0,E84.11-E84.9
 CPT: 31600,31603,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 25**
 Condition: VESICoureteral REFLUX (See Guideline Notes 64,65,76,169)
 Treatment: MEDICAL THERAPY, SURGERY
 ICD-10: N13.70-N13.71,N13.721-N13.9,Q62.7
 CPT: 50220,50225,50234-50240,50760-50820,50845,50860,50947,50948,52281,52327,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 26**
 Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65,82)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F20.0-F20.5,F20.81-F20.9,F25.0-F25.9
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

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- Line: 27**
 Condition: INTRACRANIAL HEMORRHAGES; CEREBRAL CONVULSIONS, DEPRESSION, COMA, AND OTHER ABNORMAL CERERAL SIGNS OF THE NEWBORN (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P90,P91.0-P91.1,P91.3-P91.5,P91.8-P91.9
 CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 28**
 Condition: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA (See Guideline Notes 64,65,66,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: D06.0-D06.9,N84.2,N86,N87.0-N87.9,N88.0,N89.0-N89.4,R87.610-R87.616,R87.810,R87.820,Z87.410
 CPT: 57061,57065,57150,57180,57400,57452-57530,57540,57550-57558,58120,58150,58260-58263,58290,58291,58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 29**
 Condition: BIPOLAR DISORDERS (See Guideline Notes 64,65,82)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F30.10-F30.9,F31.0,F31.10-F31.9
 CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,S9537,T1005,T1016
- Line: 30**
 Condition: TYPE II DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 1,8,64,65,76)
 Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI >= 35
 ICD-10: E08.00-E08.29,E08.40-E08.42,E08.44-E08.51,E08.59,E08.618-E08.622,E08.630-E08.9,E09.00-E09.29,E09.39-E09.42,E09.44-E09.51,E09.59,E09.618-E09.622,E09.630-E09.9,E11.00-E11.29,E11.40-E11.59,E11.618-E11.9,E13.00-E13.29,E13.40-E13.59,E13.610-E13.9,E16.1,Z46.51
 CPT: 43644,43645,43770-43775,43846-43848,48155,90935-90947,90989-90997,92002-92014,92227,96150-96154,97802-97804,98960,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0108,G0245,G0246,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2083,S9145,S9353,S9537
- CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43775 (laparoscopic adjustable gastric banding) are only included on this line as treatment according to the requirements in Guideline Note 8 when paired with:
- 1) a primary diagnosis of E11 (Type II Diabetes with or without complication);
 - 2) a secondary diagnosis of E66.01, E66.09, E66.2, E66.8 or E66.9 (Obesity); AND,
 - 3) a tertiary diagnosis code of Z68.35-Z68.39 or Z68.4.
- Line: 31**
 Condition: DRUG WITHDRAWAL SYNDROME IN NEWBORN (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P96.1-P96.2
 CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 32**
 Condition: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE (See Guideline Notes 1,9,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: K50.00,K50.011-K50.013,K50.018-K50.113,K50.118-K50.813,K50.818-K50.913,K50.918-K50.919,K51.00,K51.011-K51.313,K51.318-K51.413,K51.418-K51.513,K51.518-K51.813,K51.818-K51.913,K51.918-K51.919,K62.6,K63.2-K63.3,K63.81,K92.81,Z46.59
 CPT: 35471,37205,37206,44110,44120-44125,44139-44160,44187-44227,44300-44320,44345,44391,44393,44397,44620-44661,44701,45112,45113,45119,45123,45136,45303,45308-45320,45334,45335,45339,45340,45345,45381-45383,45386,45387,45397,45805,45825,46710,46712,49442,86711,91110,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 33**
 Condition: EPILEPSY AND FEBRILE CONVULSIONS (See Guideline Notes 1,64,65,84)
 Treatment: MEDICAL THERAPY
 ICD-10: G40.001-G40.919,R56.00-R56.9
 CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 34**
 Condition: SEVERE BIRTH TRAUMA FOR BABY (See Guideline Notes 1,6,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P10.0-P10.1,P10.4-P10.9,P11.0,P11.2,P11.5-P11.9,P12.2,P19.0-P19.9,P52.4,P52.6-P52.9
 CPT: 96154,97001-97004,97022,97110-97124,97140-97530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 35**
 Condition: NEONATAL THYROTOXICOSIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P72.1
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 36**
 Condition: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P53,P60,P61.0,P61.6,P70.2
 CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 37**
 Condition: SPINA BIFIDA (See Guideline Notes 1,64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: Q05.0-Q05.9,Q07.00-Q07.03
 CPT: 27036,61070,61343,62180-62258,63700-63710,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 38**
 Condition: OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: Q79.0-Q79.4,Q79.51-Q79.59
 CPT: 39503,39545,49600-49611,51500,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 39**
 Condition: TERMINATION OF PREGNANCY (See Guideline Notes 1,64,65,76,99) (Note: This line item is not priced as part of the list)
 Treatment: INDUCED ABORTION
 ICD-10: A34,O02.89,O03.87,O04.5-O04.7,O04.80-O04.89,O07.0-O07.2,O07.30-O07.4,O08.0-O08.7,O08.81-O08.9,O35.0xx0-O35.6xx9,O35.8xx0-O35.9xx9,O36.80x0-O36.8199,Z30.8,Z33.2,Z3A.00-Z3A.22
 CPT: 01966,58520,59100,59160,59200,59812,59830-59857,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0199,S0270-S0274,S2260
- Line: 40**
 Condition: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: E01.8,E02,E03.2-E03.9,E07.1,E89.0
 CPT: 60210-60240,60270,60271,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 41**
 Condition: ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA (See Guideline Notes 1,64,65,76,99)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: C58,O00.0-O00.9,O01.0-O01.9,Z87.59
 CPT: 32553,49327,49411,49412,57020,58120,58150,58180,58200,58260,58520,58541-58544,58550-58554,58570-58573,58660-58662,58673,58700-58740,58770,58940,58953,58956,59100-59151,59870,76801-76810,76815-76817,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 42**
 Condition: PRIMARY AND SECONDARY SYPHILIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: A51.0-A51.2,A51.31-A51.9,A52.00-A52.09
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 43**
 Condition: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P08.0-P08.1,P08.21-P08.22
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 44**
 Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Guideline Notes 1,64,65,74)
 Treatment: MEDICAL THERAPY
 ICD-10: E23.0-E23.1,E23.6,E24.1,E89.3
 CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 45**
 Condition: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P70.8-P70.9,P71.0-P71.9,P72.8-P72.9,P74.0-P74.9
 CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 46**
 Condition: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, HAZARDOUS FOREIGN BODY IN GI TRACT WITH RISK OF PERFORATION OR OBSTRUCTION (See Guideline Notes 64,65,76,159)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: K51.012,K51.212,K51.312,K51.412,K51.512,K51.812,K51.912,K56.1-K56.2,K56.41-K56.69,K59.3,T18.2xxA-T18.2xxD,T18.3xxA-T18.3xxD,T18.4xxA-T18.4xxD,T18.5xxA-T18.5xxD,T18.8xxA-T18.8xxD,T18.9xxA-T18.9xxD,Z46.59
 CPT: 43247,43500,43870,44005,44010,44020-44050,44110-44130,44139-44213,44300,44310,44320,44370,44379,44383,44390,44392-44397,44615,44625,44626,44701,45303,45307-45315,45320-45327,45332,45333,45335-45338,45340,45345,45379,45381,45383-45387,45915,46604,46608,49402,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 47**
 Condition: CLEFT PALATE WITH AIRWAY OBSTRUCTION (See Guideline Notes 36,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
 ICD-10: A39.2,J39.8,J98.09,J98.6,Q31.0-Q31.9,Q32.0-Q32.4,Q35.1-Q35.9
 CPT: 15732,30140,30520,30620,31527,31582,31587,31588,31630,31631,31636-31638,31641,31820,33800,41510,42820-42836,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D8010-D8040,D8070-D8693,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 48**
 Condition: COARCTATION OF THE AORTA (See Guideline Notes 1,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: Q25.1,Q25.4,Q25.8-Q25.9
 CPT: 33720,33722,33802,33803,33840-33853,35452,35472,37204,75557-75561,75565,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 49**
 Condition: CORONARY ARTERY ANOMALY (See Guideline Notes 65,76)
 Treatment: REIMPLANTATION OF CORONARY ARTERY
 ICD-10: Q24.5
 CPT: 33500-33510,33530,35572,92920-92938,92943,92944,92960-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 50**
 Condition: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES (See Guideline Notes 1,6,64,65,76,105)
 Treatment: MEDICAL THERAPY, INJECTIONS
 ICD-10: A39.84,L40.50,M02.10,M02.111-M02.19,M02.30,M02.311-M02.89,M05.00,M05.011-M05.39,M05.60,M05.611-M05.9,M06.00,M06.011-M06.29,M06.38,M06.4,M06.80,M06.811-M06.9,M08.00,M08.011-M08.99,M45.0-M45.9,M46.50-M46.99
 CPT: 20550,20600-20610,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 51**
 Condition: DEEP ABSCESES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS (See Guideline Notes 1,36,64,65,76,100)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: A06.4-A06.6,A54.82,D73.3,E06.0,E32.1,G06.0-G06.2,G07-G08,H05.011-H05.049,J36,J39.0-J39.1,J85.0-J85.3,J86.0-J86.9,K35.2-K35.3,K35.80-K35.89,K36-K37,K38.0-K38.8,K50.014,K50.114,K50.814,K50.914,K51.014,K51.214,K51.314,K51.414,K51.514,K51.814,K51.914,K57.00-K57.01,K57.20-K57.21,K57.40-K57.41,K57.80-K57.81,K61.0-K61.4,K63.0-K63.1,K65.0-K65.1,K65.3-K65.8,K68.12-K68.19,K75.0-K75.1,M65.00,M65.011-M65.08,M67.20,M67.211-M67.29,M67.80,M67.811-M67.89,M71.00,M71.011-M71.09,M71.80,M71.811-M71.89,N10,N15.1,N28.84-N28.86,N49.3,O91.111-O91.13
 CPT: 10060,10061,10160,10180,19020,20600-20610,20930-20938,22010,22015,22532-22632,22840-22855,23031,23405,23406,23930,25000,25031,25085,25118,26020-26034,26990,27301,27603,28001,31610,31612,31613,31645,31646,32035,32036,32200,32215-32320,32480-32488,32550,32552,32554-32562,32650-32652,32655,32656,32664,32665,32810,32815,32906,32940,33015-33050,38100-38120,39220,42700-42725,42808-42972,43840,44120-44125,44139-44146,44150-44160,44187-44227,44300-44316,44602-44605,44620-44626,44900-44970,45000,47011,47015,48140-48154,49020,49021,49322,49423,49424,50020,50021,50220,50391,50400,50405,50520-50526,50542-50546,50548,50575,50947,50948,52332,52334,61105-61253,61312-61323,61501,61514,61522,61570,61571,61600,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,63295,67414,67445,68400,92002-92014,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 52**
 Condition: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: P27.0-P27.9
 CPT: 31601,31603,31820,31825,94774-94777,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 53**
 Condition: CONGENITAL HYDRONEPHROSIS (See Guideline Notes 64,65,76)
 Treatment: NEPHRECTOMY/REPAIR
 ICD-10: Q62.0,Q62.10-Q62.39
 CPT: 50100,50220-50240,50400-50500,50540,50544,50546,50553,50572,50575,50600,50605,50722-50728,50845,50900,50970,51535,52290-52301,52310,52334-52346,52352-52354,52400,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 54**
 Condition: PULMONARY TUBERCULOSIS (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A15.0-A15.9,A31.0
 CPT: 32662,32906,32960,33015-33050,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 55**
 Condition: ACUTE PELVIC INFLAMMATORY DISEASE (See Guideline Notes 64,65,76,110)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: A18.17,A56.11,N70.01-N70.03,N70.91-N70.93,N71.0,N71.9,N73.0,N73.2-N73.5,N73.8-N73.9,N74
 CPT: 44960,57010,58150-58200,58260-58294,58541-58544,58550-58554,58570-58573,58660-58662,58700-58740,58820-58823,58925,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 56**
 Condition: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES OF THE ORAL, ANAL AND GENITOURINARY TRACT (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: A54.00-A54.29,A54.40-A54.81,A54.83,A54.85,A54.89-A54.9,A55,A56.00-A56.8,A57-A58,A60.00-A60.9,A63.8,A64,A74.81-A74.9,N34.1
 CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 57**
 Condition: PREVENTIVE DENTAL SERVICES (See Guideline Notes 17,64,65,91)
 Treatment: CLEANING, FLUORIDE AND SEALANTS
 ICD-10: K00.4,Z01.20-Z01.21
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D0120,D0145,D0150,D0180,D0191,D1110-D1310,D1330,D1351,D1510-D1555,D4355,D5986,D9920,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 58**
 Condition: DENTAL CONDITIONS (EG. INFECTION, PAIN, TRAUMA)
 Treatment: EMERGENCY DENTAL SERVICES
 HCPCS: D0140,D0160,D0170,D3110,D3221,D7140,D7210,D7260-D7270,D7510,D7520,D7530,D7560,D7670,D7770,D7910,D7911,D7997,D9110,D9410,D9420,D9440,D9610,D9612
- Line: 59**
 Condition: COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: K56.3,K80.00-K80.19,K80.30-K80.71,K80.81,K81.0-K81.9,K82.0-K82.3,K82.8,K83.0-K83.3
 CPT: 43260-43273,47015,47420-47490,47510-47530,47554-47630,47701-47900,48548,49422,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 60**
 Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 1,9,64,65,76,77)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: I85.00-I85.11,I86.4,K22.11,K22.6,K22.8,K25.0-K25.9,K26.0-K26.9,K27.0-K27.9,K28.0-K28.9,K29.00-K29.91,K31.1,K31.3,K31.5,K31.811-K31.82,K52.0,K55.20-K55.21,K57.11,K57.31,K57.51,K57.91,K92.2
 CPT: 15731,37145,37160,37181-37183,38100,43107-43124,43201,43204,43205,43227,43228,43241,43243-43245,43255,43256,43280,43327,43328,43400,43401,43410,43415,43460,43501,43502,43520,43610-43641,43800,43820,43825,43840,43850,43855,43865,43870,44160,44320,44391,44393,44602,44603,44620-44626,45308-45320,45334,45335,45339,45381-45383,64680,65778-65782,68371,77014,87338,91110,96150-96154,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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Line: 61
Condition: BURN, FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Notes 1,6,64,65,76)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-10: T20.30xA-T20.30xD, T20.311A-T20.311D, T20.312A-T20.312D, T20.319A-T20.319D, T20.32xA-T20.32xD, T20.33xA-T20.33xD, T20.34xA-T20.34xD, T20.35xA-T20.35xD, T20.36xA-T20.36xD, T20.37xA-T20.37xD, T20.39xA-T20.39xD, T20.70xA-T20.70xD, T20.711A-T20.711D, T20.712A-T20.712D, T20.719A-T20.719D, T20.72xA-T20.72xD, T20.73xA-T20.73xD, T20.74xA-T20.74xD, T20.75xA-T20.75xD, T20.76xA-T20.76xD, T20.77xA-T20.77xD, T20.79xA-T20.79xD, T21.30xA-T21.30xD, T21.31xA-T21.31xD, T21.32xA-T21.32xD, T21.33xA-T21.33xD, T21.34xA-T21.34xD, T21.35xA-T21.35xD, T21.36xA-T21.36xD, T21.37xA-T21.37xD, T21.39xA-T21.39xD, T21.70xA-T21.70xD, T21.71xA-T21.71xD, T21.72xA-T21.72xD, T21.73xA-T21.73xD, T21.74xA-T21.74xD, T21.75xA-T21.75xD, T21.76xA-T21.76xD, T21.77xA-T21.77xD, T21.79xA-T21.79xD, T22.30xA-T22.30xD, T22.311A-T22.311D, T22.312A-T22.312D, T22.319A-T22.319D, T22.321A-T22.321D, T22.322A-T22.322D, T22.329A-T22.329D, T22.331A-T22.331D, T22.332A-T22.332D, T22.339A-T22.339D, T22.341A-T22.341D, T22.342A-T22.342D, T22.349A-T22.349D, T22.351A-T22.351D, T22.352A-T22.352D, T22.359A-T22.359D, T22.361A-T22.361D, T22.362A-T22.362D, T22.369A-T22.369D, T22.391A-T22.391D, T22.392A-T22.392D, T22.399A-T22.399D, T22.70xA-T22.70xD, T22.711A-T22.711D, T22.712A-T22.712D, T22.719A-T22.719D, T22.721A-T22.721D, T22.722A-T22.722D, T22.729A-T22.729D, T22.731A-T22.731D, T22.732A-T22.732D, T22.739A-T22.739D, T22.741A-T22.741D, T22.742A-T22.742D, T22.749A-T22.749D, T22.751A-T22.751D, T22.752A-T22.752D, T22.759A-T22.759D, T22.761A-T22.761D, T22.762A-T22.762D, T22.769A-T22.769D, T22.791A-T22.791D, T22.792A-T22.792D, T22.799A-T22.799D, T23.301A-T23.301D, T23.302A-T23.302D, T23.309A-T23.309D, T23.311A-T23.311D, T23.312A-T23.312D, T23.319A-T23.319D, T23.321A-T23.321D, T23.322A-T23.322D, T23.329A-T23.329D, T23.331A-T23.331D, T23.332A-T23.332D, T23.339A-T23.339D, T23.341A-T23.341D, T23.342A-T23.342D, T23.349A-T23.349D, T23.351A-T23.351D, T23.352A-T23.352D, T23.359A-T23.359D, T23.361A-T23.361D, T23.362A-T23.362D, T23.369A-T23.369D, T23.371A-T23.371D, T23.372A-T23.372D, T23.379A-T23.379D, T23.391A-T23.391D, T23.392A-T23.392D, T23.399A-T23.399D, T23.701A-T23.701D, T23.702A-T23.702D, T23.709A-T23.709D, T23.711A-T23.711D, T23.712A-T23.712D, T23.719A-T23.719D, T23.721A-T23.721D, T23.722A-T23.722D, T23.729A-T23.729D, T23.731A-T23.731D, T23.732A-T23.732D, T23.739A-T23.739D, T23.741A-T23.741D, T23.742A-T23.742D, T23.749A-T23.749D, T23.751A-T23.751D, T23.752A-T23.752D, T23.759A-T23.759D, T23.761A-T23.761D, T23.762A-T23.762D, T23.769A-T23.769D, T23.771A-T23.771D, T23.772A-T23.772D, T23.779A-T23.779D, T23.791A-T23.791D, T23.792A-T23.792D, T23.799A-T23.799D, T24.301A-T24.301D, T24.302A-T24.302D, T24.309A-T24.309D, T24.311A-T24.311D, T24.312A-T24.312D, T24.319A-T24.319D, T24.321A-T24.321D, T24.322A-T24.322D, T24.329A-T24.329D, T24.331A-T24.331D, T24.332A-T24.332D, T24.339A-T24.339D, T24.391A-T24.391D, T24.392A-T24.392D, T24.399A-T24.399D, T24.701A-T24.701D, T24.702A-T24.702D, T24.709A-T24.709D, T24.711A-T24.711D, T24.712A-T24.712D, T24.719A-T24.719D, T24.721A-T24.721D, T24.722A-T24.722D, T24.729A-T24.729D, T24.731A-T24.731D, T24.732A-T24.732D, T24.739A-T24.739D, T24.791A-T24.791D, T24.792A-T24.792D, T24.799A-T24.799D, T25.311A-T25.311D, T25.312A-T25.312D, T25.319A-T25.319D, T25.321A-T25.321D, T25.322A-T25.322D, T25.329A-T25.329D, T25.331A-T25.331D, T25.332A-T25.332D, T25.339A-T25.339D, T25.391A-T25.391D, T25.392A-T25.392D, T25.399A-T25.399D, T25.711A-T25.711D, T25.712A-T25.712D, T25.719A-T25.719D, T25.721A-T25.721D, T25.722A-T25.722D, T25.729A-T25.729D, T25.731A-T25.731D, T25.732A-T25.732D, T25.739A-T25.739D, T25.791A-T25.791D, T25.792A-T25.792D, T25.799A-T25.799D, T26.00xA-T26.00xD, T26.01xA-T26.01xD, T26.02xA-T26.02xD, T26.10xA-T26.10xD, T26.11xA-T26.11xD, T26.12xA-T26.12xD, T26.20xA-T26.20xD, T26.21xA-T26.21xD, T26.22xA-T26.22xD, T26.30xA-T26.30xD, T26.31xA-T26.31xD, T26.32xA-T26.32xD, T26.40xA-T26.40xD, T26.41xA-T26.41xD, T26.42xA-T26.42xD, T26.50xA-T26.50xD, T26.51xA-T26.51xD, T26.52xA-T26.52xD, T26.60xA-T26.60xD, T26.61xA-T26.61xD, T26.62xA-T26.62xD, T26.70xA-T26.70xD, T26.71xA-T26.71xD, T26.72xA-T26.72xD, T26.80xA-T26.80xD, T26.81xA-T26.81xD, T26.82xA-T26.82xD, T26.90xA-T26.90xD, T26.91xA-T26.91xD, T26.92xA-T26.92xD, T27.0xxA-T27.0xxD, T27.1xxA-T27.1xxD, T27.2xxA-T27.2xxD, T27.3xxA-T27.3xxD, T27.4xxA-T27.4xxD, T27.5xxA-T27.5xxD, T27.6xxA-T27.6xxD, T27.7xxA-T27.7xxD, T28.0xxA-T28.0xxD, T28.1xxA-T28.1xxD, T28.2xxA-T28.2xxD, T28.3xxA-T28.3xxD, T28.40xA-T28.40xD, T28.411A-T28.411D, T28.412A-T28.412D, T28.419A-T28.419D, T28.49xA-T28.49xD, T28.5xxA-T28.5xxD, T28.6xxA-T28.6xxD, T28.7xxA-T28.7xxD, T28.8xxA-T28.8xxD, T28.90xA-T28.90xD, T28.911A-T28.911D, T28.912A-T28.912D, T28.919A-T28.919D, T28.99xA-T28.99xD

CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,15770,16000-16036,25900-25931,26910-26952,27888,28800-28825,65778-65782,68371,92002-92014,92506-92508,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152

Line: 62
Condition: BRONCHIECTASIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J47.0-J47.9
CPT: 32320,32480-32488,32501,32505-32507,32666-32670,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274

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- Line: 63**
 Condition: END STAGE RENAL DISEASE (See Guideline Notes 1,7,64,65,76)
 Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
 ICD-10: E09.21-E09.29,E13.21-E13.29,M32.14-M32.15,M35.04,N05.0-N05.1,N18.6
 CPT: 36147,36148,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0420,G0421,G0425-G0427,S0270-S0274,S9339,S9537
- Line: 64**
 Condition: METABOLIC DISORDERS (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: D81.810,D84.1,E71.310-E71.548,E75.00-E75.09,E75.11-E75.22,E75.240-E75.249,E75.3-E75.4,E75.6,E76.01-E76.1,E76.210-E76.9,E77.0,E77.8,E78.0,E78.70,E78.9,E80.0-E80.1,E80.20-E80.3,E88.40-E88.89,H49.811-H49.819
 CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9357
- Line: 65**
 Condition: TORSION OF OVARY (See Guideline Notes 64,65,76)
 Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
 ICD-10: N83.51-N83.53
 CPT: 58660-58662,58720,58740,58770,58925-58943,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 66**
 Condition: SUBSTANCE-INDUCED MOOD ANXIETY AND DELUSIONAL DISORDERS (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F10.14,F10.150-F10.180,F10.24,F10.250-F10.259,F10.280,F10.94,F10.950-F10.959,F10.980,F11.14,F11.150-F11.159,F11.24,F11.250-F11.259,F11.94,F11.950-F11.959,F12.150-F12.180,F12.250-F12.280,F12.950-F12.980,F13.14,F13.150-F13.180,F13.24,F13.250-F13.259,F13.280,F13.94,F13.950-F13.959,F13.980,F14.14,F14.150-F14.180,F14.24,F14.250-F14.280,F14.94,F14.950-F14.980,F15.14,F15.150-F15.180,F15.24,F15.250-F15.280,F15.94,F15.950-F15.980,F16.14,F16.150-F16.183,F16.24,F16.250-F16.283,F16.94,F16.950-F16.983,F18.14,F18.150-F18.159,F18.180,F18.24,F18.250-F18.259,F18.280,F18.94,F18.950-F18.959,F18.980,F19.14,F19.150-F19.159,F19.180,F19.24,F19.250-F19.259,F19.280,F19.94,F19.950-F19.959,F19.980
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0005,H0010,H0011,H0013-H0016,H0020,H0033-H0035,H0045,H0048,H2013,S0270-S0274,T1006,T1007
- Line: 67**
 Condition: SPONTANEOUS ABORTION; MISSED ABORTION (See Guideline Notes 1,64,65,76,99)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: O02.0-O02.1,O02.81-O02.9,O03.0-O03.2,O03.30-O03.86,O03.88-O03.9,O36.80x0-O36.80x9
 CPT: 58150,58152,58520,59135,59136,59812-59830,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 68**
 Condition: SUBSTANCE-INDUCED DELIRIUM
 Treatment: MEDICAL THERAPY
 ICD-10: F10.120-F10.129,F10.220-F10.239,F10.920-F10.929,F11.120-F11.129,F11.220-F11.23,F11.920-F11.93,F12.120-F12.129,F12.220-F12.229,F12.920-F12.929,F13.120-F13.129,F13.220-F13.239,F13.26-F13.27,F13.920-F13.939,F13.96-F13.97,F14.120-F14.129,F14.220-F14.23,F14.920-F14.929,F14.988,F15.120-F15.129,F15.220-F15.23,F15.920-F15.93,F16.120-F16.129,F16.220-F16.229,F16.283,F16.920-F16.929,F18.120-F18.129,F18.17,F18.220-F18.229,F18.27,F18.920-F18.929,F18.97,F19.120-F19.129,F19.16-F19.17,F19.188,F19.220-F19.239,F19.26-F19.27,F19.920-F19.939,F19.96-F19.97
 CPT: 90785,90832-90840,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,H0010,H0011,H0013-H0015,H0033,H0035,H0048,H2013,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 69**
 Condition: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE (See Guideline Notes 1,36,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: Q38.4-Q38.8,Q39.0-Q39.9,Q40.0-Q40.9,Q93.81
 CPT: 31750,31760,42145,42200,42215,42815-42826,42950,43112-43124,43248,43249,43279,43283,43300-43331,43338-43361,43420,43450,43453,43496,43520,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 70**
 Condition: LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS (See Guideline Notes 64,65,76,160)
 Treatment: INCISION/EXCISION/ENDOSCOPY
 ICD-10: J38.01-J38.02,J38.6
 CPT: 31528,31529,31582,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 71**
 Condition: VENTRICULAR SEPTAL DEFECT (See Guideline Notes 1,64,65,76)
 Treatment: CLOSURE
 ICD-10: Q21.0,Z79.01
 CPT: 33610,33620,33621,33647,33665,33675-33688,33735-33737,75557-75565,75573,92960-92971,92978-92998,93581,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 72**
 Condition: ACUTE BACTERIAL MENINGITIS (See Guideline Notes 6,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A02.21,A20.3,A32.11-A32.12,A39.0,A39.3,A39.81-A39.82,G00.0-G00.9,G01,G04.2
 CPT: 61000-61070,61107,61210,61215,92506-92508,92526,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152
- Line: 73**
 Condition: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 1,64,65,76,111)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: I20.0,I21.01-I21.4,I22.0-I22.9,I23.1-I23.5,I23.7-I23.8,I24.0-I24.9,I25.110,I25.700,I25.710,I25.720,I25.730,I25.750,I25.760,I25.790,I51.81,R57.0,T81.11xA-T81.11xD,Z45.010-Z45.09
 CPT: 33202,33206-33210,33212-33229,33233-33238,33261,33310,33315,33361-33430,33465,33475,33500,33508-33545,33572,33681,33922,33967,33970-33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92944,92960-92998,93279-93284,93286-93289,93292-93296,93724,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0270,G0271,G0290,G0291,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S0340-S0342,S2205-S2209
- Line: 74**
 Condition: CONGENITAL PULMONARY VALVE ANOMALIES (See Guideline Notes 64,65,76)
 Treatment: PULMONARY VALVE REPAIR
 ICD-10: Q22.1-Q22.3,Q24.3
 CPT: 33470-33474,33476-33496,33530,33608,33620,33621,33768,35452,37204,75557-75565,75573,92986-92990,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 75
Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 6,64,65,76,157)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

DRAFT

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.14,A52.17-A52.19,A52.3,A81.00-A81.89,A83.0-A83.8,A84.0-A84.8,A85.0-A85.1,A85.8,A86,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.7-D33.9,D81.3,D81.5,E00.0-E00.9,E03.0-E03.1,E08.49,E09.49,E13.44-E13.49,E45,E70.20-E70.29,E70.330-E70.331,E70.8-E70.9,E71.0,E71.110-E71.548,E72.00-E72.51,E72.59-E72.9,E74.00-E74.09,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F71-F79,F84.0-F84.3,F84.8,G04.1,G04.81-G04.91,G10,G11.0-G11.4,G12.0-G12.1,G12.21-G12.9,G13.2-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.1,G60.3-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.30-G83.9,G90.01-G90.1,G90.3-G90.4,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G96.8,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.81-G97.82,G98.0-G98.8,G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.01,I69.020-I69.022,I69.051-I69.069,I69.091-I69.092,I69.11,I69.121-I69.122,I69.128,I69.151-I69.169,I69.191-I69.192,I69.21,I69.221-I69.222,I69.251-I69.269,I69.291-I69.292,I69.31,I69.321-I69.322,I69.351-I69.369,I69.391-I69.392,I69.81,I69.822,I69.851-I69.869,I69.891-I69.892,I69.91,I69.922,I69.951-I69.969,I69.991-I69.992,I97.810-I97.821,K59.2,M1A.1110-M1A.1121,M1A.1210-M1A.1221,M1A.1310-M1A.1321,M1A.1410-M1A.1421,M1A.1510-M1A.1521,M1A.1610-M1A.1621,M1A.1710-M1A.1721,M1A.18x0-M1A.19x1,M62.3,M62.58-M62.59,M62.89,N31.0-N31.9,P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.0-P54.9,P55.0-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q67.8,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.8,Q93.0-Q93.7,Q93.81-Q93.89,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R13.0,R13.10-R13.19,R15.0,R15.2-R15.9,R41.4,R41.81,R53.2,R54,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,S06.819A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,S06.829A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,S06.899A-S06.899D,S06.9x0A-S06.9x0D,S06.9x1A-S06.9x1D,S06.9x2A-S06.9x2D,S06.9x3A-S06.9x3D,S06.9x4A-S06.9x4D,S06.9x5A-S06.9x5D,S06.9x6A-S06.9x6D,S06.9x7A-S06.9x7D,S06.9x8A-S06.9x8D,S06.9x9A-S06.9x9D,S14.0xxA-S14.0xxD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2xxA-S14.2xxD,S14.3xxA-S14.3xxD,S24.0xxA-S24.0xxD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2xxA-S24.2xxD,S34.01xA-S34.01xD,S34.02xA-S34.02xD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21xA-S34.21xD,S34.22xA-S34.22xD,S34.3xxA-S34.3xxD,S34.4xxA-S34.4xxD,T40.0x1A-T40.0x1D,T40.0x2A-T40.0x2D,T40.0x3A-T40.0x3D,T40.0x4A-T40.0x4D,T40.1x1A-T40.1x1D,T40.1x2A-T40.1x2D,T40.1x3A-T40.1x3D,T40.1x4A-T40.1x4D,T40.2x1A-T40.2x1D,T40.2x2A-T40.2x2D,T40.2x3A-T40.2x3D,T40.2x4A-T40.2x4D,T40.3x1A-T40.3x1D,T40.3x2A-T40.3x2D,T40.3x3A-T40.3x3D,T40.3x4A-T40.3x4D,T40.4x1A-T40.4x1D,T40.4x2A-T40.4x2D,T40.4x3A-T40.4x3D,T40.4x4A-T40.4x4D,T40.5x1A-T40.5x1D,T40.5x2A-T40.5x2D,T40.5x3A-T40.5x3D,T40.5x4A-T40.5x4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7x1A-T40.7x1D,T40.7x2A-T40.7x2D,T40.7x3A-T40.7x3D,T40.7x4A-T40.7x4D,T40.8x1A-T40.8x1D,T40.8x2A-T40.8x2D,T40.8x3A-T40.8x3D,T40.8x4A-T40.8x4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

T71.192A-T71.192D, T71.193A-T71.193D, T71.194A-T71.194D, T71.20xA-T71.20xD, T71.21xA-T71.21xD, T71.221A-T71.221D, T71.222A-T71.222D, T71.223A-T71.223D, T71.224A-T71.224D, T71.231A-T71.231D, T71.232A-T71.232D, T71.233A-T71.233D, T71.234A-T71.234D, T71.29xA-T71.29xD, T71.9xxA-T71.9xxD, T74.4xxA-T74.4xxD, T75.01xA-T75.01xD, T75.09xA-T75.09xD, T75.1xxA-T75.1xxD, T75.4xxA-T75.4xxD, T78.00xA-T78.00xD, T78.01xA-T78.01xD, T78.02xA-T78.02xD, T78.03xA-T78.03xD, T78.04xA-T78.04xD, T78.05xA-T78.05xD, T78.06xA-T78.06xD, T78.07xA-T78.07xD, T78.08xA-T78.08xD, T78.09xA-T78.09xD, T78.3xxA-T78.3xxD, T78.8xxA-T78.8xxD, T79.0xxA-T79.0xxD, T79.4xxA-T79.4xxD, T79.6xxA-T79.6xxD, T88.2xxA-T88.2xxD, T88.51xA-T88.51xD, T88.6xxA-T88.6xxD, Z46.59

CPT: 15845,31600-31614,31630,31631,31636-31638,31641,31730-31760,31820-31830,43653,43810-43825,44130,44139-44160,44186-44188,44204-44213,44300-44320,44372,44701,46750-46754,49442,51040,51102,51705,51710,51880,51960,52277,53431-53442,53445,61215,62350-62362,62367-62370,77401-77432,77469,77470,92526,94002-94005,94640,94660-94668,95990,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: D5937,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 76

Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS, LESS THAN 10% OF BODY SURFACE (See Guideline Notes 1,6,64,65,76)

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

ICD-10: T20.20xA-T20.20xD, T20.211A-T20.211D, T20.212A-T20.212D, T20.219A-T20.219D, T20.22xA-T20.22xD, T20.23xA-T20.23xD, T20.24xA-T20.24xD, T20.25xA-T20.25xD, T20.26xA-T20.26xD, T20.27xA-T20.27xD, T20.29xA-T20.29xD, T20.30xA-T20.30xD, T20.311A-T20.311D, T20.312A-T20.312D, T20.319A-T20.319D, T20.32xA-T20.32xD, T20.33xA-T20.33xD, T20.34xA-T20.34xD, T20.37xA-T20.37xD, T20.39xA-T20.39xD, T20.60xA-T20.60xD, T20.611A-T20.611D, T20.612A-T20.612D, T20.619A-T20.619D, T20.62xA-T20.62xD, T20.63xA-T20.63xD, T20.64xA-T20.64xD, T20.65xA-T20.65xD, T20.66xA-T20.66xD, T20.67xA-T20.67xD, T20.69xA-T20.69D, T20.70xA-T20.70xD, T20.711A-T20.711D, T20.712A-T20.712D, T20.719A-T20.719D, T20.72xA-T20.72xD, T20.73xA-T20.73xD, T20.74xA-T20.74xD, T20.77xA-T20.77xD, T20.79xA-T20.79xD, T21.20xA-T21.20xD, T21.21xA-T21.21xD, T21.22xA-T21.22xD, T21.23xA-T21.23xD, T21.24xA-T21.24xD, T21.25xA-T21.25xD, T21.26xA-T21.26xD, T21.27xA-T21.27xD, T21.29xA-T21.29xD, T21.36xA-T21.36xD, T21.37xA-T21.37xD, T21.60xA-T21.60xD, T21.61xA-T21.61xD, T21.62xA-T21.62xD, T21.63xA-T21.63xD, T21.64xA-T21.64xD, T21.65xA-T21.65xD, T21.66xA-T21.66xD, T21.67xA-T21.67xD, T21.69xA-T21.69xD, T21.76xA-T21.76xD, T21.77xA-T21.77xD, T22.20xA-T22.20xD, T22.211A-T22.211D, T22.212A-T22.212D, T22.219A-T22.219D, T22.221A-T22.221D, T22.222A-T22.222D, T22.229A-T22.229D, T22.231A-T22.231D, T22.232A-T22.232D, T22.239A-T22.239D, T22.241A-T22.241D, T22.242A-T22.242D, T22.249A-T22.249D, T22.251A-T22.251D, T22.252A-T22.252D, T22.259A-T22.259D, T22.261A-T22.261D, T22.262A-T22.262D, T22.269A-T22.269D, T22.291A-T22.291D, T22.292A-T22.292D, T22.299A-T22.299D, T22.60xA-T22.60xD, T22.611A-T22.611D, T22.612A-T22.612D, T22.619A-T22.619D, T22.621A-T22.621D, T22.622A-T22.622D, T22.629A-T22.629D, T22.631A-T22.631D, T22.632A-T22.632D, T22.639A-T22.639D, T22.641A-T22.641D, T22.642A-T22.642D, T22.649A-T22.649D, T22.651A-T22.651D, T22.652A-T22.652D, T22.659A-T22.659D, T22.661A-T22.661D, T22.662A-T22.662D, T22.669A-T22.669D, T22.691A-T22.691D, T22.692A-T22.692D, T22.699A-T22.699D, T23.201A-T23.201D, T23.202A-T23.202D, T23.209A-T23.209D, T23.211A-T23.211D, T23.212A-T23.212D, T23.219A-T23.219D, T23.221A-T23.221D, T23.222A-T23.222D, T23.229A-T23.229D, T23.231A-T23.231D, T23.232A-T23.232D, T23.239A-T23.239D, T23.241A-T23.241D, T23.242A-T23.242D, T23.249A-T23.249D, T23.251A-T23.251D, T23.252A-T23.252D, T23.259A-T23.259D, T23.261A-T23.261D, T23.262A-T23.262D, T23.269A-T23.269D, T23.271A-T23.271D, T23.272A-T23.272D, T23.279A-T23.279D, T23.291A-T23.291D, T23.292A-T23.292D, T23.299A-T23.299D, T23.351A-T23.351D, T23.352A-T23.352D, T23.359A-T23.359D, T23.601A-T23.601D, T23.602A-T23.602D, T23.609A-T23.609D, T23.611A-T23.611D, T23.612A-T23.612D, T23.619A-T23.619D, T23.621A-T23.621D, T23.622A-T23.622D, T23.629A-T23.629D, T23.631A-T23.631D, T23.632A-T23.632D, T23.639A-T23.639D, T23.641A-T23.641D, T23.642A-T23.642D, T23.649A-T23.649D, T23.651A-T23.651D, T23.652A-T23.652D, T23.659A-T23.659D, T23.661A-T23.661D, T23.662A-T23.662D, T23.669A-T23.669D, T23.671A-T23.671D, T23.672A-T23.672D, T23.679A-T23.679D, T23.691A-T23.691D, T23.692A-T23.692D, T23.699A-T23.699D, T23.751A-T23.751D, T23.752A-T23.752D, T23.759A-T23.759D, T24.201A-T24.201D, T24.202A-T24.202D, T24.209A-T24.209D, T24.211A-T24.211D, T24.212A-T24.212D, T24.219A-T24.219D, T24.221A-T24.221D, T24.222A-T24.222D, T24.229A-T24.229D, T24.231A-T24.231D, T24.232A-T24.232D, T24.239A-T24.239D, T24.291A-T24.291D, T24.292A-T24.292D, T24.299A-T24.299D, T24.601A-T24.601D, T24.602A-T24.602D, T24.609A-T24.609D, T24.611A-T24.611D, T24.612A-T24.612D, T24.619A-T24.619D, T24.621A-T24.621D, T24.622A-T24.622D, T24.629A-T24.629D, T24.631A-T24.631D, T24.632A-T24.632D, T24.639A-T24.639D, T24.691A-T24.691D, T24.692A-T24.692D, T24.699A-T24.699D, T25.211A-T25.211D, T25.212A-T25.212D, T25.219A-T25.219D, T25.221A-T25.221D, T25.222A-T25.222D, T25.229A-T25.229D, T25.231A-T25.231D, T25.232A-T25.232D, T25.239A-T25.239D, T25.291A-T25.291D, T25.292A-T25.292D, T25.299A-T25.299D, T25.321A-T25.321D, T25.322A-T25.322D, T25.329A-T25.329D, T25.611A-T25.611D, T25.612A-T25.612D, T25.619A-T25.619D, T25.621A-T25.621D, T25.622A-T25.622D, T25.629A-T25.629D, T25.631A-T25.631D, T25.632A-T25.632D, T25.639A-T25.639D, T25.691A-T25.691D, T25.692A-T25.692D, T25.699A-T25.699D, T25.721A-T25.721D, T25.722A-T25.722D, T25.729A-T25.729D

CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,15756-15758,15770,16020-16036,92506-92508,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 77**
 Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P61.1
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 78**
 Condition: DERMATOMYOSITIS, POLYMYOSITIS (See Guideline Notes 1,6,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: M33.00-M33.99,M35.8,M36.0
 CPT: 90284,96150-96154,97001-97004,97110,97116,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 79**
 Condition: ADDISON'S DISEASE (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: E27.1-E27.3,E27.40-E27.49,E31.0,E31.8-E31.9,E89.6
 CPT: 92081-92083,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 80**
 Condition: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: I10,I11.0-I11.9,I15.2-I15.9,I67.4
 CPT: 92960-92971,92978-92998,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0270,G0271,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 81**
 Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW (See Guideline Notes 1,64,65,76)
 Treatment: LIGATION
 ICD-10: P29.3,Q21.4,Q25.0
 CPT: 33500-33504,33702,33710,33813-33824,37204,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 82
Condition: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES (See Guideline Note 76)
Treatment: LIGATION/REPAIR

DRAFT

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

ICD-10: S45.001A-S45.001D,S45.002A-S45.002D,S45.009A-S45.009D,S45.011A-S45.011D,S45.012A-S45.012D,
S45.019A-S45.019D,S45.091A-S45.091D,S45.092A-S45.092D,S45.099A-S45.099D,S45.101A-S45.101D,
S45.102A-S45.102D,S45.109A-S45.109D,S45.111A-S45.111D,S45.112A-S45.112D,S45.119A-S45.119D,
S45.191A-S45.191D,S45.192A-S45.192D,S45.199A-S45.199D,S45.201A-S45.201D,S45.202A-S45.202D,
S45.209A-S45.209D,S45.211A-S45.211D,S45.212A-S45.212D,S45.219A-S45.219D,S45.291A-S45.291D,
S45.292A-S45.292D,S45.299A-S45.299D,S45.301A-S45.301D,S45.302A-S45.302D,S45.309A-S45.309D,
S45.311A-S45.311D,S45.312A-S45.312D,S45.319A-S45.319D,S45.391A-S45.391D,S45.392A-S45.392D,
S45.399A-S45.399D,S45.801A-S45.801D,S45.802A-S45.802D,S45.809A-S45.809D,S45.811A-S45.811D,
S45.812A-S45.812D,S45.819A-S45.819D,S45.891A-S45.891D,S45.892A-S45.892D,S45.899A-S45.899D,
S45.901A-S45.901D,S45.902A-S45.902D,S45.909A-S45.909D,S45.911A-S45.911D,S45.912A-S45.912D,
S45.919A-S45.919D,S45.991A-S45.991D,S45.992A-S45.992D,S45.999A-S45.999D,S55.001A-S55.001D,
S55.002A-S55.002D,S55.009A-S55.009D,S55.011A-S55.011D,S55.012A-S55.012D,S55.019A-S55.019D,
S55.091A-S55.091D,S55.092A-S55.092D,S55.099A-S55.099D,S55.101A-S55.101D,S55.102A-S55.102D,
S55.109A-S55.109D,S55.111A-S55.111D,S55.112A-S55.112D,S55.119A-S55.119D,S55.191A-S55.191D,
S55.192A-S55.192D,S55.199A-S55.199D,S55.201A-S55.201D,S55.202A-S55.202D,S55.209A-S55.209D,
S55.211A-S55.211D,S55.212A-S55.212D,S55.219A-S55.219D,S55.291A-S55.291D,S55.292A-S55.292D,
S55.299A-S55.299D,S55.801A-S55.801D,S55.802A-S55.802D,S55.809A-S55.809D,S55.811A-S55.811D,
S55.812A-S55.812D,S55.819A-S55.819D,S55.891A-S55.891D,S55.892A-S55.892D,S55.899A-S55.899D,
S55.901A-S55.901D,S55.902A-S55.902D,S55.909A-S55.909D,S55.911A-S55.911D,S55.912A-S55.912D,
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S65.211A-S65.211D,S65.212A-S65.212D,S65.219A-S65.219D,S65.291A-S65.291D,S65.292A-S65.292D,
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S85.119A-S85.119D,S85.121A-S85.121D,S85.122A-S85.122D,S85.129A-S85.129D,S85.131A-S85.131D,
S85.132A-S85.132D,S85.139A-S85.139D,S85.141A-S85.141D,S85.142A-S85.142D,S85.149A-S85.149D,
S85.151A-S85.151D,S85.152A-S85.152D,S85.159A-S85.159D,S85.161A-S85.161D,S85.162A-S85.162D,
S85.169A-S85.169D,S85.171A-S85.171D,S85.172A-S85.172D,S85.179A-S85.179D,S85.181A-S85.181D,
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S85.401A-S85.401D,S85.402A-S85.402D,S85.409A-S85.409D,S85.411A-S85.411D,S85.412A-S85.412D,
S85.419A-S85.419D,S85.491A-S85.491D,S85.492A-S85.492D,S85.499A-S85.499D,S85.501A-S85.501D,
S85.502A-S85.502D,S85.509A-S85.509D,S85.511A-S85.511D,S85.512A-S85.512D,S85.519A-S85.519D,
S85.591A-S85.591D,S85.592A-S85.592D,S85.599A-S85.599D,S85.801A-S85.801D,S85.802A-S85.802D,
S85.809A-S85.809D,S85.811A-S85.811D,S85.812A-S85.812D,S85.819A-S85.819D,S85.891A-S85.891D,
S85.892A-S85.892D,S85.899A-S85.899D,S85.901A-S85.901D,S85.902A-S85.902D,S85.909A-S85.909D,
S85.911A-S85.911D,S85.912A-S85.912D,S85.919A-S85.919D,S85.991A-S85.991D,S85.992A-S85.992D,
S85.999A-S85.999D

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

CPT: 35189,35190,35206,35207,35226,35236,35256,35266,35286,35500,37618,37650,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 83
Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: I80.10-I80.13,I80.201-I80.299,I82.401-I82.5Z9,Z79.01
CPT: 11042,11045,32661,35700,35860,35875,35876,35903,37187-37193,37202,37212-37214,37500,37650,37660,37735-37761,37785,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

DRAFT

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 84
Condition: INJURY TO INTERNAL ORGANS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT

DRAFT

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

ICD-10: B51.0,S21.301A-S21.301D,S21.302A-S21.302D,S21.309A-S21.309D,S21.311A-S21.311D,S21.312A-S21.312D,
 S21.319A-S21.319D,S21.321A-S21.321D,S21.322A-S21.322D,S21.329A-S21.329D,S21.331A-S21.331D,
 S21.332A-S21.332D,S21.339A-S21.339D,S21.341A-S21.341D,S21.342A-S21.342D,S21.349A-S21.349D,
 S21.351A-S21.351D,S21.352A-S21.352D,S21.359A-S21.359D,S21.401A-S21.401D,S21.402A-S21.402D,
 S21.409A-S21.409D,S21.411A-S21.411D,S21.412A-S21.412D,S21.419A-S21.419D,S21.421A-S21.421D,
 S21.422A-S21.422D,S21.429A-S21.429D,S21.431A-S21.431D,S21.432A-S21.432D,S21.439A-S21.439D,
 S21.441A-S21.441D,S21.442A-S21.442D,S21.449A-S21.449D,S21.451A-S21.451D,S21.452A-S21.452D,
 S21.459A-S21.459D,S26.00xA-S26.00xD,S26.01xA-S26.01xD,S26.020A-S26.020D,S26.021A-S26.021D,
 S26.022A-S26.022D,S26.09xA-S26.09xD,S26.10xA-S26.10xD,S26.11xA-S26.11xD,S26.12xA-S26.12xD,
 S26.19xA-S26.19xD,S26.90xA-S26.90xD,S26.91xA-S26.91xD,S26.92xA-S26.92xD,S26.99xA-S26.99xD,
 S27.301A-S27.301D,S27.302A-S27.302D,S27.309A-S27.309D,S27.311A-S27.311D,S27.312A-S27.312D,
 S27.319A-S27.319D,S27.321A-S27.321D,S27.322A-S27.322D,S27.329A-S27.329D,S27.331A-S27.331D,
 S27.332A-S27.332D,S27.339A-S27.339D,S27.391A-S27.391D,S27.392A-S27.392D,S27.399A-S27.399D,
 S27.401A-S27.401D,S27.402A-S27.402D,S27.409A-S27.409D,S27.411A-S27.411D,S27.412A-S27.412D,
 S27.419A-S27.419D,S27.421A-S27.421D,S27.422A-S27.422D,S27.429A-S27.429D,S27.431A-S27.431D,
 S27.432A-S27.432D,S27.439A-S27.439D,S27.491A-S27.491D,S27.492A-S27.492D,S27.499A-S27.499D,
 S27.50xA-S27.50xD,S27.51xA-S27.51xD,S27.52xA-S27.52xD,S27.53xA-S27.53xD,S27.59xA-S27.59xD,
 S27.60xA-S27.60xD,S27.63xA-S27.63xD,S27.69xA-S27.69xD,S27.802A-S27.802D,S27.803A-S27.803D,
 S27.808A-S27.808D,S27.809A-S27.809D,S27.892A-S27.892D,S27.893A-S27.893D,S27.898A-S27.898D,
 S27.899A-S27.899D,S31.001A-S31.001D,S31.011A-S31.011D,S31.021A-S31.021D,S31.031A-S31.031D,
 S31.041A-S31.041D,S31.051A-S31.051D,S31.600A-S31.600D,S31.601A-S31.601D,S31.602A-S31.602D,
 S31.603A-S31.603D,S31.604A-S31.604D,S31.605A-S31.605D,S31.609A-S31.609D,S31.610A-S31.610D,
 S31.611A-S31.611D,S31.612A-S31.612D,S31.613A-S31.613D,S31.614A-S31.614D,S31.615A-S31.615D,
 S31.619A-S31.619D,S31.620A-S31.620D,S31.621A-S31.621D,S31.622A-S31.622D,S31.623A-S31.623D,
 S31.624A-S31.624D,S31.625A-S31.625D,S31.629A-S31.629D,S31.630A-S31.630D,S31.631A-S31.631D,
 S31.632A-S31.632D,S31.633A-S31.633D,S31.634A-S31.634D,S31.635A-S31.635D,S31.639A-S31.639D,
 S31.640A-S31.640D,S31.641A-S31.641D,S31.642A-S31.642D,S31.643A-S31.643D,S31.644A-S31.644D,
 S31.645A-S31.645D,S31.649A-S31.649D,S31.650A-S31.650D,S31.651A-S31.651D,S31.652A-S31.652D,
 S31.653A-S31.653D,S31.654A-S31.654D,S31.655A-S31.655D,S31.659A-S31.659D,S36.00xA-S36.00xD,
 S36.020A-S36.020D,S36.021A-S36.021D,S36.029A-S36.029D,S36.030A-S36.030D,S36.031A-S36.031D,
 S36.032A-S36.032D,S36.039A-S36.039D,S36.09xA-S36.09xD,S36.112A-S36.112D,S36.113A-S36.113D,
 S36.114A-S36.114D,S36.115A-S36.115D,S36.116A-S36.116D,S36.118A-S36.118D,S36.119A-S36.119D,
 S36.122A-S36.122D,S36.123A-S36.123D,S36.128A-S36.128D,S36.129A-S36.129D,S36.13xA-S36.13xD,
 S36.200A-S36.200D,S36.201A-S36.201D,S36.202A-S36.202D,S36.209A-S36.209D,S36.220A-S36.220D,
 S36.221A-S36.221D,S36.222A-S36.222D,S36.229A-S36.229D,S36.230A-S36.230D,S36.231A-S36.231D,
 S36.232A-S36.232D,S36.239A-S36.239D,S36.240A-S36.240D,S36.241A-S36.241D,S36.242A-S36.242D,
 S36.249A-S36.249D,S36.250A-S36.250D,S36.251A-S36.251D,S36.252A-S36.252D,S36.259A-S36.259D,
 S36.260A-S36.260D,S36.261A-S36.261D,S36.262A-S36.262D,S36.269A-S36.269D,S36.290A-S36.290D,
 S36.291A-S36.291D,S36.292A-S36.292D,S36.299A-S36.299D,S36.30xA-S36.30xD,S36.32xA-S36.32xD,
 S36.33xA-S36.33xD,S36.39xA-S36.39xD,S36.400A-S36.400D,S36.408A-S36.408D,S36.409A-S36.409D,
 S36.410A-S36.410D,S36.418A-S36.418D,S36.419A-S36.419D,S36.420A-S36.420D,S36.428A-S36.428D,
 S36.429A-S36.429D,S36.430A-S36.430D,S36.438A-S36.438D,S36.439A-S36.439D,S36.490A-S36.490D,
 S36.498A-S36.498D,S36.499A-S36.499D,S36.500A-S36.500D,S36.501A-S36.501D,S36.502A-S36.502D,
 S36.503A-S36.503D,S36.508A-S36.508D,S36.509A-S36.509D,S36.510A-S36.510D,S36.511A-S36.511D,
 S36.512A-S36.512D,S36.513A-S36.513D,S36.518A-S36.518D,S36.519A-S36.519D,S36.520A-S36.520D,
 S36.521A-S36.521D,S36.522A-S36.522D,S36.523A-S36.523D,S36.528A-S36.528D,S36.529A-S36.529D,
 S36.530A-S36.530D,S36.531A-S36.531D,S36.532A-S36.532D,S36.533A-S36.533D,S36.538A-S36.538D,
 S36.539A-S36.539D,S36.590A-S36.590D,S36.591A-S36.591D,S36.592A-S36.592D,S36.593A-S36.593D,
 S36.598A-S36.598D,S36.599A-S36.599D,S36.60xA-S36.60xD,S36.61xA-S36.61xD,S36.62xA-S36.62xD,
 S36.63xA-S36.63xD,S36.69xA-S36.69xD,S36.81xA-S36.81xD,S36.892A-S36.892D,S36.893A-S36.893D,
 S36.898A-S36.898D,S36.899A-S36.899D,S36.90xA-S36.90xD,S36.92xA-S36.92xD,S36.93xA-S36.93xD,
 S36.99xA-S36.99xD,S37.001A-S37.001D,S37.002A-S37.002D,S37.009A-S37.009D,S37.011A-S37.011D,
 S37.012A-S37.012D,S37.019A-S37.019D,S37.021A-S37.021D,S37.022A-S37.022D,S37.029A-S37.029D,
 S37.031A-S37.031D,S37.032A-S37.032D,S37.039A-S37.039D,S37.041A-S37.041D,S37.042A-S37.042D,
 S37.049A-S37.049D,S37.051A-S37.051D,S37.052A-S37.052D,S37.059A-S37.059D,S37.061A-S37.061D,
 S37.062A-S37.062D,S37.069A-S37.069D,S37.091A-S37.091D,S37.092A-S37.092D,S37.099A-S37.099D,
 S37.10xA-S37.10xD,S37.12xA-S37.12xD,S37.13xA-S37.13xD,S37.19xA-S37.19xD,S37.20xA-S37.20xD,
 S37.22xA-S37.22xD,S37.23xA-S37.23xD,S37.29xA-S37.29xD,S37.30xA-S37.30xD,S37.32xA-S37.32xD,
 S37.33xA-S37.33xD,S37.39xA-S37.39xD,S37.401A-S37.401D,S37.402A-S37.402D,S37.409A-S37.409D,
 S37.421A-S37.421D,S37.422A-S37.422D,S37.429A-S37.429D,S37.431A-S37.431D,S37.432A-S37.432D,
 S37.439A-S37.439D,S37.491A-S37.491D,S37.492A-S37.492D,S37.499A-S37.499D,S37.501A-S37.501D,
 S37.502A-S37.502D,S37.509A-S37.509D,S37.511A-S37.511D,S37.512A-S37.512D,S37.519A-S37.519D,
 S37.521A-S37.521D,S37.522A-S37.522D,S37.529A-S37.529D,S37.531A-S37.531D,S37.532A-S37.532D,
 S37.539A-S37.539D,S37.591A-S37.591D,S37.592A-S37.592D,S37.599A-S37.599D,S37.60xA-S37.60xD,
 S37.62xA-S37.62xD,S37.63xA-S37.63xD,S37.69xA-S37.69xD,S37.812A-S37.812D,S37.813A-S37.813D,
 S37.818A-S37.818D,S37.819A-S37.819D,S37.822A-S37.822D,S37.823A-S37.823D,S37.828A-S37.828D,
 S37.829A-S37.829D,S37.892A-S37.892D,S37.893A-S37.893D,S37.898A-S37.898D,S37.899A-S37.899D,
 S37.90xA-S37.90xD,S37.92xA-S37.92xD,S37.93xA-S37.93xD,S37.99xA-S37.99xD,T79.4xxA-T79.4xxD,
 T79.7xxA-T79.7xxD

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

CPT: 31775,31805,32110-32124,32653,32654,32658,32820,33300-33335,37619,39501,39540,39545,43840,44120-44125,44139,44140,44227,44320,44602-44605,44620-44626,44701,45562,45563,47120-47130,47350-47362,47510,47802,47900,48545,50220,50740-50760,50947,50948,51860,51865,52310,52315,52332,53502-53515,58520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 85

Condition: FRACTURE OF HIP, CLOSED (See Guideline Notes 6,15,64,65,76)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: M84.359A,S72.001A,S72.001F,S72.001J,S72.002A,S72.002E-S72.002F,S72.002J,S72.009A,S72.009F,S72.009J,S72.011A,S72.011F,S72.011J,S72.012A,S72.012F,S72.012J,S72.019A,S72.019F,S72.019J,S72.021F,S72.021J,S72.022F,S72.022J,S72.023F,S72.023J,S72.024F,S72.024J,S72.025F,S72.025J,S72.026J,S72.031A,S72.031F,S72.031J,S72.032A,S72.032F,S72.032J,S72.033A,S72.033F,S72.033J,S72.034A,S72.034F,S72.034J,S72.035A,S72.035F,S72.035J,S72.036A,S72.036F,S72.036J,S72.041A,S72.041F,S72.041J,S72.042A,S72.042F,S72.042J,S72.043A,S72.043F,S72.043J,S72.044A,S72.044F,S72.044J,S72.045A,S72.045F,S72.045J,S72.046A,S72.046F,S72.046J,S72.051A,S72.051F,S72.051J,S72.052A,S72.052F,S72.052J,S72.059A,S72.059F,S72.059J,S72.061A,S72.061F,S72.061J,S72.062A,S72.062F,S72.062J,S72.063A,S72.063F,S72.063J,S72.064A,S72.064F,S72.064J,S72.065A,S72.065F,S72.065J,S72.066A,S72.066F,S72.066J,S72.091A,S72.091F,S72.091J,S72.092A,S72.092F,S72.092J,S72.099A,S72.099F,S72.099J,S72.101A,S72.101F,S72.101J,S72.102A,S72.102F,S72.102J,S72.109A,S72.109F,S72.109J,S72.111A,S72.111F,S72.111J,S72.112A,S72.112F,S72.112J,S72.113A,S72.113F,S72.113J,S72.114A,S72.114F,S72.114J,S72.115A,S72.115F,S72.115J,S72.116A,S72.116F,S72.116J,S72.121A,S72.121F,S72.121J,S72.122A,S72.122F,S72.122J,S72.123A,S72.123F,S72.123J,S72.124A,S72.124F,S72.124J,S72.125A,S72.125F,S72.125J,S72.126A,S72.126F,S72.126J,S72.131A,S72.131F,S72.131J,S72.132A,S72.132F,S72.132J,S72.133A,S72.133F,S72.133J,S72.134A,S72.134F,S72.134J,S72.135A,S72.135F,S72.135J,S72.136A,S72.136F,S72.136J,S72.141A,S72.141F,S72.141J,S72.142A,S72.142F,S72.142J,S72.143A,S72.143F,S72.143J,S72.144A,S72.144F,S72.144J,S72.145A,S72.145F,S72.145J,S72.146A,S72.146F,S72.146J,S72.21xA,S72.22xA,S72.23xA,S72.24xA,S72.25xA,S72.26xA,Z47.1-Z47.2,Z47.32

CPT: 20680,20900,27125-27132,27230-27248,27267,27268,27506,27656,29035-29046,29305,29325,29700,29710,29720,29710,77261-77295,77300,77305-77315,77331-77336,77401-77417,77427,77470,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 86

Condition: MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS (See Guideline Notes 64,65,76)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: A18.84,A32.82,A39.50-A39.53,B26.82,B37.6,B57.0,D86.85,I09.0,I09.2,I23.0,I30.0-I30.9,I31.0-I31.9,I33.0-I33.9,I40.0-I40.9,I51.4,I97.0,M32.11

CPT: 31750,31760,32659,32661,33010-33050,33361-33403,33405-33413,33425-33465,33475,33530,33975-33993,35820,92960-92971,92978-92998,93750,93797,93798,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0270,G0271,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S9348

Line: 87

Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA (See Guideline Notes 64,65,76)

Treatment: REPAIR

ICD-10: S11.011A-S11.011D,S11.012A-S11.012D,S11.013A-S11.013D,S11.014A-S11.014D,S11.015A-S11.015D,S11.019A-S11.019D,S11.021A-S11.021D,S11.022A-S11.022D,S11.023A-S11.023D,S11.024A-S11.024D,S11.025A-S11.025D,S11.029A-S11.029D,S11.031A-S11.031D,S11.032A-S11.032D,S11.033A-S11.033D,S11.034A-S11.034D,S11.035A-S11.035D,S11.039A-S11.039D,S11.10xA-S11.10xD,S11.11xA-S11.11xD,S11.12xA-S11.12xD,S11.13xA-S11.13xD,S11.14xA-S11.14xD,S11.15xA-S11.15xD,S11.20xA-S11.20xD,S11.21xA-S11.21xD,S11.22xA-S11.22xD,S11.23xA-S11.23xD,S11.24xA-S11.24xD,S11.25xA-S11.25xD,S11.80xA-S11.80xD,S11.81xA-S11.81xD,S11.82xA-S11.82xD,S11.83xA-S11.83xD,S11.84xA-S11.84xD,S11.85xA-S11.85xD,S11.89xA-S11.89xD,S11.90xA-S11.90xD,S11.91xA-S11.91xD,S11.92xA-S11.92xD,S11.93xA-S11.93xD,S11.94xA-S11.94xD,S11.95xA-S11.95xD,S12.8xA-S12.8xD,S13.20xA-S13.20xD,S13.29xA-S13.29xD,S16.2xA-S16.2xD

CPT: 11010-11012,12001-12007,13131-13150,20100,21495,31528,31529,31584,31630,31766,31780,31781,31800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 88**
 Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below) (See Guideline Notes 1,76)
 Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
 ICD-10: T86.10-T86.19,T86.850-T86.899
 CPT: 48160,48550-48556,50300-50365,76776,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2065
 SPK included for type I diabetes mellitus with end stage renal disease (E10.2), PAK only included for other type I diabetes mellitus with secondary diagnosis of Z94.0.
- Line: 89**
 Condition: ENDOCARDIAL CUSHION DEFECTS (See Guideline Notes 1,64,65,76)
 Treatment: REPAIR
 ICD-10: Q20.6-Q20.8,Q21.2,Q21.8-Q21.9
 CPT: 33620,33621,33645-33670,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 90**
 Condition: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Notes 64,65,76)
 Treatment: SHUNT/REPAIR
 ICD-10: Q22.0
 CPT: 33470-33474,33530,33608,33620,33621,33750-33766,33920,33925,33926,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 91**
 Condition: CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM (See Guideline Notes 1,64,65,76)
 Treatment: RECONSTRUCTION
 ICD-10: Q55.23,Q55.3,Q61.00-Q61.9,Q62.63-Q62.69,Q62.8,Q64.10,Q64.12-Q64.6,Q64.71,Q64.73-Q64.74,Q64.79
 CPT: 14020,14301,14302,15002-15261,15570-15574,15600-15620,15650,15736,15738,45820,50040,50045,50100,50125,50135,50220-50290,50390,50400,50405,50540,50542-50546,50548,50553,50572,50650,50722-50728,50825-50845,50947,50948,50970,51020-51597,51715,51800-51980,52214,52290,52300,53020,53025,53080,53085,53210,53215,53400-53460,53621,55175,55180,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274
- Line: 92**
 Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: P77.1-P77.9,Z46.59
 CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 93**
 Condition: DISCORDANT CARDIOVASCULAR CONNECTIONS (See Guideline Notes 1,64,65,76)
 Treatment: REPAIR
 ICD-10: Q20.1-Q20.3,Q20.5,Q20.8-Q20.9,Q93.81
 CPT: 33611,33612,33620,33621,33684,33735-33766,33770-33783,37204,42225,42226,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 94**
 Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Notes 64,65,76)
 Treatment: MITRAL VALVE REPAIR/REPLACEMENT
 ICD-10: Q23.2-Q23.3,Z79.01
 CPT: 33420-33430,33496,33620,33621,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 95**
 Condition: GUILLAIN-BARRE SYNDROME (See Guideline Notes 1,6,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: G61.0
 CPT: 31600,31610,90284,92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152
- Line: 96**
 Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS, COMPOUND/DEPRESSED FRACTURES OF SKULL (See Guideline Notes 1,6,64,65,76,90)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: S02.0xxA-S02.0xxG,S02.10xA-S02.10xG,S02.110A-S02.110G,S02.111A-S02.111G,S02.112A-S02.112G,S02.113A-S02.113G,S02.118A-S02.118G,S02.119A-S02.119G,S02.19xB-S02.19xG,S02.8xxA-S02.8xxG,S02.91xA-S02.91xG,S04.041A-S04.041D,S04.042A-S04.042D,S04.049A-S04.049D,S06.0x0A-S06.0x0D,S06.0x1A-S06.0x1D,S06.0x2A-S06.0x2D,S06.0x3A-S06.0x3D,S06.0x4A-S06.0x4D,S06.0x5A-S06.0x5D,S06.0x6A-S06.0x6D,S06.0x7A-S06.0x7D,S06.0x8A-S06.0x8D,S06.0x9A-S06.0x9D,S06.2x0A-S06.2x0D,S06.2x1A-S06.2x1D,S06.2x2A-S06.2x2D,S06.2x3A-S06.2x3D,S06.2x4A-S06.2x4D,S06.2x5A-S06.2x5D,S06.2x6A-S06.2x6D,S06.2x7A-S06.2x7D,S06.2x8A-S06.2x8D,S06.2x9A-S06.2x9D,S06.300A-S06.300D,S06.301A-S06.301D,S06.302A-S06.302D,S06.303A-S06.303D,S06.304A-S06.304D,S06.305A-S06.305D,S06.306A-S06.306D,S06.307A-S06.307D,S06.308A-S06.308D,S06.309A-S06.309D,S06.310A-S06.310D,S06.311A-S06.311D,S06.312A-S06.312D,S06.313A-S06.313D,S06.314A-S06.314D,S06.315A-S06.315D,S06.316A-S06.316D,S06.317A-S06.317D,S06.318A-S06.318D,S06.319A-S06.319D,S06.320A-S06.320D,S06.321A-S06.321D,S06.322A-S06.322D,S06.323A-S06.323D,S06.324A-S06.324D,S06.325A-S06.325D,S06.326A-S06.326D,S06.327A-S06.327D,S06.328A-S06.328D,S06.329A-S06.329D,S06.330A-S06.330D,S06.331A-S06.331D,S06.332A-S06.332D,S06.333A-S06.333D,S06.334A-S06.334D,S06.335A-S06.335D,S06.336A-S06.336D,S06.337A-S06.337D,S06.338A-S06.338D,S06.339A-S06.339D
 CPT: 11010-11012,11971,14041,14301,14302,21100,21110,61108,61210,61312-61321,61340,61345,61571,62000-62010,62140-62148,92506-92508,92526,92607-92609,92633,96118,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152
- Line: 97**
 Condition: CHILDHOOD LEUKEMIAS (See Guideline Notes 1,7,11,12,64,65,76)
 Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C91.00-C91.02,C92.00-C92.02,C95.00-C95.02,D46.20-D46.22,D61.810
 CPT: 32553,49411,62350-62370,77014,77261-77295,77300-77321,77331-77370,77401-77427,77469,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 98**
 Condition: UNDESCENDED TESTICLE (See Guideline Note 76)
 Treatment: SURGICAL TREATMENT
 ICD-10: Q53.00-Q53.9
 CPT: 54512-54560,54620-54660,54690,54692,55200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 99**
 Condition: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 1,7,11,14,76)
 Treatment: BONE MARROW TRANSPLANT
 ICD-10: D61.810,D81.0-D81.4,D81.6-D81.7,D81.89-D81.9,D82.0-D82.1,D83.1,T86.01-T86.09,Z52.000-Z52.098,Z52.3
 CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 100**
 Condition: DIABETIC AND OTHER RETINOPATHY (See Guideline Notes 64,65,76)
 Treatment: MEDICAL, SURGICAL, AND LASER TREATMENT
 ICD-10: E08.311-E08.359,E09.311-E09.359,E10.311,E13.311-E13.359,H31.401-H31.8,H35.021-H35.09,H35.20-H35.23,H35.60-H35.63
 CPT: 67036-67043,67208,67210,67220,67227-67229,67515,92002-92060,92081-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 101**
 Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F60.3
 CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 102**
 Condition: HEART FAILURE (See Guideline Notes 1,18,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: I09.81,I27.0-I27.2,I27.81,I27.89-I27.9,I50.1,I50.20-I50.43,I97.110-I97.111,I97.130-I97.191,J81.0-J81.1,Z79.01
 CPT: 33967,33975-33993,92920-92938,92943,92944,92960-92998,93750,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0270,G0271,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S9348
- Line: 103**
 Condition: CARDIOMYOPATHY (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: B57.2,I42.0-I42.8,I51.5,T86.5,Z45.010-Z45.09,Z79.01
 CPT: 21630,33010,33215,33216,33218,33220,33223-33226,33230,33231,33240-33249,33262-33264,33414-33416,33508-33530,33973,33974,92960-92971,92978-92998,93282-93284,93287,93289,93292,93295,93296,93724,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0270,G0271,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,S0270-S0274,S0340-S0342,S9348
- Line: 104**
 Condition: END STAGE RENAL DISEASE (See Guideline Notes 1,76)
 Treatment: RENAL TRANSPLANT
 ICD-10: D30.9,D57.00,D57.02-D57.20,D57.212-D57.219,D57.80,D57.812-D57.819,D59.3,D69.0,E08.21-E08.29,E09.21-E09.29,E13.21-E13.29,E75.21-E75.22,E75.240-E75.249,E75.3,E77.0,E77.8,E78.71-E78.72,I12.0,M30.0-M30.2,M30.8,M31.0,M31.31,M31.7,M32.14-M32.19,M35.04,N00.8,N01.0-N01.9,N02.0-N02.9,N03.0-N03.9,N04.0-N04.9,N05.0-N05.9,N06.0-N06.9,N07.0-N07.9,N08,N11.0-N11.8,N14.0-N14.4,N15.0,N15.8-N15.9,N16,N17.0-N17.9,N18.5-N18.6,N26.1,N26.9,N28.0,Q60.0-Q60.2,Q60.4-Q60.6,Q61.19-Q61.5,Q62.0,Q62.10-Q62.39,Q79.4,Q79.51,Q87.2-Q87.3,Q87.5,Q87.81-Q87.89,Q89.8,T86.10-T86.19,Z52.4
 CPT: 36825,36830,50300-50370,50547,76776,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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Line: 105
 Condition: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS;
 CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: K31.6,P76.0-P76.9,P78.81,Q40.0,Q41.0-Q41.9,Q42.0-Q42.9,Q43.0-Q43.9,Q45.0-Q45.9,T86.5,T86.890-T86.899,
 Z46.59
 CPT: 31750,31760,32905,32906,39503,39545,43500-43520,43620-43640,43653,43800-43825,43840,43850,43860,
 43870,43880,44005-44021,44050,44055,44110-44130,44139-44227,44300-44346,44363-44373,44378,44379,
 44383,44391-44701,44715-44721,44800-44900,44950,44955,45000-45020,45108-45123,45130-45150,45303,
 45308-45320,45327,45333-45335,45338-45340,45345,45381-45387,45395,45397,45800,45905,45910,46040,
 46045,46060-46080,46270,46275,46604,46610-46614,46705-46754,47010,47011,47300,47510-47530,47554-
 47556,47600-47620,47701,47715-47999,48120-48146,48150,48500-48556,49203-49250,49324,49325,49421-
 49424,49442,49600-49611,49904,49905,51500,96154,98966-98969,99051,99060,99070,99078,99201-99239,
 99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 106
 Condition: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE,
 AND FETAL AND NEONATAL JAUNDICE (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: E80.4-E80.7,P50.0-P50.9,P51.0-P51.9,P54.1-P54.3,P55.0-P55.9,P57.0-P57.9,P58.0-P58.3,P58.41-P58.9,P59.0-
 P59.1,P59.20-P59.9,P61.3-P61.4
 CPT: 96900,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-
 99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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Line: 107
Condition: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY

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ICD-10: 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PRIORITIZED LIST OF HEALTH SERVICES

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T43.212A-T43.212D, T43.213A-T43.213D, T43.214A-T43.214D, T43.215A-T43.215D, T43.221A-T43.221D, T43.222A-T43.222D, T43.223A-T43.223D, T43.224A-T43.224D, T43.225A-T43.225D, T43.291A-T43.291D, T43.292A-T43.292D, T43.293A-T43.293D, T43.294A-T43.294D, T43.295A-T43.295D, T43.3x1A-T43.3x1D, T43.3x2A-T43.3x2D, T43.3x3A-T43.3x3D, T43.3x4A-T43.3x4D, T43.3x5A-T43.3x5D, T43.4x1A-T43.4x1D, T43.4x2A-T43.4x2D, T43.4x3A-T43.4x3D, T43.4x4A-T43.4x4D, T43.4x5A-T43.4x5D, T43.501A-T43.501D, T43.502A-T43.502D, T43.503A-T43.503D, T43.504A-T43.504D, T43.505A-T43.505D, T43.591A-T43.591D, T43.592A-T43.592D, T43.593A-T43.593D, T43.594A-T43.594D, T43.595A-T43.595D, T43.601A-T43.601D, T43.602A-T43.602D, T43.603A-T43.603D, T43.604A-T43.604D, T43.605A-T43.605D, T43.611A-T43.611D, T43.612A-T43.612D, T43.613A-T43.613D, T43.614A-T43.614D, T43.615A-T43.615D, T43.621A-T43.621D, T43.622A-T43.622D, T43.623A-T43.623D, T43.624A-T43.624D, T43.625A-T43.625D, T43.631A-T43.631D, T43.632A-T43.632D, T43.633A-T43.633D, 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PRIORITIZED LIST OF HEALTH SERVICES

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T49.4x2D, T49.4x3A-T49.4x3D, T49.4x4A-T49.4x4D, T49.4x5A-T49.4x5D, T49.5x1A-T49.5x1D, T49.5x2A-T49.5x2D, T49.5x3A-T49.5x3D, T49.5x4A-T49.5x4D, T49.5x5A-T49.5x5D, T49.6x1A-T49.6x1D, T49.6x2A-T49.6x2D, T49.6x3A-T49.6x3D, T49.6x4A-T49.6x4D, T49.6x5A-T49.6x5D, T49.7x1A-T49.7x1D, T49.7x2A-T49.7x2D, T49.7x3A-T49.7x3D, T49.7x4A-T49.7x4D, T49.7x5A-T49.7x5D, T49.8x1A-T49.8x1D, T49.8x2A-T49.8x2D, T49.8x3A-T49.8x3D, T49.8x4A-T49.8x4D, T49.8x5A-T49.8x5D, T49.91xA-T49.91xD, T49.92xA-T49.92xD, T49.93xA-T49.93xD, T49.94xA-T49.94xD, T49.95xA-T49.95xD, T50.0x1A-T50.0x1D, T50.0x2A-T50.0x2D, T50.0x3A-T50.0x3D, T50.0x4A-T50.0x4D, T50.0x5A-T50.0x5D, T50.1x1A-T50.1x1D, T50.1x2A-T50.1x2D, T50.1x3A-T50.1x3D, T50.1x4A-T50.1x4D, T50.1x5A-T50.1x5D, T50.2x1A-T50.2x1D, T50.2x2A-T50.2x2D, T50.2x3A-T50.2x3D, T50.2x4A-T50.2x4D, T50.2x5A-T50.2x5D, T50.3x1A-T50.3x1D, T50.3x2A-T50.3x2D, T50.3x3A-T50.3x3D, T50.3x4A-T50.3x4D, T50.3x5A-T50.3x5D, T50.4x1A-T50.4x1D, T50.4x2A-T50.4x2D, T50.4x3A-T50.4x3D, T50.4x4A-T50.4x4D, 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CPT: 43241, 43247, 49435, 49436, 90935-90947, 90989-90997, 94640, 95017, 95018, 95076, 95079, 96154, 98966-98969, 99051, 99060, 99070, 99078, 99175, 99201-99239, 99281-99285, 99291-99404, 99408-99412, 99429-99444, 99468-99477, 99480, 99487-99496, 99605-99607

HCPCS: G0396, G0397, G0406-G0408, G0425-G0427, S0270-S0274, S9355

Line: 108

Condition: BOTULISM (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: A05.1, A48.51-A48.52

CPT: 98966-98969, 99051, 99060, 99070, 99078, 99201-99239, 99281-99285, 99291-99404, 99408-99412, 99429-99444, 99468-99477, 99480, 99487-99496, 99605-99607

HCPCS: G0396, G0397, G0406-G0408, G0425-G0427, S0270-S0274

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- Line: 109**
Condition: TETRALOGY OF FALLOT (TOF); CONGENITAL VENOUS ABNORMALITIES (See Guideline Notes 1,64,65,76)
Treatment: REPAIR
ICD-10: Q21.3,Q25.5-Q25.6,Q25.71-Q25.79,Q26.0-Q26.1,Q26.3-Q26.4,Q26.8,Z79.01
CPT: 33606,33608,33620,33621,33692-33697,33726,33735-33750,33764,33917,33924-33926,34502,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 110**
Condition: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Notes 64,65,76)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-10: Q23.0-Q23.1,Q24.4,Q25.3
CPT: 33361-33400,33404-33417,33496,33530,33620,33621,35452,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 111**
Condition: GIANT CELL ARTERITIS, POLYMYALGIA RHEUMATICA AND KAWASAKI DISEASE (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: M30.3,M31.0,M31.4-M31.6,M35.3
CPT: 37609,90284,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 112**
Condition: FRACTURE OF RIBS AND STERNUM, OPEN (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S22.20xB,S22.21xB,S22.22xB,S22.23xB,S22.24xB,S22.31xB,S22.32xB,S22.39xB,S22.41xB,S22.42xB,S22.43xB,S22.49xB,S22.5xxB,S22.9xxB
CPT: 11010-11012,21805,21810,21825,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 113**
Condition: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS) (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: A01.01,A17.0-A17.1,A17.81-A17.89,A27.81,A42.81-A42.82,B37.5,B45.8,B57.40-B57.49,B58.2,B60.0,G03.0-G03.1,G03.8-G03.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 114**
Condition: COAGULATION DEFECTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D66-D67,D68.0-D68.2,D68.311-D68.4,D68.8-D68.9,M25.00,M25.011-M25.08,Z14.02
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9345
- Line: 115**
Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: Q23.8-Q23.9,Q24.6-Q24.8,Q28.8,Z45.010-Z45.09,Z79.01
CPT: 33202-33249,33262-33264,33420-33496,33530,33620,33621,75557-75565,75573,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

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- Line: 116**
 Condition: CANCER OF TESTIS (See Guideline Notes 1,7,11,12,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C62.00-C62.92,D40.10-D40.12,D61.810,Z51.11,Z85.47
 CPT: 32553,38571,38572,38780,49327,49411,49412,54512-54535,54690,77261-77295,77300,77305-77321,77331-77370,77401-77421,77424-77431,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 117**
 Condition: CANCER OF EYE AND ORBIT (See Guideline Notes 1,7,11,12,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C69.00-C69.92,D09.20-D09.22,D48.7,D61.810,Z51.11,Z85.840
 CPT: 11420,11440,13132,15756-15758,20969,32553,49411,65091,65101-65114,65900,66600,66605,66770,67208-67218,67414,67445,68135,68320-68328,68335,68340,77014,77261-77295,77300-77370,77401-77432,77469,77470,77520-77525,77750,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 118**
 Condition: APLASTIC ANEMIAS; AGRANULOCYTOSIS (See Guideline Notes 7,11,12,14,76)
 Treatment: BONE MARROW TRANSPLANT
 ICD-10: D60.0-D60.9,D61.01-D61.3,D61.810,D61.89-D61.9,T86.01-T86.09,Z52.000-Z52.008,Z52.090-Z52.098,Z52.3
 CPT: 36680,38204-38215,38240,38242,86825,86826,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 119**
 Condition: CHRONIC MYELOID LEUKEMIA (See Guideline Notes 7,11,12,76)
 Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
 ICD-10: C92.10-C92.22,C93.Z2,D61.810
 CPT: 32553,49411,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,79101,90284,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 120**
 Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14,19,76)
 Treatment: BONE MARROW TRANSPLANT
 ICD-10: C81.00-C81.99,D61.810,T86.01-T86.09,Z52.000-Z52.098,Z52.3,Z85.71
 CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537

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- Line: 121**
 Condition: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS (See Guideline Notes 64,65,76)
 Treatment: REMOVAL OF FOREIGN BODY
 ICD-10: T17.200A-T17.200D,T17.208A-T17.208D,T17.210A-T17.210D,T17.220A-T17.220D,T17.228A-T17.228D,T17.290A-T17.290D,T17.298A-T17.298D,T17.300A-T17.300D,T17.308A-T17.308D,T17.310A-T17.310D,T17.320A-T17.320D,T17.328A-T17.328D,T17.390A-T17.390D,T17.398A-T17.398D,T17.400A-T17.400D,T17.408A-T17.408D,T17.410A-T17.410D,T17.418A-T17.418D,T17.420A-T17.420D,T17.428A-T17.428D,T17.490A-T17.490D,T17.498A-T17.498D,T17.500A-T17.500D,T17.508A-T17.508D,T17.510A-T17.510D,T17.518A-T17.518D,T17.520A-T17.520D,T17.528A-T17.528D,T17.590A-T17.590D,T17.598A-T17.598D,T17.800A-T17.800D,T17.808A-T17.808D,T17.810A-T17.810D,T17.820A-T17.820D,T17.828A-T17.828D,T17.890A-T17.890D,T17.898A-T17.898D,T17.900A-T17.900D,T17.908A-T17.908D,T17.910A-T17.910D,T17.920A-T17.920D,T17.928A-T17.928D,T17.990A-T17.990D,T17.998A-T17.998D,T18.0xxA-T18.0xxD,T18.100A-T18.100D,T18.108A-T18.108D,T18.110A-T18.110D,T18.120A-T18.120D,T18.128A-T18.128D,T18.190A-T18.190D,T18.198A-T18.198D
 CPT: 31511,31512,31530,31531,31635,32150,32151,40804,41805,42809,43020,43045,43215,43247,43249,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 122**
 Condition: NUTRITIONAL ANEMIAS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: D50.0-D50.9,D51.0-D51.9,D52.0-D52.9,D53.0-D53.9,D62,D64.0-D64.3,D81.818-D81.819,E40-E43,E44.0-E44.1,E45-E46,E50.0-E50.9,E51.11-E51.9,E52,E53.0-E53.9,E54,E55.0-E55.9,E56.0-E56.8,E58-E60,E61.0-E61.6
 CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 123**
 Condition: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Notes 64,65,76)
 Treatment: REPAIR SEPTAL DEFECT
 ICD-10: Q21.1
 CPT: 33641,33647,92960-92971,92978-92998,93580,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 124**
 Condition: CHOANAL ATRESIA (See Guideline Notes 64,65,76)
 Treatment: REPAIR OF CHOANAL ATRESIA
 ICD-10: Q30.0
 CPT: 30520-30545,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 125**
 Condition: ABUSE AND NEGLECT (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: T73.0xxA-T73.0xxD,T73.1xxA-T73.1xxD,T74.01xA-T74.01xD,T74.02xA-T74.02xD,T74.11xA-T74.11xD,T74.12xA-T74.12xD,T74.21xA-T74.21xD,T74.22xA-T74.22xD,T74.31xA-T74.31xD,T74.32xA-T74.32xD,T74.4xxA-T74.4xxD,T74.91xA-T74.91xD,T74.92xA-T74.92xD,T76.01xA-T76.01xD,T76.02xA-T76.02xD,T76.11xA-T76.11xD,T76.12xA-T76.12xD,T76.21xA-T76.21xD,T76.22xA-T76.22xD,T76.31xA-T76.31xD,T76.32xA-T76.32xD,T76.91xA-T76.91xD,T76.92xA-T76.92xD,T86.5,Z04.41-Z04.42,Z04.71-Z04.72,Z69.010,Z69.020,Z69.11
 CPT: 46700,46706,46707,56800,56810,57023,57200,57210,57415,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 126**
 Condition: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED (See Guideline Notes 20,64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F90.0-F90.9
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

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- Line: 127**
 Condition: MALARIA, CHAGAS' DISEASE AND TRYPANOSOMIASIS (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: B50.0-B50.9,B51.8-B51.9,B52.0-B52.9,B53.0-B53.8,B54,B56.0-B56.9,B57.1,B57.30-B57.39,B57.5
 CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 128**
 Condition: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: J38.4,T78.00xA-T78.00xD,T78.01xA-T78.01xD,T78.02xA-T78.02xD,T78.03xA-T78.03xD,T78.04xA-T78.04xD,T78.05xA-T78.05xD,T78.06xA-T78.06xD,T78.07xA-T78.07xD,T78.08xA-T78.08xD,T78.09xA-T78.09xD,T78.2xxA-T78.2xxD,T88.2xxA-T88.2xxD,T88.6xxA-T88.6xxD
 CPT: 86486,95004,95017-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 129**
 Condition: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS (See Guideline Notes 12,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT WHICH INCLUDES RADIATION THERAPY
 ICD-10: E05.00-E05.91,E06.1-E06.9
 CPT: 32553,49411,60210-60240,60270,60271,60512,67414,67440,67445,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 130**
 Condition: BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD (See Guideline Notes 1,7,11,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: D18.02,D32.0-D32.9,D33.0-D33.4,D35.2-D35.3,D44.3-D44.4,D61.810,H47.141-H47.149,Q85.00-Q85.09,Q85.8-Q85.9,Z86.011
 CPT: 12034,14301,14302,20926,32553,49411,61312-61330,61333-61480,61500-61512,61516-61521,61524-61530,61534,61536-61564,61571-61626,61781,61782,61796-61800,62100,62140-62160,62163-62165,62223,62272,62350-62370,63265,63276,63281,63295,63615,77014,77261-77295,77300-77321,77331-77372,77402-77432,77469,77470,77520-77790,79005-79445,95990,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 131**
 Condition: ACUTE KIDNEY INJURY (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
 ICD-10: N00.0-N00.9,N01.0-N01.9,N17.0-N17.9,Z49.01-Z49.32
 CPT: 36147,36148,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9339,S9537
- Line: 132**
 Condition: COMMON TRUNCUS (See Guideline Notes 64,65,76)
 Treatment: TOTAL REPAIR/REPLANT ARTERY
 ICD-10: Q20.0
 CPT: 33608,33620,33621,33786,33788,33813,33814,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

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Line: 133
Condition: GRANULOMATOSIS WITH POLYANGIITIS (See Guideline Notes 1,12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-10: M30.1,M31.2,M31.30-M31.31,M31.7
CPT: 31528,32553,49411,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 134
Condition: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Notes 1,14,64,65,76)
Treatment: COMPLETE REPAIR
ICD-10: Q24.2,Q26.2
CPT: 33620,33621,33724,33730,33732,37204,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

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Line: 135
Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT

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ICD-10: M60.000-M60.005,M60.011-M60.09,M62.82,M79.A11-M79.A9,S07.0xxA-S07.0xxD,S07.1xxA-S07.1xxD,
S07.8xxA-S07.8xxD,S07.9xxA-S07.9xxD,S09.0xxA-S09.0xxD,S15.001A-S15.001D,S15.002A-S15.002D,
S15.009A-S15.009D,S15.011A-S15.011D,S15.012A-S15.012D,S15.019A-S15.019D,S15.021A-S15.021D,
S15.022A-S15.022D,S15.029A-S15.029D,S15.091A-S15.091D,S15.092A-S15.092D,S15.099A-S15.099D,
S15.101A-S15.101D,S15.102A-S15.102D,S15.109A-S15.109D,S15.111A-S15.111D,S15.112A-S15.112D,
S15.119A-S15.119D,S15.121A-S15.121D,S15.122A-S15.122D,S15.129A-S15.129D,S15.191A-S15.191D,
S15.192A-S15.192D,S15.199A-S15.199D,S15.201A-S15.201D,S15.202A-S15.202D,S15.209A-S15.209D,
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PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

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PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 136**
Condition: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S42.001B,S42.002B,S42.009B,S42.011B,S42.012B,S42.013B,S42.014B,S42.015B,S42.016B,S42.017B,S42.018B,S42.019B,S42.021B,S42.022B,S42.023B,S42.024B,S42.025B,S42.026B,S42.031B,S42.032B,S42.033B,S42.034B,S42.035B,S42.036B,S42.101B,S42.102B,S42.109B,S42.111B,S42.112B,S42.113B,S42.114B,S42.115B,S42.116B,S42.121B,S42.122B,S42.123B,S42.124B,S42.125B,S42.126B,S42.131B,S42.132B,S42.133B,S42.134B,S42.135B,S42.136B,S42.141B,S42.142B,S42.143B,S42.144B,S42.145B,S42.146B,S42.151B,S42.152B,S42.153B,S42.154B,S42.155B,S42.156B,S42.191B,S42.192B,S42.199B,S42.201B,S42.202B,S42.209B,S42.211B,S42.212B,S42.213B,S42.214B,S42.215B,S42.216B,S42.221B,S42.222B,S42.223B,S42.224B,S42.225B,S42.226B,S42.231B,S42.232B,S42.239B,S42.241B,S42.242B,S42.249B,S42.251B,S42.252B,S42.253B,S42.254B,S42.255B,S42.256B,S42.261B,S42.262B,S42.263B,S42.264B,S42.265B,S42.266B,S42.291B,S42.292B,S42.293B,S42.294B,S42.295B,S42.296B,S42.301B,S42.302B,S42.309B,S42.321B,S42.322B,S42.323B,S42.324B,S42.325B,S42.326B,S42.331B,S42.332B,S42.333B,S42.334B,S42.335B,S42.336B,S42.341B,S42.342B,S42.343B,S42.344B,S42.345B,S42.346B,S42.351B,S42.352B,S42.353B,S42.354B,S42.355B,S42.356B,S42.361B,S42.362B,S42.363B,S42.364B,S42.365B,S42.366B,S42.391B,S42.392B,S42.399B,S42.401B,S42.402B,S42.409B,S42.411B,S42.412B,S42.413B,S42.414B,S42.415B,S42.416B,S42.421B,S42.422B,S42.423B,S42.424B,S42.425B,S42.426B,S42.431B,S42.432B,S42.433B,S42.434B,S42.435B,S42.436B,S42.441B,S42.442B,S42.443B,S42.444B,S42.445B,S42.446B,S42.447B,S42.448B,S42.449B,S42.451B,S42.452B,S42.453B,S42.454B,S42.455B,S42.456B,S42.461B,S42.462B,S42.463B,S42.464B,S42.465B,S42.466B,S42.471B,S42.472B,S42.473B,S42.474B,S42.475B,S42.476B,S42.491B,S42.492B,S42.493B,S42.494B,S42.495B,S42.496B,S42.90xB,S42.91xB,S42.92xB,S52.001B-S52.001C,S52.001E-S52.001F,S52.001H-S52.001J,S52.002B-S52.002C,S52.002E-S52.002F,S52.002H-S52.002J,S52.009B-S52.009C,S52.009E-S52.009F,S52.009H-S52.009J,S52.021B-S52.021C,S52.021E-S52.021F,S52.021H-S52.021J,S52.022B-S52.022C,S52.022E-S52.022F,S52.022H-S52.022J,S52.023B-S52.023C,S52.023E-S52.023F,S52.023H-S52.023J,S52.024B-S52.024C,S52.024E-S52.024F,S52.024H-S52.024J,S52.025B-S52.025C,S52.025E-S52.025F,S52.025H-S52.025J,S52.026B-S52.026C,S52.026E-S52.026F,S52.026H-S52.026J,S52.031B-S52.031C,S52.031E-S52.031F,S52.031H-S52.031J,S52.032B-S52.032C,S52.032E-S52.032F,S52.032H-S52.032J,S CPT: 11010-11012,11740,11760,12001-12020,12031-12057,20150,20650,20663,20670-20694,20900,21485,21490,22848,23395,23400,23515,23530,23532,23550,23552,23585,23615,23630,23660,23670,23680,24130,24300,24332,24343,24345,24346,24515,24516,24545,24546,24575,24579,24586,24587,24615,24635,24640,24665,24666,24685,25119,25210-25240,25275,25310,25320,25337,25390-25392,25394,25430,25431,25441-25447,25450-25492,25515,25525,25526,25545,25574,25575,25606-25609,25628,25645,25670,25676,25685,25695,25810-25825,26340,26615,26645,26665,26685,26686,26715,26727,26735,26746,26756,26765,26775-26785,27235,27236,27244,27248,27253-27258,27267,27268,27275,27350,27430,27435,27465-27468,27502,27506,27507,27511-27514,27519,27524,27535,27536,27540,27556-27566,27610,27656,27695-27698,27712,27756-27759,27766,27769,27784,27792,27814,27822-27832,27846,27848,28415,28420,28445,28465,28485,28505,28525,28531-28675,28730,29035-29105,29126-29131,29305-29445,29505,29515,29700-29710,29720,29850-29856,29861-29863,29871,29874-29879,29882,29888-29898,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 137**
Condition: CANCER OF CERVIX (See Guideline Notes 1,7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C53.0-C53.9,D61.810,Z51.11,Z85.41
CPT: 32553,38562,38564,38571,38572,38770,44188,44320,44700,49327,49411,49412,53444,55920,57155,57156,57520,57522,57531-57550,57558,58150,58200,58210,58260,58548-58554,58570-58573,58953-58956,77014,77261-77295,77300-77370,77402-77421,77424-77431,77469,77470,77761-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270,S9537
- Line: 138**
Condition: INTERRUPTED AORTIC ARCH (See Guideline Notes 64,65,76)
Treatment: TRANSVERSE ARCH GRAFT
ICD-10: Q25.2,Z51.89
CPT: 33608,33852,33853,33870,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

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- Line: 139**
Condition: HODGKIN'S DISEASE (See Guideline Notes 1,7,11,12,19,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C81.00-C81.99,D61.810,Z85.71
CPT: 32553,38100,38120,49203-49205,49220,49411,77014,77261-77295,77300-77321,77331-77370,77401-77427,77469,77470,78811-78816,79403,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 140**
Condition: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 1,6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S78.011A-S78.011D,S78.012A-S78.012D,S78.019A-S78.019D,S78.021A-S78.021D,S78.022A-S78.022D,S78.029A-S78.029D,S78.111A-S78.111D,S78.112A-S78.112D,S78.119A-S78.119D,S78.121A-S78.121D,S78.122A-S78.122D,S78.129A-S78.129D,S78.911A-S78.911D,S78.912A-S78.912D,S78.919A-S78.919D,S78.921A-S78.921D,S78.922A-S78.922D,S78.929A-S78.929D,S88.011A-S88.011D,S88.012A-S88.012D,S88.019A-S88.019D,S88.021A-S88.021D,S88.022A-S88.022D,S88.029A-S88.029D,S88.111A-S88.111D,S88.112A-S88.112D,S88.119A-S88.119D,S88.121A-S88.121D,S88.122A-S88.122D,S88.129A-S88.129D,S88.911A-S88.911D,S88.912A-S88.912D,S88.919A-S88.919D,S88.921A-S88.921D,S88.922A-S88.922D,S88.929A-S88.929D
CPT: 11010-11012,15100,15101,20920-20924,27290,27295,27590-27598,27880-27886,27889,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 141**
Condition: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: A02.9,B00.1,B35.0,B35.2-B35.9,B36.1,B37.0,B37.41-B37.49,B37.83,B45.8,B59
CPT: 11720,11721,17110,17111,92002-92014,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 142**
Condition: EBSTEIN'S ANOMALY (See Guideline Notes 64,65,76)
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-10: Q22.5
CPT: 33460,33465,33468,33620,33621,33641-33647,75557-75565,75573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 143**
Condition: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL,SURGICAL AND LASER TREATMENT
ICD-10: H40.001-H40.059,H40.10x0-H40.159,H40.30x0-H40.9,Q13.81,Q15.0
CPT: 65820-65855,66150,66155,66165-66172,66180-66250,66700-66711,66740,66762,66920-66984,67036,67255,67500,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 144**
Condition: MYASTHENIA GRAVIS (See Guideline Notes 1,61,64,65,76)
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-10: G70.00-G70.9,G73.3
CPT: 32673,60520-60522,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 145**
Condition: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: M32.0,M32.10-M32.9,M35.1,M35.9
CPT: 20610,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 146**
Condition: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P80.0-P80.9,P81.0-P81.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 147**
Condition: PNEUMOTHORAX AND PLEURAL EFFUSION TUBE THORACOSTOMY (See Guideline Notes 64,65,76)
Treatment: SURGICAL THERAPY, MEDICAL THERAPY
ICD-10: J90,J91.0-J91.8,J93.0,J93.11-J93.9,J94.0,J94.2,J95.811-J95.812,J98.2,S27.0xxA-S27.0xxD,S27.1xxA-S27.1xxD,S27.2xxA-S27.2xxD
CPT: 31634,32200-32220,32310,32550,32552,32554-32562,32650-32653,32655,32664,32665,33015-33050,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 148**
Condition: HYPOTHERMIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-10: T68.xxxA-T68.xxxD
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 149**
Condition: ANEMIA OF PREMATURITY OR TRANSIENT NEONATAL NEUTROPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P61.2,P61.5,P61.8-P61.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 150**
Condition: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A00.0-A00.9,A02.0,A02.8-A02.9,A03.0-A03.9,A04.0-A04.9,A05.0,A05.2-A05.9,A08.0,A08.11-A08.8,A09
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 151**
Condition: GLYCOGENOSIS (See Guideline Notes 64,65,67)
Treatment: MEDICAL THERAPY
ICD-10: C90.22,C90.31-C90.32,E74.00-E74.09
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9357

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Line: 152
Condition: ACQUIRED HEMOLYTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D59.0-D59.9,M31.1
CPT: 36514,90935,90937,90945,90947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 153
Condition: FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F98.21-F98.3
CPT: 90846,90849,90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

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Line: 154
Condition: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR UNSTABLE; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Notes 1,6,64,65,76,100,167,168)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M48.50xA,M48.51xA,M48.52xA,M48.53xA,M80.08xA,M80.88xA,M84.58xA,M84.68xA,M99.10-M99.11,S12.000A-S12.000G,S12.001A-S12.001G,S12.01xA-S12.01xG,S12.02xA-S12.02xG,S12.030A-S12.030G,S12.031A-S12.031G,S12.040A-S12.040G,S12.041A-S12.041G,S12.090A-S12.090G,S12.091A-S12.091G,S12.100A-S12.100G,S12.101A-S12.101G,S12.110A-S12.110G,S12.111A-S12.111G,S12.112A-S12.112G,S12.120A-S12.120G,S12.121A-S12.121G,S12.130A-S12.130G,S12.131A-S12.131G,S12.14xA-S12.14xG,S12.150A-S12.150G,S12.151A-S12.151G,S12.190A-S12.190G,S12.191A-S12.191G,S12.200A-S12.200G,S12.201A-S12.201G,S12.230A-S12.230G,S12.231A-S12.231G,S12.24xA-S12.24xG,S12.250A-S12.250G,S12.251A-S12.251G,S12.290A-S12.290G,S12.291A-S12.291G,S12.300A-S12.300G,S12.301A-S12.301G,S12.330A-S12.330G,S12.331A-S12.331G,S12.34xA-S12.34xG,S12.350A-S12.350G,S12.351A-S12.351G,S12.390A-S12.390G,S12.391A-S12.391G,S12.400A-S12.400G,S12.401A-S12.401G,S12.430A-S12.430G,S12.431A-S12.431G,S12.44xA-S12.44xG,S12.450A-S12.450G,S12.451A-S12.451G,S12.490A-S12.490G,S12.491A-S12.491G,S12.500A-S12.500G,S12.501A-S12.501G,S12.530A-S12.530G,S12.531A-S12.531G,S12.54xA-S12.54xG,S12.550A-S12.550G,S12.551A-S12.551G,S12.590A-S12.590G,S12.591A-S12.591G,S12.600A-S12.600G,S12.601A-S12.601G,S12.630A-S12.630G,S12.631A-S12.631G,S12.64xA-S12.64xG,S12.650A-S12.650G,S12.651A-S12.651G,S12.690A-S12.690G,S12.691A-S12.691G,S12.9xxA-S12.9xxD,S13.100A-S13.100D,S13.101A-S13.101D,S13.110A-S13.110D,S13.111A-S13.111D,S13.120A-S13.120D,S13.121A-S13.121D,S13.130A-S13.130D,S13.131A-S13.131D,S13.140A-S13.140D,S13.141A-S13.141D,S13.150A-S13.150D,S13.151A-S13.151D,S13.160A-S13.160D,S13.161A-S13.161D,S13.170A-S13.170D,S13.171A-S13.171D,S13.180A-S13.180D,S13.181A-S13.181D,S14.0xxA-S14.0xxD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S22.000B-S22.000G,S22.001B-S22.001G,S22.002B-S22.002G,S22.008B-S22.008G,S22.009B-S22.009G,S22.010B-S22.010G,S22.011B-S22.011G,S22.012B-S22.012G,S22.018B-S22.018G,S22.019B-S22.019G,S22.020B-S22.020G,S22.021B-S22.021G,S22.022B-S22.022G,S22.028B-S22.028G,S22.029B-S22.029G,S22.030B-S22.030G,S22.031B-S22.031G,S22.032B-S22.032G,S22.038B-S22.038G,S22.039B-S22.039G,S22.040B-S22.040G,S22.041B-S22.041G,S22.042B-S22.042G,S22.048B-S22.048G,S22.049B-S22.049G,S22.050B-S22.050G,S22.051B-S22.051G,S22.052B-S22.052G,S22.058B-S22.058G,S22.059B-S22.059G,S22.060B-S22.060G,S22.061B-S22.061G,S22.062B-S22.062G,S22.068B-S22.068G,S22.069B-S22.069G,S22.070B-S22.070G,S22.071B-S22.071G,S22.072B-S22.072G,S22.078B-S22.078G,S22.079B-S22.079G,S22.080B-S22.080G,S22.081B-S22.081G,S22.082B-S22.082G,S22.088B-S22.088G,S22.089B-S22.089G,S24.0xxA-S24.0xxD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S32.000B-S32.000G,S32.001B-S32.001G,S32.002B-S32.002G,S32.008B-S32.008G,S32.009B-S32.009G,S32.010B-S32.010G,S32.011B-S32.011G,S32.012B-S32.012G,S32.018B-S32.018G,S32.019B-S32.019G,S32.020B-S32.020G,S32.021B-S32.021G,S32.022B-S32.022G,S32.028B-S32.028G,S32.029B-S32.029G,S32.030B-S32.030G,S32.031B-S32.031G,S32.032B-S32.032G,S32.038B-S32.038G,S32.039B-S32.039G,S32.040B-S32.040G,S32.041B-S32.041G,S32.042B-S32.042G,S32.048B-S32.048G,S32.049B-S32.049G,S32.050B-S32.050G,S32.051B-S32.051G,S32.052B-S32.052G,S32.058B-S32.058G,S32.059B-S32.059G,S32.10xB,S32.110B,S32.111B,S32.112B,S32.119B,S32.120B,S32.121B,S32.122B,S32.129B,S32.130B,S32.131B,S32.132B,S32.139B,S32.14xB,S32.15xB,S32.16xB,S32.17xB,S32.19xB,S34.01xA-S34.01xD,S34.02xA-S34.02xD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,Z47.2
CPT: 11010-11012,20660,20661,20665,20690-20694,20900,20930-20938,22100-22116,22305-22505,22532-22819,22840-22855,27202-27216,29015,29025,29040,29710-29720,63001-63173,63295,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 155**
Condition: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E83.00-E83.10,E83.110-E83.19,E83.30-E83.49,E83.89
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355
- Line: 156**
Condition: NON-PULMONARY TUBERCULOSIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: A17.83,A17.9,A18.01-A18.89,A19.0-A19.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 157**
Condition: PYOGENIC ARTHRITIS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A01.04,A02.23,A39.83,M00.00,M00.011-M00.9
CPT: 20600-20610,23040,23044,24000,24006,24101,24102,25040,25101-25109,26070-26080,27030,27310,27610,28022,28024,29819,29821,29823,29825,29843,29848,29861-29863,29871,29894,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 158**
Condition: VASCULAR INSUFFICIENCY OF INTESTINE (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-10: K55.0-K55.1,K55.8-K55.9,Z46.59
CPT: 34151,34421,34451,44120-44125,44139-44160,44202-44213,44701,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 159**
Condition: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: B00.2-B00.4,B00.50-B00.89,B02.0-B02.1,B02.21-B02.9,B03,B10.01-B10.09,G93.7
CPT: 64484,65430,69676,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 160**
Condition: ACROMEGALY AND GIGANTISM (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: E22.0
CPT: 32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,79005-79445,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 161**
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS (See Guideline Notes 1,7,11,12,19,23,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C17.0-C17.9,C18.0-C18.9,C19-C20,C21.0-C21.8,C7A.010-C7A.029,D01.0-D01.3,D01.40-D01.49,D37.2-D37.5,D37.8,D61.810,K62.82-K62.89,Z46.59,Z51.11,Z85.038,Z85.048
CPT: 32553,43245,44120-44125,44139-44160,44187,44188,44204-44227,44300-44346,44391-44397,44620-44626,44701,45110-45113,45119,45123,45126,45136,45171-45190,45303,45308-45320,45333-45335,45338,45340,45345,45381-45387,45395,45402,45505,45550,46604,49203-49205,49411,49442,57156,58150,77014,77261-77295,77300-77370,77401-77421,77424-77432,77469,77470,77761-77790,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 162**
Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 1,7,11,12,19,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C82.00-C82.99,C83.00-C83.99,C84.00-C84.99,C85.10-C85.99,C86.0-C86.6,C88.4-C88.8,C96.0-C96.6,D46.A-D46.C,D46.Z-D46.9,D47.0-D47.1,D47.3,D47.Z1,D61.810
CPT: 32553,38100,38120,38542,38720,49411,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355,S9537
- Line: 163**
Condition: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: B00.0,L12.30-L12.35,L51.1-L51.3
CPT: 65778-65782,68371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 164**
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 1,6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S48.011A-S48.011D,S48.012A-S48.012D,S48.019A-S48.019D,S48.021A-S48.021D,S48.022A-S48.022D,S48.029A-S48.029D,S48.111A-S48.111D,S48.112A-S48.112D,S48.119A-S48.119D,S48.121A-S48.121D,S48.122A-S48.122D,S48.129A-S48.129D,S48.911A-S48.911D,S48.912A-S48.912D,S48.919A-S48.919D,S48.921A-S48.921D,S48.922A-S48.922D,S48.929A-S48.929D,S58.011A-S58.011D,S58.012A-S58.012D,S58.019A-S58.019D,S58.021A-S58.021D,S58.022A-S58.022D,S58.029A-S58.029D,S58.111A-S58.111D,S58.112A-S58.112D,S58.119A-S58.119D,S58.121A-S58.121D,S58.122A-S58.122D,S58.129A-S58.129D,S58.911A-S58.911D,S58.912A-S58.912D,S58.919A-S58.919D,S58.921A-S58.921D,S58.922A-S58.922D,S58.929A-S58.929D,S68.011A-S68.011D,S68.012A-S68.012D,S68.019A-S68.019D,S68.021A-S68.021D,S68.022A-S68.022D,S68.029A-S68.029D,S68.110A-S68.110D,S68.111A-S68.111D,S68.112A-S68.112D,S68.113A-S68.113D,S68.114A-S68.114D,S68.115A-S68.115D,S68.116A-S68.116D,S68.117A-S68.117D,S68.118A-S68.118D,S68.119A-S68.119D,S68.120A-S68.120D,S68.121A-S68.121D,S68.122A-S68.122D,S68.123A-S68.123D,S68.124A-S68.124D,S68.125A-S68.125D,S68.126A-S68.126D,S68.127A-S68.127D,S68.128A-S68.128D,S68.129A-S68.129D,S68.411A-S68.411D,S68.412A-S68.412D,S68.419A-S68.419D,S68.421A-S68.421D,S68.422A-S68.422D,S68.429A-S68.429D,S68.511A-S68.511D,S68.512A-S68.512D,S68.519A-S68.519D,S68.521A-S68.521D,S68.522A-S68.522D,S68.529A-S68.529D,S68.610A-S68.610D,S68.611A-S68.611D,S68.612A-S68.612D,S68.613A-S68.613D,S68.614A-S68.614D,S68.615A-S68.615D,S68.616A-S68.616D,S68.617A-S68.617D,S68.618A-S68.618D,S68.619A-S68.619D,S68.620A-S68.620D,S68.621A-S68.621D,S68.622A-S68.622D,S68.623A-S68.623D,S68.624A-S68.624D,S68.625A-S68.625D,S68.626A-S68.626D,S68.627A-S68.627D,S68.628A-S68.628D,S68.629A-S68.629D,S68.711A-S68.711D,S68.712A-S68.712D,S68.719A-S68.719D,S68.721A-S68.721D,S68.722A-S68.722D,S68.729A-S68.729D
CPT: 11000,11001,11010-11047,15050-15101,15620,20802-20924,20972,20973,23900-23921,24900-24940,25900-25909,26350-26356,26410-26418,26551-26556,26910-26952,64831,64832,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

- Line: 165**
 Condition: GRANULOCYTE DISORDERS (See Guideline Notes 1,7,11,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: D70.0-D70.8,D71,D72.0,D72.89,D76.1-D76.3
 CPT: 79005-79445,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 166**
 Condition: BILIARY ATRESIA (See Guideline Notes 1,76)
 Treatment: LIVER TRANSPLANT
 ICD-10: Q44.2-Q44.3,T86.40-T86.49,Z52.6
 CPT: 47133-47147,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 167**
 Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,14,19,76)
 Treatment: BONE MARROW TRANSPLANT
 ICD-10: C82.00-C82.99,C83.00-C83.99,C84.00-C84.99,C85.10-C85.99,C86.0-C86.6,C88.4,C96.4,D61.810,T86.01-T86.09,Z52.000-Z52.098,Z52.3
 CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 168**
 Condition: LEUKOPLAKIA AND CARCINOMA IN SITU OF UPPER AIRWAY, INCLUDING ORAL CAVITY (See Guideline Notes 64,65,76)
 Treatment: INCISION/EXCISION, MEDICAL THERAPY
 ICD-10: D00.00-D00.08,K13.23-K13.29
 CPT: 40500-40530,40810-40816,40819,40820,41000-41018,41110-41520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 169**
 Condition: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS (See Guideline Note 76)
 Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
 ICD-10: E08.40,E08.42,E09.40,E09.42,E13.40-E13.42,E13.44-E13.59,G60.0-G60.8,G62.1,I70.201-I70.299
 CPT: 11719-11732,11750,28011,28100-28108,28120-28124,28200-28210,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0245-G0247,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 170**
 Condition: ANAL, RECTAL AND COLONIC POLYPS (See Guideline Notes 1,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: D12.0-D12.9,D3A.020-D3A.029,K62.0-K62.1,K63.5,T86.5,Z86.010
 CPT: 44140-44160,44204-44213,44391-44394,44620-44626,45113-45116,45171,45172,45308-45320,45333-45335,45338,45381-45385,46610-46612,46615,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 171**
 Condition: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE; NEONATAL CONJUNCTIVITIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: A54.30-A54.39,A74.0,P37.5,P39.1
 CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 172**
 Condition: COMPLICATED HERNIAS; UNCOMPLICATED INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE (See Guideline Notes 24,63,64,65,76)
 Treatment: REPAIR
 ICD-10: K40.00-K40.91,K41.00-K41.11,K41.30-K41.41,K42.0-K42.1,K43.0-K43.1,K43.3-K43.4,K43.6-K43.7,K44.0-K44.1, K45.0-K45.1,K46.0-K46.1,N43.0,N43.2-N43.3,P83.5
 CPT: 44050,44120,49491-49572,49582,49587,49590,49650-49659,55040-55060,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496, 99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 173**
 Condition: NON-DIABETIC HYPOGLYCEMIC COMA (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: E15
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444, 99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 174**
 Condition: ACUTE MASTOIDITIS (See Guideline Notes 64,65,76)
 Treatment: MASTOIDECTOMY, MEDICAL THERAPY
 ICD-10: H70.001-H70.099,H70.201-H70.229
 CPT: 69420-69436,69501-69540,69601-69646,69670,69700,69801,98966-98969,99051,99060,99070,99078,99201- 99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 175**
 Condition: AMEBIASIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A06.0-A06.3,A06.7,A06.81-A06.9,A07.0-A07.1,A07.8,B60.10-B60.11,B60.19-B60.8,D33.7
 CPT: 92002-92060,92081-92226,92230,92235,92250-92313,92325-92353,92358-92371,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487- 99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 176**
 Condition: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: I13.0,I13.10-I13.2,I15.0-I15.1,N26.2
 CPT: 92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 177**
 Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 25,64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F43.10-F43.12,T74.12xA-T74.12xD,T74.22xA-T74.22xD,T76.02xA-T76.02xD,T76.12xA-T76.12xD,T76.22xA- T76.22xD
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032- H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005, T1016
- Line: 178**
 Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Guideline Notes 1,19,76)
 Treatment: SINGLE FOCAL SURGERY
 ICD-10: G40.001-G40.219,G40.309-G40.319,Z45.31,Z45.49,Z46.2
 CPT: 61531-61537,61540,61541,61543,61566,61567,61720,61735,61760,61850-61888,64568-64570,78608,78609, 78811,78814,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404, 99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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Line: 179
Condition: POLYARTERITIS NODOSA AND ALLIED CONDITIONS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: C92.00-C92.02,C95.00-C95.02,D46.20-D46.22,I67.7,M30.0,M30.2,M30.8,M31.7,M35.2
CPT: 92002-92014,92235,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 180
Condition: COMMON VENTRICLE (See Guideline Notes 64,65,76)
Treatment: TOTAL REPAIR
ICD-10: Q20.4,Q20.8
CPT: 33600,33602,33608,33610,33615,33617,33620-33622,33692,33694,33735-33750,33764-33768,33924,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: 181
Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E70.20-E70.29,E70.320-E70.39,E70.5-E70.9,E71.0,E71.110-E71.2,E72.00,E72.02-E72.52,E72.59-E72.9,E73.0,E74.12-E74.19,E74.4-E74.8
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 182
Condition: INTRACEREBRAL HEMORRHAGE (See Guideline Notes 1,6,64,65,90)
Treatment: MEDICAL THERAPY
ICD-10: I61.0-I61.9
CPT: 92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: 183
Condition: ACUTE LEUKEMIA, MYELODYSPLASTIC SYNDROME (See Guideline Notes 1,7,11,12,14,76)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C88.8,D46.0-D46.1,D46.A-D46.9,D47.1,D47.3,D61.810
CPT: 38232,38243,86828-86835,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537

Line: 184
Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N11.1,N13.1-N13.2,N13.30-N13.5,N28.82
CPT: 50070,50075,50100,50382-50389,50392,50393,50395,50400,50405,50544,50553,50572,50575,50576,50700-50740,50845,50900,50940,50953,50970,50972,51535,52276,52290,52301,52310,52315,52327,52332-52346,52352-52354,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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Line: 185
Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)
 (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY, BURN TREATMENT
ICD-10: L55.2,T33.011A-T33.011D,T33.012A-T33.012D,T33.019A-T33.019D,T33.02xA-T33.02xD,T33.09xA-T33.09xD,
 T33.1xxA-T33.1xxD,T33.2xxA-T33.2xxD,T33.3xxA-T33.3xxD,T33.40xA-T33.40xD,T33.41xA-T33.41xD,T33.42xA-
 T33.42xD,T33.511A-T33.511D,T33.512A-T33.512D,T33.519A-T33.519D,T33.521A-T33.521D,T33.522A-
 T33.522D,T33.529A-T33.529D,T33.531A-T33.531D,T33.532A-T33.532D,T33.539A-T33.539D,T33.60xA-
 T33.60xD,T33.61xA-T33.61xD,T33.62xA-T33.62xD,T33.70xA-T33.70xD,T33.71xA-T33.71xD,T33.72xA-T33.72xD,
 T33.811A-T33.811D,T33.812A-T33.812D,T33.819A-T33.819D,T33.821A-T33.821D,T33.822A-T33.822D,
 T33.829A-T33.829D,T33.831A-T33.831D,T33.832A-T33.832D,T33.839A-T33.839D,T33.90xA-T33.90xD,
 T33.99xA-T33.99xD,T34.011A-T34.011D,T34.012A-T34.012D,T34.019A-T34.019D,T34.02xA-T34.02xD,
 T34.09xA-T34.09xD,T34.1xxA-T34.1xxD,T34.2xxA-T34.2xxD,T34.3xxA-T34.3xxD,T34.40xA-T34.40xD,T34.41xA-
 T34.41xD,T34.42xA-T34.42xD,T34.511A-T34.511D,T34.512A-T34.512D,T34.519A-T34.519D,T34.521A-
 T34.521D,T34.522A-T34.522D,T34.529A-T34.529D,T34.531A-T34.531D,T34.532A-T34.532D,T34.539A-
 T34.539D,T34.60xA-T34.60xD,T34.61xA-T34.61xD,T34.62xA-T34.62xD,T34.70xA-T34.70xD,T34.71xA-T34.71xD,
 T34.72xA-T34.72xD,T34.811A-T34.811D,T34.812A-T34.812D,T34.819A-T34.819D,T34.821A-T34.821D,
 T34.822A-T34.822D,T34.829A-T34.829D,T34.831A-T34.831D,T34.832A-T34.832D,T34.839A-T34.839D,
 T34.90xA-T34.90xD,T34.99xA-T34.99xD,T67.0xxA-T67.0xxD,T67.1xxA-T67.1xxD,T67.2xxA-T67.2xxD,T67.3xxA-
 T67.3xxD,T67.4xxA-T67.4xxD,T67.5xxA-T67.5xxD,T67.6xxA-T67.6xxD,T67.7xxA-T67.7xxD,T67.8xxA-T67.8xxD,
 T67.9xxA-T67.9xxD,T69.011A-T69.011D,T69.012A-T69.012D,T69.019A-T69.019D,T69.021A-T69.021D,
 T69.022A-T69.022D,T69.029A-T69.029D,T69.1xxA-T69.1xxD,T69.8xxA-T69.8xxD,T69.9xxA-T69.9xxD,T70.20xA-
 T70.20xD,T70.29xA-T70.29xD,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-
 T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-
 T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-
 T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-
 T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-
 T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20xA-T71.20xD,T71.21xA-
 T71.21xD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-
 T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29xA-T71.29xD,T71.9xxA-
 T71.9xxD,T73.2xxA-T73.2xxD,T73.8xxA-T73.8xxD,T73.9xxA-T73.9xxD,T75.00xA-T75.00xD,T75.01xA-T75.01xD,
 T75.09xA-T75.09xD,T75.1xxA-T75.1xxD,T75.20xA-T75.20xD,T75.21xA-T75.21xD,T75.22xA-T75.22xD,T75.23xA-
 T75.23xD,T75.29xA-T75.29xD,T75.4xxA-T75.4xxD,T75.81xA-T75.81xD,T75.82xA-T75.82xD,T75.89xA-T75.89xD,
 T78.8xxA-T78.8xxD,T88.51xA-T88.51xD
CPT: 11000,11960-11971,14020,14040,14041,14301,14302,15002-15574,15770,16000-16036,98966-98969,99051,
 99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,
 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: 186
Condition: SEPTICEMIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: A01.00,A01.02,A01.09-A01.4,A02.1,A20.7,A22.7,A26.7,A32.7,A39.1-A39.2,A39.4,A40.0-A40.9,A41.01-A41.9,
 A42.7,A48.3,A54.86,A77.0,B33.4,B37.7,P39.2,P39.9,R65.10-R65.21,R78.81,T81.12xA-T81.12xD
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,
 99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 187**
Condition: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M84.350A-M84.350G,M84.454D-M84.454G,M84.650D-M84.650G,S32.301A-S32.301B,S32.302A-S32.302B,S32.309A-S32.309B,S32.311A-S32.311B,S32.312A-S32.312B,S32.313A-S32.313B,S32.314A-S32.314B,S32.315A-S32.315B,S32.316A-S32.316B,S32.391A-S32.391B,S32.392A-S32.392B,S32.399A-S32.399B,S32.401A-S32.401B,S32.402A-S32.402B,S32.409A-S32.409B,S32.411A-S32.411B,S32.412A-S32.412B,S32.413A-S32.413D,S32.414A-S32.414B,S32.415A-S32.415B,S32.416A-S32.416B,S32.421A-S32.421B,S32.422A-S32.422B,S32.423A-S32.423B,S32.424A-S32.424B,S32.425A-S32.425B,S32.426A-S32.426B,S32.431A-S32.431B,S32.432A-S32.432B,S32.433A-S32.433B,S32.434A-S32.434B,S32.435A-S32.435B,S32.436A-S32.436B,S32.441A-S32.441B,S32.442A-S32.442B,S32.443A-S32.443B,S32.444A-S32.444B,S32.445A-S32.445B,S32.446A-S32.446B,S32.451A-S32.451B,S32.452A-S32.452B,S32.453A-S32.453B,S32.454A-S32.454B,S32.455A-S32.455B,S32.456A-S32.456B,S32.461A-S32.461B,S32.462A-S32.462B,S32.463A-S32.463B,S32.464A-S32.464B,S32.465A-S32.465B,S32.466A-S32.466B,S32.471A-S32.471B,S32.472A-S32.472B,S32.473A-S32.473B,S32.474A-S32.474B,S32.475A-S32.475B,S32.476A-S32.476B,S32.481A-S32.481B,S32.482A-S32.482B,S32.483A-S32.483B,S32.484A-S32.484B,S32.485A-S32.485B,S32.486A-S32.486B,S32.491A-S32.491B,S32.492A-S32.492B,S32.499A-S32.499B,S32.501A-S32.501B,S32.502A-S32.502B,S32.509A-S32.509B,S32.511A-S32.511B,S32.512A-S32.512B,S32.519A-S32.519B,S32.591A-S32.591B,S32.592A-S32.592B,S32.599A-S32.599B,S32.601A-S32.601B,S32.602A-S32.602B,S32.609A-S32.609B,S32.611A-S32.611B,S32.612A-S32.612B,S32.613A-S32.613B,S32.614A-S32.614B,S32.615A-S32.615B,S32.616A-S32.616B,S32.691A-S32.691B,S32.692A-S32.692B,S32.699A-S32.699B,S32.810A-S32.810G,S32.811A-S32.811G,S32.82xA-S32.82xK,S32.89xA-S32.89xG,S32.9xxA-S32.9xxG,S33.4xxA-S33.4xxD,Z47.2
CPT: 11010-11012,20690-20694,20900,27033,27193,27194,27215-27228,27280,27282,29035-29046,29305,29325,29710,29720,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0412-G0415,G0425-G0427,S0270-S0274
- Line: 188**
Condition: ACUTE OSTEOMYELITIS (See Guideline Notes 1,6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A01.05,A02.24,B37.89,M86.00,M86.011-M86.29,M86.9
CPT: 11752,20150,20955-20973,21025,21026,21510,22010,22015,23035,23105,23130,23170-23184,23405,23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210-25240,25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070,27071,27290,27295,27303,27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 189**
Condition: DIVERTICULITIS OF COLON (See Guideline Notes 1,64,65,76)
Treatment: COLON RESECTION, MEDICAL THERAPY
ICD-10: K57.10,K57.12-K57.13,K57.30,K57.32-K57.33,K57.50,K57.52-K57.53,K57.90,K57.92-K57.93
CPT: 33238,44005,44139-44147,44160,44188,44204-44208,44213,44227,44320,44391,44393,44620-44626,44701,45308-45320,45334,45335,45381,45382,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 190**
Condition: RHEUMATIC MULTIPLE VALVULAR DISEASE (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-10: I07.0-I07.9,I08.0-I08.8,I09.1,I09.89,Z79.01
CPT: 33361-33496,33530,33620,33621,33768,33973,33974,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 191**
Condition: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION (See Guideline Notes 1,64,65,76,93)
Treatment: MEDICAL THERAPY/ADRENALECTOMY
ICD-10: E24.0,E24.2-E24.9,E26.01-E26.9,E27.0,E27.5-E27.8,E30.1-E30.8,E34.2
CPT: 11981-11983,60540,60545,60650,61546,62100,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9560

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 192**
 Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Notes 64,65,76)
 Treatment: REPAIR
 ICD-10: Q22.4,Q22.6-Q22.9
 CPT: 33460-33464,33496,33608,33615,33617,33620,33621,33735-33750,33766,33768,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 193**
 Condition: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: I20.1-I20.8,I23.6,I25.10,I25.111-I25.118,I25.2-I25.3,I25.41-I25.6,I25.701-I25.708,I25.711-I25.718,I25.721-I25.728,I25.731-I25.738,I25.751-I25.758,I25.761-I25.768,I25.791-I25.798,I25.810-I25.82,I25.84-I25.89,I51.0,I51.3,Q27.30,Q27.4,Q28.0-Q28.1,Z45.010-Z45.09,Z79.01
 CPT: 33202,33206-33210,33212-33229,33233-33238,33261,33361-33430,33465,33475,33500,33508-33542,33572,33681,33922,33967,33970-33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92938,92943,92944,92960-92998,93279-93284,93286-93289,93292-93296,93724,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0270,G0271,G0290,G0291,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S0340-S0342,S2205-S2209
- Line: 194**
 Condition: NEOPLASMS OF ISLETS OF LANGERHANS (See Guideline Notes 1,65,76)
 Treatment: EXCISION OF TUMOR
 ICD-10: C25.4,D13.7
 CPT: 43268,48120,48140,49324,49325,49421,49422,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 195**
 Condition: CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER (See Guideline Notes 1,3,7,11,12,26,64,65,76,79,88)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
 ICD-10: C50.011-C50.929,D05.00-D05.92,D48.60-D48.62,D61.810,N65.0-N65.1,Q89.01-Q89.09,Z40.01-Z40.02,Z42.1,Z44.30-Z44.32,Z45.811-Z45.819,Z51.11,Z79.810,Z80.3,Z85.3,Z90.10-Z90.13
 CPT: 11970,13153,14000,14001,15200,15201,19110,19120-19126,19290-19298,19301-19307,19318,19328-19369,32553,38740,38745,49411,58300,58301,58661,58940,77014,77261-77295,77300-77370,77402-77421,77427,77431,77470,77600-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2066-S2068,S9537,S9560
- Line: 196**
 Condition: HEREDITARY ANGIOEDEMA (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: D81.810,D84.1,T78.3xxA-T78.3xxD
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 197**
 Condition: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: D47.4,D55.0-D55.9,D56.0-D56.9,D57.00-D57.20,D57.211-D57.819,D58.0-D58.9,D64.4,D64.89,D73.0-D73.2,D73.4-D73.5,D73.81-D73.89,D74.0-D74.9,D75.0-D75.1,D75.81
 CPT: 38100-38102,38120,47562,47563,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 198
 Condition: ACUTE PANCREATITIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: B25.2,B26.3,K85.0-K85.9,T86.5
 CPT: 43260-43273,48000-48020,48105,48120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 199
 Condition: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; CEREBRAL ANEURYSM;
 COMPRESSION OF BRAIN (See Guideline Notes 1,6,64,65,76,90)
 Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
 ICD-10: G93.5-G93.6,I60.00-I60.9,I61.0-I61.9,I62.00-I62.9,I67.1,I67.5,S06.1x0A-S06.1x0D,S06.1x1A-S06.1x1D,S06.1x2A-S06.1x2D,S06.1x3A-S06.1x3D,S06.1x4A-S06.1x4D,S06.1x5A-S06.1x5D,S06.1x6A-S06.1x6D,S06.1x9A-S06.1x9D,S06.340A-S06.340D,S06.341A-S06.341D,S06.342A-S06.342D,S06.343A-S06.343D,S06.344A-S06.344D,S06.345A-S06.345D,S06.346A-S06.346D,S06.347A-S06.347D,S06.348A-S06.348D,S06.349A-S06.349D,S06.350A-S06.350D,S06.351A-S06.351D,S06.352A-S06.352D,S06.353A-S06.353D,S06.354A-S06.354D,S06.355A-S06.355D,S06.356A-S06.356D,S06.357A-S06.357D,S06.358A-S06.358D,S06.359A-S06.359D,S06.360A-S06.360D,S06.361A-S06.361D,S06.362A-S06.362D,S06.363A-S06.363D,S06.364A-S06.364D,S06.365A-S06.365D,S06.366A-S06.366D,S06.367A-S06.367D,S06.368A-S06.368D,S06.369A-S06.369D,S06.371A-S06.371D,S06.372A-S06.372D,S06.373A-S06.373D,S06.374A-S06.374D,S06.375A-S06.375D,S06.376A-S06.376D,S06.377A-S06.377D,S06.378A-S06.378D,S06.379A-S06.379D,S06.380A-S06.380D,S06.381A-S06.381D,S06.382A-S06.382D,S06.383A-S06.383D,S06.384A-S06.384D,S06.385A-S06.385D,S06.386A-S06.386D,S06.387A-S06.387D,S06.388A-S06.388D,S06.389A-S06.389D,S06.4x0A-S06.4x0D,S06.4x1A-S06.4x1D,S06.4x2A-S06.4x2D,S06.4x3A-S06.4x3D,S06.4x4A-S06.4x4D,S06.4x5A-S06.4x5D,S06.4x6A-S06.4x6D,S06.4x9A-S06.4x9D,S06.5x0A-S06.5x0D,S06.5x1A-S06.5x1D,S06.5x2A-S06.5x2D,S06.5x3A-S06.5x3D,S06.5x4A-S06.5x4D,S06.5x5A-S06.5x5D,S06.5x6A-S06.5x6D,S06.5x9A-S06.5x9D,S06.6x0A-S06.6x0D,S06.6x1A-S06.6x1D,S06.6x2A-S06.6x2D,S06.6x3A-S06.6x3D,S06.6x4A-S06.6x4D,S06.6x5A-S06.6x5D,S06.6x6A-S06.6x6D,S06.6x9A-S06.6x9D
 CPT: 31290,31291,61107-61120,61150-61154,61210,61312-61316,61322,61323,61343,61522-61630,61640-61711,61781-61783,62100,62220,62223,62272,77263-77295,77300,77332-77336,77370-77372,77402-77416,77432,92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 200
Condition: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE REQUIRING GRAFTING, UP TO 30% OF BODY SURFACE (See Guideline Notes 1,6,64,65,76)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-10: T20.25xA-T20.25xD, T20.26xA-T20.26xD, T20.35xA-T20.35xD, T20.36xA-T20.36xD, T20.65xA-T20.65xD, T20.66xA-T20.66xD, T20.75xA-T20.75xD, T20.76xA-T20.76xD, T21.20xA-T21.20xD, T21.21xA-T21.21xD, T21.22xA-T21.22xD, T21.23xA-T21.23xD, T21.24xA-T21.24xD, T21.25xA-T21.25xD, T21.29xA-T21.29xD, T21.30xA-T21.30xD, T21.31xA-T21.31xD, T21.32xA-T21.32xD, T21.33xA-T21.33xD, T21.34xA-T21.34xD, T21.35xA-T21.35xD, T21.39xA-T21.39xD, T21.60xA-T21.60xD, T21.61xA-T21.61xD, T21.62xA-T21.62xD, T21.63xA-T21.63xD, T21.64xA-T21.64xD, T21.65xA-T21.65xD, T21.69xA-T21.69xD, T21.70xA-T21.70xD, T21.71xA-T21.71xD, T21.72xA-T21.72xD, T21.73xA-T21.73xD, T21.74xA-T21.74xD, T21.75xA-T21.75xD, T21.79xA-T21.79xD, T22.20xA-T22.20xD, T22.211A-T22.211D, T22.212A-T22.212D, T22.219A-T22.219D, T22.221A-T22.221D, T22.222A-T22.222D, T22.229A-T22.229D, T22.231A-T22.231D, T22.232A-T22.232D, T22.239A-T22.239D, T22.241A-T22.241D, T22.242A-T22.242D, T22.249A-T22.249D, T22.251A-T22.251D, T22.252A-T22.252D, T22.259A-T22.259D, T22.261A-T22.261D, T22.262A-T22.262D, T22.269A-T22.269D, T22.291A-T22.291D, T22.292A-T22.292D, T22.299A-T22.299D, T22.30xA-T22.30xD, T22.311A-T22.311D, T22.312A-T22.312D, T22.319A-T22.319D, T22.321A-T22.321D, T22.322A-T22.322D, T22.329A-T22.329D, T22.331A-T22.331D, T22.332A-T22.332D, T22.339A-T22.339D, T22.341A-T22.341D, T22.342A-T22.342D, T22.349A-T22.349D, T22.351A-T22.351D, T22.352A-T22.352D, T22.359A-T22.359D, T22.361A-T22.361D, T22.362A-T22.362D, T22.369A-T22.369D, T22.391A-T22.391D, T22.392A-T22.392D, T22.399A-T22.399D, T22.60xA-T22.60xD, T22.611A-T22.611D, T22.612A-T22.612D, T22.619A-T22.619D, T22.621A-T22.621D, T22.622A-T22.622D, T22.629A-T22.629D, T22.631A-T22.631D, T22.632A-T22.632D, T22.639A-T22.639D, T22.641A-T22.641D, T22.642A-T22.642D, T22.649A-T22.649D, T22.651A-T22.651D, T22.652A-T22.652D, T22.659A-T22.659D, T22.661A-T22.661D, T22.662A-T22.662D, T22.669A-T22.669D, T22.691A-T22.691D, T22.692A-T22.692D, T22.699A-T22.699D, T22.70xA-T22.70xD, T22.711A-T22.711D, 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T25.739A-T25.739D, T25.791A-T25.791D, T25.792A-T25.792D, T25.799A-T25.799D

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- CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,16000-16036,92506-92508,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
- HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152
- Line: 201**
Condition: CONGENITAL LUNG ANOMALIES (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J98.4,Q33.0,Q33.2-Q33.4,Q33.6
CPT: 31601,31603,31820,31825,32140,32141,32480-32488,32501,32505-32507,32662,32663,32666-32670,32800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 202**
Condition: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: B15.0-B15.9,B16.0-B16.9,B17.0,B17.10-B17.9,B18.0-B18.9,B19.0,B19.10-B19.9,B25.1,K73.0-K73.9,K74.1-K74.2,K75.4,K75.81,K76.0,K76.4
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 203**
Condition: CANCER OF SOFT TISSUE (See Guideline Notes 1,7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C38.0,C45.2,C47.0,C47.10-C47.9,C49.10-C49.9,D48.1-D48.2,D61.810,Z51.11
CPT: 14040,14301,14302,15040,15100-15116,15130-15157,15732-15756,15758,20555,21011-21016,21121,21552-21558,21930-21936,22900-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27130,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,33120,33130,49203-49205,49411,64774-64783,77014,77261-77295,77300-77370,77402-77432,77469,77470,77761-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9537
- Line: 204**
Condition: CANCER OF BONES (See Guideline Notes 1,6,7,11,12,19,64,65,76,100)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C40.00-C40.92,C41.0-C41.9,C79.51-C79.52,D48.0,D61.810,Z51.11,Z85.830
CPT: 14000,14001,14301,14302,19260-19272,20930-20938,20955-20973,21025,21026,21034,21044,21045,21081,21610,21620,22532-22819,22851,23140,23200-23330,23470-23474,23900,24150-24155,24363,24370,24371,24498,24900-24931,25110-25119,25210-25240,25320,25335,25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26200,26910-26952,27025,27054,27065-27067,27075-27078,27187,27290,27334,27335,27365,27465-27468,27495,27590-27598,27640-27647,27656,27745,27880-27889,28800-28825,31200,31201,31225,32553,32900,36680,49411,61583,61601,63081-63103,63276,63295,63620,63621,69970,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: D5934,D5935,D5984,D5992,D5993,D7440,D7441,G0157-G0161,G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 205**
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,65,86,90)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F01.50-F01.51,F03.90-F03.91,F04,F06.0-F06.2,F06.30-F06.8,F07.0,F07.81,F10.26-F10.27,F10.96-F10.97,F13.26-F13.27,F13.96-F13.97,F18.17,F18.27,F18.97,F19.16-F19.17,F19.26-F19.27,F19.96-F19.97,G30.0-G30.9,G31.01-G31.2,G31.83
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96118,97001-97004,97532,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

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- Line: 206**
 Condition: SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER (See Guideline Notes 1,27,36,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: G47.30-G47.31,G47.33-G47.39,G47.52
 CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140-42160,42820-42836,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 207**
 Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 28,64,65,92)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F32.0-F32.1,F32.8,F33.8,F34.0,F39
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 208**
 Condition: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A01.03,A02.22,A20.2,A21.2,A48.1,A54.84,A70,J13-J14,J15.0-J15.1,J15.20,J15.211-J15.9,J16.0-J16.8,J18.0-J18.1,J18.8-J18.9,J69.0-J69.8
 CPT: 31600,31603,31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 209**
 Condition: SUPERFICIAL ABSCESSSES AND CELLULITIS (See Coding Specification Below) (See Guideline Notes 64,65,76,113)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: A46,A48.2,A48.4,B78.1,E83.2,H00.031-H00.039,H60.00-H60.23,J34.0,J38.3,J38.7,K12.2,K14.0,L01.00-L01.1,L02.01-L02.13,L02.211-L02.93,L03.011-L03.91,L05.01-L05.02,L08.0,L08.81-L08.89,L40.0-L40.4,L40.8-L40.9,L60.0,L98.3,N34.0,N41.2,N41.4-N41.8,N43.1,N48.21-N48.29,N49.1-N49.2,N49.8-N49.9,N75.1,N76.4
 CPT: 10060-10081,10160,11000-11047,11730-11752,11765-11772,20005,20102,21501,21502,22010,22015,23030,23930,26010,26011,26990,27301,27603,28001-28003,29130,31300,31360-31420,31511-31513,31530,31531,31540-31571,31577,31578,31587-31595,31600-31605,31820,31825,40801,41000-41009,41800,42000,45005,45020,46020,46040-46060,46270,53040,53060,53270,54700,55100,56405,56420,56740,60280,67700,69000,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Spastic dysphonia (478.79) is not included on this line, but on Line 583.
- Line: 210**
 Condition: ZOONOTIC BACTERIAL DISEASES (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: A20.0-A20.1,A20.8-A20.9,A21.0-A21.1,A21.3-A21.9,A22.0-A22.2,A22.8-A22.9,A23.0-A23.9,A24.0-A24.9,A25.0-A25.9,A26.0,A26.8-A26.9,A27.0,A27.89-A27.9,A28.0-A28.9,A32.0,A32.81,A32.89-A32.9,Z03.810-Z03.818
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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DRAFT OCTOBER 1, 2014

Line: 211
Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT

DRAFT

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

ICD-10: M21.511-M21.512,S01.00xA-S01.00xD,S01.01xA-S01.01xD,S01.02xA-S01.02xD,S01.03xA-S01.03xD,S01.04xA-S01.04xD,S01.05xA-S01.05xD,S01.111A-S01.111D,S01.112A-S01.112D,S01.119A-S01.119D,S01.121A-S01.121D,S01.122A-S01.122D,S01.129A-S01.129D,S01.131A-S01.131D,S01.132A-S01.132D,S01.139A-S01.139D,S01.141A-S01.141D,S01.142A-S01.142D,S01.149A-S01.149D,S01.151A-S01.151D,S01.152A-S01.152D,S01.159A-S01.159D,S01.20xA-S01.20xD,S01.21xA-S01.21xD,S01.22xA-S01.22xD,S01.23xA-S01.23xD,S01.24xA-S01.24xD,S01.25xA-S01.25xD,S01.301A-S01.301D,S01.302A-S01.302D,S01.309A-S01.309D,S01.311A-S01.311D,S01.312A-S01.312D,S01.319A-S01.319D,S01.321A-S01.321D,S01.322A-S01.322D,S01.329A-S01.329D,S01.331A-S01.331D,S01.332A-S01.332D,S01.339A-S01.339D,S01.341A-S01.341D,S01.342A-S01.342D,S01.349A-S01.349D,S01.351A-S01.351D,S01.352A-S01.352D,S01.359A-S01.359D,S01.401A-S01.401D,S01.402A-S01.402D,S01.409A-S01.409D,S01.411A-S01.411D,S01.412A-S01.412D,S01.419A-S01.419D,S01.421A-S01.421D,S01.422A-S01.422D,S01.429A-S01.429D,S01.431A-S01.431D,S01.432A-S01.432D,S01.439A-S01.439D,S01.441A-S01.441D,S01.442A-S01.442D,S01.449A-S01.449D,S01.451A-S01.451D,S01.452A-S01.452D,S01.459A-S01.459D,S01.501A-S01.501D,S01.511A-S01.511D,S01.521A-S01.521D,S01.522A-S01.522D,S01.531A-S01.531D,S01.541A-S01.541D,S01.542A-S01.542D,S01.551A-S01.551D,S01.80xA-S01.80xD,S01.81xA-S01.81xD,S01.82xA-S01.82xD,S01.83xA-S01.83xD,S01.84xA-S01.84xD,S01.85xA-S01.85xD,S01.90xA-S01.90xD,S01.91xA-S01.91xD,S01.92xA-S01.92xD,S01.93xA-S01.93xD,S01.94xA-S01.94xD,S01.95xA-S01.95xD,S08.0xxA-S08.0xxD,S08.111A-S08.111D,S08.112A-S08.112D,S08.119A-S08.119D,S08.121A-S08.121D,S08.122A-S08.122D,S08.129A-S08.129D,S08.129D,S08.811A-S08.811D,S08.812A-S08.812D,S08.89xA-S08.89xD,S09.12xA-S09.12xD,S09.301A-S09.301D,S09.302A-S09.302D,S09.309A-S09.309D,S09.311A-S09.311D,S09.312A-S09.312D,S09.313A-S09.313D,S09.319A-S09.319D,S09.391A-S09.391D,S09.392A-S09.392D,S09.399A-S09.399D,S09.91xA-S09.91xD,S14.3xxA-S14.3xxD,S14.4xxA-S14.4xxD,S14.5xxA-S14.5xxD,S14.8xxA-S14.8xxD,S14.9xxA-S14.9xxD,S21.001A-S21.001D,S21.002A-S21.002D,S21.009A-S21.009D,S21.011A-S21.011D,S21.012A-S21.012D,S21.019A-S21.019D,S21.021A-S21.021D,S21.022A-S21.022D,S21.029A-S21.029D,S21.031A-S21.031D,S21.032A-S21.032D,S21.039A-S21.039D,S21.041A-S21.041D,S21.042A-S21.042D,S21.049A-S21.049D,S21.051A-S21.051D,S21.052A-S21.052D,S21.059A-S21.059D,S21.101A-S21.101D,S21.102A-S21.102D,S21.109A-S21.109D,S21.111A-S21.111D,S21.112A-S21.112D,S21.119A-S21.119D,S21.121A-S21.121D,S21.122A-S21.122D,S21.129A-S21.129D,S21.131A-S21.131D,S21.132A-S21.132D,S21.139A-S21.139D,S21.141A-S21.141D,S21.142A-S21.142D,S21.149A-S21.149D,S21.151A-S21.151D,S21.152A-S21.152D,S21.159A-S21.159D,S21.201A-S21.201D,S21.202A-S21.202D,S21.209A-S21.209D,S21.211A-S21.211D,S21.212A-S21.212D,S21.219A-S21.219D,S21.221A-S21.221D,S21.222A-S21.222D,S21.229A-S21.229D,S21.231A-S21.231D,S21.232A-S21.232D,S21.239A-S21.239D,S21.241A-S21.241D,S21.242A-S21.242D,S21.249A-S21.249D,S21.251A-S21.251D,S21.252A-S21.252D,S21.259A-S21.259D,S21.90xA-S21.90xD,S21.91xA-S21.91xD,S21.92xA-S21.92xD,S21.93xA-S21.93xD,S21.94xA-S21.94xD,S21.95xA-S21.95xD,S24.3xxA-S24.3xxD,S24.4xxA-S24.4xxD,S24.8xxA-S24.8xxD,S24.9xxA-S24.9xxD,S28.1xxA-S28.1xxD,S28.211A-S28.211D,S28.212A-S28.212D,S28.219A-S28.219D,S28.221A-S28.221D,S28.222A-S28.222D,S28.229A-S28.229D,S29.021A-S29.021D,S29.022A-S29.022D,S29.029A-S29.029D,S31.000A-S31.000D,S31.010A-S31.010D,S31.020A-S31.020D,S31.030A-S31.030D,S31.040A-S31.040D,S31.050A-S31.050D,S31.100A-S31.100D,S31.101A-S31.101D,S31.102A-S31.102D,S31.103A-S31.103D,S31.104A-S31.104D,S31.105A-S31.105D,S31.109A-S31.109D,S31.110A-S31.110D,S31.111A-S31.111D,S31.112A-S31.112D,S31.113A-S31.113D,S31.114A-S31.114D,S31.115A-S31.115D,S31.119A-S31.119D,S31.120A-S31.120D,S31.121A-S31.121D,S31.122A-S31.122D,S31.123A-S31.123D,S31.124A-S31.124D,S31.125A-S31.125D,S31.129A-S31.129D,S31.130A-S31.130D,S31.131A-S31.131D,S31.132A-S31.132D,S31.133A-S31.133D,S31.134A-S31.134D,S31.135A-S31.135D,S31.139A-S31.139D,S31.140A-S31.140D,S31.141A-S31.141D,S31.142A-S31.142D,S31.143A-S31.143D,S31.144A-S31.144D,S31.145A-S31.145D,S31.149A-S31.149D,S31.150A-S31.150D,S31.151A-S31.151D,S31.152A-S31.152D,S31.153A-S31.153D,S31.154A-S31.154D,S31.155A-S31.155D,S31.159A-S31.159D,S31.20xA-S31.20xD,S31.21xA-S31.21xD,S31.22xA-S31.22xD,S31.23xA-S31.23xD,S31.24xA-S31.24xD,S31.25xA-S31.25xD,S31.30xA-S31.30xD,S31.31xA-S31.31xD,S31.32xA-S31.32xD,S31.33xA-S31.33xD,S31.34xA-S31.34xD,S31.35xA-S31.35xD,S31.40xA-S31.40xD,S31.41xA-S31.41xD,S31.42xA-S31.42xD,S31.43xA-S31.43xD,S31.44xA-S31.44xD,S31.45xA-S31.45xD,S31.501A-S31.501D,S31.502A-S31.502D,S31.511A-S31.511D,S31.512A-S31.512D,S31.521A-S31.521D,S31.522A-S31.522D,S31.531A-S31.531D,S31.532A-S31.532D,S31.541A-S31.541D,S31.542A-S31.542D,S31.551A-S31.551D,S31.552A-S31.552D,S31.801A-S31.801D,S31.802A-S31.802D,S31.803A-S31.803D,S31.804A-S31.804D,S31.805A-S31.805D,S31.809A-S31.809D,S31.811A-S31.811D,S31.812A-S31.812D,S31.813A-S31.813D,S31.814A-S31.814D,S31.815A-S31.815D,S31.819A-S31.819D,S31.821A-S31.821D,S31.822A-S31.822D,S31.823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PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

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S61.541A-S61.541D,S61.542A-S61.542D,S61.549A-S61.549D,S61.551A-S61.551D,S61.552A-S61.552D,
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S64.30xA-S64.30xD,S64.31xA-S64.31xD,S64.32xA-S64.32xD,S64.40xA-S64.40xD,S64.490A-S64.490D,
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S66.128A-S66.128D,S66.129A-S66.129D,S66.221A-S66.221D,S66.222A-S66.222D,S66.229A-S66.229D,
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S76.322A-S76.322D,S76.329A-S76.329D,S76.821A-S76.821D,S76.822A-S76.822D,S76.829A-S76.829D,
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S95.019A-S95.019D,S95.091A-S95.091D,S95.092A-S95.092D,S95.099A-S95.099D,S95.101A-S95.101D,
S95.102A-S95.102D,S95.109A-S95.109D,S95.111A-S95.111D,S95.112A-S95.112D,S95.119A-S95.119D,
S95.191A-S95.191D,S95.192A-S95.192D,S95.199A-S95.199D,S95.201A-S95.201D,S95.202A-S95.202D,
S95.209A-S95.209D,S95.211A-S95.211D,S95.212A-S95.212D,S95.219A-S95.219D,S95.291A-S95.291D,
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S95.899A-S95.899D,S95.901A-S95.901D,S95.902A-S95.902D,S95.909A-S95.909D,S95.911A-S95.911D,

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S95.912A-S95.912D,S95.919A-S95.919D,S95.991A-S95.991D,S95.992A-S95.992D,S95.999A-S95.999D,
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 S96.822A-S96.822D,S96.829A-S96.829D,S96.921A-S96.921D,S96.922A-S96.922D,S96.929A-S96.929D,
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 S98.129A-S98.129D,S98.131A-S98.131D,S98.132A-S98.132D,S98.139A-S98.139D,S98.141A-S98.141D,
 S98.142A-S98.142D,S98.149A-S98.149D,S98.211A-S98.211D,S98.212A-S98.212D,S98.219A-S98.219D,
 S98.221A-S98.221D,S98.222A-S98.222D,S98.229A-S98.229D,T79.2xxA-T79.2xxD

CPT: 10120,10121,11000-11047,11730,11732,11750,11760,12001-14302,15002-15770,15845,20101-20150,20525,
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HCPCS: D7912,D7920,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: 212

Condition: CANCER OF UTERUS (See Guideline Notes 1,7,11,12,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-10: C54.0-C54.9,C55,D07.0,D61.810,N85.00,N85.02,Z51.11,Z85.42

CPT: 32553,38562,38564,38571,38572,38770,38780,49203-49205,49327,49411,49412,55920,57155,57156,58120,
 58150-58294,58346,58541-58544,58548-58554,58570-58573,58953-58956,77014,77261-77295,77300-77370,
 77402-77421,77424-77427,77469,77470,77761-77790,96150-96154,96405,96406,96420-96450,96542-96571,
 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,
 99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270

Line: 213

Condition: RUPTURE OF LIVER (See Guideline Notes 64,65,76)
 Treatment: SUTURE/REPAIR

ICD-10: K76.3,K76.5,K77,S36.116A-S36.116D

CPT: 47350-47362,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,
 99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 214

Condition: CANCER OF THYROID (See Guideline Notes 1,7,11,12,19,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-10: C73,D44.0,D61.810,Z51.11,Z85.850

CPT: 32553,32674,38700-38724,38746,49411,60200-60271,60512,77014,77261-77295,77300-77321,77331-77370,
 77401-77427,77469,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-
 98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-
 99477,99480,99487-99496,99605-99607

HCPCS: D5984,G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: 215

Condition: NON-SUBSTANCE-RELATED ADDICTIVE BEHAVIORAL DISORDERS (See Guideline Notes 64,65) (Note: This
 line is not priced as part of the list as funding comes from non-OHP sources)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-10: F63.0

CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,
 99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-
 H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,
 T1005,T1016

Line: 216

Condition: BULLOUS DERMATOSES OF THE SKIN (See Guideline Notes 64,65,76)

Treatment: MEDICAL THERAPY

ICD-10: L10.0-L10.5,L10.81-L10.9,L12.0-L12.2,L12.8-L12.9,L13.0-L13.9,L14

CPT: 15731,65778-65782,68371,77014,96900-96913,96921,96922,98966-98969,99051,99060,99070,99078,99201-
 99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 217**
Condition: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I26.01-I26.99,I27.82,T79.1xxA-T79.1xxD
CPT: 33916,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 218**
Condition: CANCER OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 1,7,11,12,64,65,76,96)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C64.1-C64.9,C65.1-C65.9,C68.0-C68.8,C7A.093,C79.00-C79.02,D09.19,D30.00-D30.9,D41.00-D41.3,D41.8,D61.810,Z51.11,Z85.50,Z85.528-Z85.53,Z85.59
CPT: 32553,32674,38746,49411,50125,50220-50290,50340,50391,50542,50543,50545,50546,50548,50553,50557,50572,50650,50660,50825-50840,51530,51550-51597,51700,51720,52224-52250,52281,52282,52354,52355,52500,53210-53220,58200,58960,77014,77261-77295,77300,77305-77321,77331-77370,77402-77417,77424-77432,77469,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 219**
Condition: CANCER OF STOMACH (See Guideline Notes 1,7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C16.0-C16.9,C7A.092,D00.2,D37.1,D61.810,Z51.11,Z85.028
CPT: 32553,43122,43245,43248,43249,43611-43635,44110-44130,49327,49411,49412,77014,77261-77295,77300-77321,77331-77370,77402-77418,77424-77432,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 220**
Condition: PORTAL VEIN THROMBOSIS (See Guideline Notes 64,65,76,77)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I81
CPT: 37140,37180,37182,37183,49425-49429,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 221**
Condition: TESTICULAR CANCER (See Guideline Notes 7,11,12,14,30,76)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-10: C62.00-C62.92,D61.810,Z51.11,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 222**
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE) (See Guideline Note 53)
Treatment: BASIC PERIODONTICS
HCPCS: D4210-D4212,D4341,D4342,D4910
- Line: 223**
Condition: PULMONARY FIBROSIS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D86.0,D86.2,J84.01-J84.10,J84.111-J84.9,M30.1,M31.30-M31.31,M31.7,M32.13,M33.01,M33.11,M33.21,M33.91,M34.81,M35.02
CPT: 31600-31603,31820,31825,32997,94002-94005,94640,94660-94668,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 224**
Condition: DYSLIPIDEMIAS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: E78.1-E78.6
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 225**
Condition: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY, DIALYSIS
ICD-10: E86.0-E86.9,E87.0-E87.6,E87.70-E87.8,E88.3,R57.1-R57.9,T81.10xA-T81.10xD,T81.19xA-T81.19xD,Z49.01-Z49.32
CPT: 36147,36148,36818-36821,36832,36835,36838,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9339,S9537
- Line: 226**
Condition: OCCUPATIONAL LUNG DISEASES (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: J60-J61,J62.0-J62.8,J63.0-J63.6,J64-J65,J66.0-J66.8,J67.0-J67.9,J68.0-J68.9
CPT: 31600,86486,94002-94005,94640,94660-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274,S9441
- Line: 227**
Condition: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-10: I06.0-I06.8,I35.0-I35.8,I38,Z79.01
CPT: 33361-33413,33417,33496,33530,33620,33621,33973,33974,35452,75557-75565,75573,92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 228**
Condition: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D35.1,E20.0-E20.9,E21.0-E21.5,E83.50-E83.81,E89.2,N25.81
CPT: 60500-60512,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 229**
Condition: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: I01.0-I01.8,I02.0
CPT: 92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 230**
Condition: RUPTURED VISCUS (See Guideline Notes 64,65,76)
Treatment: REPAIR
ICD-10: K22.3,K62.5,K62.7,K62.9,K63.4,K63.89,K66.1,K92.89,S27.812A-S27.812D,S27.813A-S27.813D,S27.818A-S27.818D,S27.819A-S27.819D
CPT: 43405,44391,44602-44605,45317,45334,45382,45500,45560,45915,57268,57270,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 231**
 Condition: INTESTINAL MALABSORPTION (See Coding Specification Below) (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: K90.0-K90.4,K90.81-K90.9,K91.2,T86.5
 CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- ICD-10-CM code K90.89 (Other intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.
- Line: 232**
 Condition: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES (See Guideline Notes 64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: S02.2xxB-S02.2xxG,S02.3xxA-S02.3xxG,S02.400A-S02.400G,S02.401A-S02.401G,S02.402A-S02.402G,S02.411A-S02.411G,S02.412A-S02.412G,S02.413A-S02.413G,S02.42xA-S02.42xG,S02.600A-S02.600G,S02.609A-S02.609G,S02.61xA-S02.61xG,S02.62xA-S02.62xG,S02.63xA-S02.63xG,S02.64xA-S02.64xG,S02.65xA-S02.65xG,S02.66xA-S02.66xG,S02.67xA-S02.67xG,S02.69xA-S02.69xG,S02.8xxA-S02.8xxB,S02.92xA-S02.92xG,S04.011A-S04.011D,S04.012A-S04.012D,S04.019A-S04.019D,S04.02xA-S04.02xD,S04.031A-S04.031D,S04.032A-S04.032D,S04.039A-S04.039D,S04.10xA-S04.10xD,S04.11xA-S04.11xD,S04.12xA-S04.12xD,S04.20xA-S04.20xD,S04.21xA-S04.21xD,S04.22xA-S04.22xD,S04.30xA-S04.30xD,S04.31xA-S04.31xD,S04.32xA-S04.32xD,S04.40xA-S04.40xD,S04.41xA-S04.41xD,S04.42xA-S04.42xD,S04.50xA-S04.50xD,S04.51xA-S04.51xD,S04.52xA-S04.52xD,S04.60xA-S04.60xD,S04.61xA-S04.61xD,S04.62xA-S04.62xD,S04.70xA-S04.70xD,S04.71xA-S04.71xD,S04.72xA-S04.72xD,S04.811A-S04.811D,S04.812A-S04.812D,S04.819A-S04.819D,S04.891A-S04.891D,S04.892A-S04.892D,S04.899A-S04.899D,S04.9xxA-S04.9xxD
 CPT: 10121,11010-11012,20670,20680,20694,21085,21210,21215,21310-21470,30420,30450,31292-31294,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D5988,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 233**
 Condition: MALIGNANT MELANOMA OF SKIN (See Guideline Notes 1,7,11,12,19,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C03.0,C43.10-C43.9,D03.0,D03.10-D03.9,D61.810,Z85.820
 CPT: 11600-11646,12001-12020,12031-15261,15570-15770,21011-21016,21552-21558,21632,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,32674,38700-38780,49411,77014,77261-77295,77300-77321,77331-77370,77401-77432,77469,77470,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0219,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9537
- Line: 234**
 Condition: URINARY FISTULA (See Guideline Notes 64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: N32.1-N32.2,N82.0-N82.1
 CPT: 44320,45820,50040,50045,50382-50389,50395,50398,50520-50526,50688,50900-50930,50961,50970,50980,51800-51845,51880-51980,52234,53080,53085,53660,53661,57330,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 235**
 Condition: MYCOBACTERIA, FUNGAL INFECTIONS, TOXOPLASMOSIS, AND OTHER OPPORTUNISTIC INFECTIONS (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A31.2-A31.9,A42.0-A42.2,A42.89-A42.9,A43.0-A43.9,B37.1,B37.81-B37.82,B38.0-B38.7,B38.81-B38.9,B39.0-B39.9,B40.0-B40.7,B40.81-B40.9,B41.0-B41.9,B42.0-B42.7,B42.81-B42.9,B43.0-B43.9,B44.0-B44.7,B44.89-B44.9,B45.0-B45.7,B45.9,B46.0-B46.9,B47.0-B47.1,B48.0-B48.8,B49,B58.00-B58.1,B58.3,B58.81-B58.9,B59
 CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 236**
Condition: HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Note 76)
Treatment: REPAIR
ICD-10: Q23.4,Q25.2
CPT: 33615-33622,33750,33764-33768,33924,37204,75557-75565,75573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 237**
Condition: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: B97.21,J18.2,J70.0,J70.2,J70.5,J80,J81.0,J95.821-J95.822,J96.00-J96.02,J96.20-J96.92
CPT: 31600-31610,31645,31646,31820,31825,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274
- Line: 238**
Condition: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 1,7,11,12,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C88.2-C88.3,C88.8-C88.9,C90.00-C90.32,C91.00-C91.02,D61.810,E85.1-E85.9
CPT: 32553,49411,62350-62370,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,79005-79445,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 239**
Condition: LIMB THREATENING VASCULAR DISEASE, INFECTIONS, AND VASCULAR COMPLICATIONS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A48.0,E09.52,E13.51-E13.59,I70.201-I70.799,I70.92,I73.01,I96,M60.000-M60.005,M60.011-M60.09,M72.6
CPT: 10060,11000-11057,15002,15003,15100,15101,23900-23921,23930,24900-24940,25028,25900-25931,26025,26030,26910-26952,26990,26991,27025,27290,27295,27301,27305,27590-27598,27603,27880-27889,28001-28003,28008,28150,28800-28825,29893,34101-34203,35081,35256,35302-35321,35351-35372,35450-35500,35510-35671,35682-35686,35701-35761,35860,35875-35881,35903,36002,37184-37186,37202-37208,37220-37235,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 240**
Condition: TETANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A33,A35
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 241**
Condition: ACUTE PROMYELOCYTIC LEUKEMIA (See Guideline Notes 7,11,12,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C92.40-C92.42,D61.810
CPT: 32553,38100,38120,38760,49411,62350-62370,77014,77261-77295,77300,77305-77321,77331-77370,77401-77427,77469,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

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- Line: 242**
Condition: CANCER OF OVARY (See Guideline Notes 1,7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C56.1-C56.9,C57.00-C57.22,C79.60-C79.62,D39.10-D39.12,D61.810,Z51.11,Z85.43
CPT: 32553,44110,44120,44140,49203-49205,49327,49411,49412,49419,49422,57156,58150,58180-58210,58260,58541-58544,58548-58554,58570-58573,58660-58662,58720,58740,58925-58960,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,77470,77750,77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270,S9537
- Line: 243**
Condition: SHORT BOWEL SYNDROME - AGE 5 OR UNDER (See Guideline Notes 1,76)
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-10: K55.0,K91.2,P77.1-P77.9,T86.850-T86.859
CPT: 44132,44135,44715-44721,47133-47147,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2053
- Line: 244**
Condition: CONDITIONS REQUIRING HEART-LUNG AND LUNG TRANSPLANTATION (See Guideline Notes 1,76)
Treatment: HEART-LUNG AND LUNG TRANSPLANT
ICD-10: D86.0,E84.0,E84.19-E84.8,I27.0,I27.89,J41.8,J43.0-J43.8,J47.0-J47.9,J60-J61,J62.0-J62.8,J63.0-J63.6,J65,J66.0-J66.8,J67.0-J67.9,J70.1,J70.3-J70.4,J84.111-J84.17,J84.81-J84.83,J84.841-J84.89,T27.1xxA-T27.1xxD,T27.5xxA-T27.5xxD,T86.810-T86.818
CPT: 32850-32856,33930-33935,86825-86835,94640,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274,S2060,S2061
- Line: 245**
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA) (See Guideline Notes 1,76)
Treatment: LIVER TRANSPLANT
ICD-10: D81.810,D84.1,E70.20-E70.29,E70.330-E70.331,E70.5-E70.9,E71.0,E71.110-E71.2,E72.10-E72.29,E72.52-E72.53,E72.8,E74.00-E74.09,E78.0,E83.00-E83.10,E83.110-E83.19,K72.00-K72.01,K73.1-K73.8,K76.2,T86.40-T86.49,Z52.6
CPT: 47133-47147,86825-86835,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 246**
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU (See Guideline Notes 64,65,76)
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
ICD-10: D04.0,D04.10-D04.9,E70.30,E70.310-E70.329,E70.338-E70.39,L56.5,N48.0
CPT: 11300-11446,11600-11646,13100-14350,17000-17108,17260-17286,69110,69120,69300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 247**
Condition: PRIMARY ANGLE-CLOSURE GLAUCOMA (See Guideline Notes 64,65,76)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-10: H21.82,H40.061-H40.069,H40.20x0-H40.249
CPT: 65860-65880,66150,66160,66165,66180,66250-66505,66625-66635,66761,66762,66990,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 248**
Condition: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA (See Guideline Notes 64,65,76)
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-10: H16.001-H16.079,H16.231-H16.239,S00.251A-S00.251D,S00.252A-S00.252D,S00.259A-S00.259D,S05.00xA-S05.00xD,S05.01xA-S05.01xD,S05.02xA-S05.02xD
CPT: 65275,65430,65600,65778-65782,67505,67515,68200,68360,68371,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 249**
Condition: TORSION OF TESTIS (See Guideline Notes 64,65,76)
Treatment: ORCHIECTOMY, REPAIR
ICD-10: N44.00-N44.04
CPT: 54512-54535,54600-54640,54660,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 250**
Condition: LIFE-THREATENING EPISTAXIS (See Guideline Notes 64,65,76)
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
ICD-10: E08.52,R04.0
CPT: 30520-30560,30620-30930,31238,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 251**
Condition: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC (See Guideline Notes 64,65,76)
Treatment: FOREIGN BODY REMOVAL
ICD-10: H44.601-H44.799
CPT: 65235-65265,66160,66840-66852,66940,67036,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 252**
Condition: METABOLIC BONE DISEASE (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M81.0-M81.8,M83.0-M83.9,M88.0-M88.1,M88.811-M88.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 253**
Condition: PARKINSON'S DISEASE (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: G20,G21.11-G21.9
CPT: 61781,61782,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 254**
Condition: CHRONIC PANCREATITIS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: K86.0-K86.1,K86.8
CPT: 43260-43273,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 255**
 Condition: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM (See Guideline Notes 1,64,65,76,95)
 Treatment: MEDICAL THERAPY
 ICD-10: G35,G36.0-G36.9,G37.0-G37.9,Z45.31,Z45.49,Z46.2
 CPT: 31600,31610,86711,90284,92081-92083,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 256**
 Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F54
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9484,T1005,T1016
- Line: 257**
 Condition: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Notes 65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: I74.01-I74.19,I74.5-I74.8
 CPT: 33320-33335,33916,34001-34101,34201,34203,35081,35331,35363-35390,35535-35540,35560,35623-35638,35646,35647,35654,35681-35683,35691-35695,35741-35800,35875,35876,35901,36825,36830,37184-37186,37202-37206,37211,37213,37214,49324-49326,49421,49422,49435,49436,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 258**
 Condition: CHRONIC OSTEOMYELITIS (See Guideline Notes 1,6,64,65,76,100)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: M46.20-M46.39,M86.30,M86.311-M86.9
 CPT: 11000-11047,15734,20005,20150,20690-20694,20900,20930-20938,20955-20973,21620,21627,22532-22819,22840-22848,22851,23035,23105,23130,23170-23184,23220,23395,23935,24134-24147,24150,24152,24420,24498,25035,25085,25119,25145-25151,25210-25240,25320,25337,26034,26230-26236,26320,26951,26992,27070-27078,27187,27303,27360,27465-27468,27607,27620,27640,27641,27745,27880-27888,28005,28120-28124,28800-28825,29075,29345,63045-63048,63081-63091,96150-96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 259**
 Condition: MULTIPLE ENDOCRINE NEOPLASIA (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: E07.0,E31.1,E31.20-E31.23,Q92.0-Q92.5,Q92.62-Q92.8,Q93.0-Q93.2,Q95.2-Q95.3
 CPT: 60210-60240,60270,60271,60500-60512,60540,60545,60650,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 260**
 Condition: DEFORMITIES OF HEAD (See Guideline Notes 1,6,64,65,76,81)
 Treatment: CRANIOTOMY/CRANIECTOMY
 ICD-10: M95.2,M99.80,Q30.1-Q30.2,Q30.8,Q75.0-Q75.9,Q87.0
 CPT: 11971,14040,14041,14301,14302,20660,20661,20665,21076,21077,21137-21180,21182-21188,21256-21275,21282,61312-61330,61340,61345,61550-61559,62115-62148,92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D5915,D5919,D5924,D5925,D5928-D5931,D5933,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

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- Line: 261**
 Condition: DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES (See Guideline Notes 1,64,65,76)
 Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
 ICD-10: I01.1,I05.0-I05.8,I08.0,I08.8,I34.0-I34.8,I36.0-I36.8,I37.0-I37.9,I38,I51.1-I51.2,Z79.01
 CPT: 33420-33465,33470-33496,33530,33620,33621,33973,33974,75557-75565,75573,92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 262**
 Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS (See Guideline Notes 1,7,11,12,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C60.0-C60.9,C63.00-C63.9,D07.4,D07.60-D07.69,D40.8,D61.810,Z51.11,Z85.45,Z85.48-Z85.49
 CPT: 11620-11626,15574,32553,49327,49411,49412,52240,54065,54120-54135,54220,54230,55150-55180,55920,58960,74445,77014,77261-77295,77300-77370,77402-77417,77424-77427,77469,77470,77600-77787,77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 263**
 Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME (See Guideline Notes 1,7,11,12,19,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C37,C74.00-C74.92,C75.0-C75.9,C7A.00,C7A.091,C7A.094-C7A.098,C79.70-C79.72,D09.3-D09.8,D44.10-D44.12,D44.5-D44.7,D61.810,E34.0,Z51.11
 CPT: 32553,32673,49411,60500,60512-60650,62165,64788,77014,77261-77295,77300-77321,77331-77370,77402-77432,77469,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 264**
 Condition: MULTIPLE MYELOMA (See Guideline Notes 7,11,12,14,76)
 Treatment: BONE MARROW TRANSPLANT
 ICD-10: C88.0-C88.3,C88.8-C88.9,C90.00-C90.02,C90.20-C90.21,C90.30,D47.2,D61.810,E85.1-E85.9,T86.01-T86.09,Z52.000-Z52.098,Z52.3
 CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 265**
 Condition: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY (See Guideline Notes 1,7,11,12,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C45.1,C48.0-C48.8,D48.3-D48.4,D61.810,Z51.11
 CPT: 32553,39010,44820,44850,49203-49205,49255,49327,49411,49412,77261-77295,77300,77305-77370,77402-77417,77424-77427,77469,77470,77761-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

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- Line: 266**
Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS (See Coding Specification Below) (See Guideline Notes 1,7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C33,C34.00-C34.92,C38.1-C38.8,C39.0-C39.9,C45.0,C7A.090,D02.1,D02.20-D02.22,D02.4,D11.0,D38.1-D38.4,D61.810,I87.1,J98.5,Z51.11,Z85.118-Z85.20
CPT: 19260-19272,21552,21610,22900,31600-31603,31630,31631,31636-31646,31770,31775,31785,31786,31820,31825,32320,32440-32488,32501-32550,32552,32553,32650,32662,32666-32671,32674,32900-32906,37205,37206,38542,38746,38794,39000-39220,49411,77014,77261-77295,77300-77370,77401-77432,77469,77470,77761-77790,78811-78816,81235,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
ICD-10-CM code I87.1 is included on this line for superior vena cava syndrome only.
- Line: 267**
Condition: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, MALIGNANT ARRHYTHMIAS, AND COMPLEX CONGENITAL HEART DISEASE (See Guideline Notes 1,18,64,65,70,76)
Treatment: CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT
ICD-10: I13.11-I13.2,I25.110,I25.5,I40.0-I40.9,I42.0-I42.8,I47.2,I49.01-I49.02,I50.1,I50.20-I50.43,N18.5-N18.6,Q20.1-Q20.5,Q20.8,Q23.4,T86.21-T86.23,T86.290-T86.298,T86.31-T86.39
CPT: 33620,33621,33940-33945,33975-33993,50300-50370,50547,75557-75565,75573,76776,86825-86835,92960-92971,92978-92998,93750,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 268**
Condition: TRACHOMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A71.0-A71.9,B55.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 269**
Condition: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: A18.54,D86.83,H16.241-H16.249,H20.00,H20.011-H20.819,H20.9,H44.111-H44.119
CPT: 67515,68200,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 270**
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS) (See Guideline Notes 64,65)
Treatment: URGENT DENTAL SERVICES
ICD-10: K00.6,K01.0-K01.1,K03.5,K03.81,K04.0-K04.8,K04.90-K04.99,K08.3,M27.2-M27.3,S02.5xxD-S02.5xxG
CPT: 41000,41800,41806,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: D2910-D2920,D2940,D2950,D2970,D3120,D3220,D3222-D3240,D3351-D3354,D4920,D5410-D5510,D5850,D5851,D6930,D7111,D9120,D9951,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 271**
Condition: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A44.0-A44.9,A68.0-A68.9,A69.20-A69.29,A75.0-A75.9,A77.1-A77.3,A77.40-A77.9,A78,A79.0-A79.1,A79.81-A79.9,B33.1,B55.0,B55.2-B55.9,B60.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 272**
Condition: DIABETES INSIPIDUS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: E23.2
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 273**
Condition: ADVANCED DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE (See Guideline Notes 64,65,76)
Treatment: ENUCLEATION
ICD-10: E10.311-E10.359,E11.311-E11.359,E13.311-E13.359,H35.60-H35.63,H44.131-H44.139,H44.311-H44.399,H44.50,H44.511-H44.539,H44.811-H44.89
CPT: 65091,65093,65105,65125-65175,67218,67560,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 274**
Condition: CANCER OF BLADDER AND URETER (See Guideline Notes 1,7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C66.1-C66.9,C67.0-C67.9,C79.11-C79.19,D09.0,D41.4,D61.810,Z51.11,Z85.51
CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,50125,50220-50290,50340,50400,50405,50542-50548,50553,50572,50605,50650,50660,50780,50825-50840,50976,51530,51550-51597,51700,51720,52224-52250,52281,52282,52327,52332,52354,52355,52500,53210-53220,55840,55920,57156,58960,77014,77261-77295,77300-77370,77402-77417,77424-77427,77469,77470,77761-77790,79005-79445,88120,88121,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 275**
Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 1,6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S98.011A-S98.011D,S98.012A-S98.012D,S98.019A-S98.019D,S98.021A-S98.021D,S98.022A-S98.022D,S98.029A-S98.029D,S98.311A-S98.311D,S98.312A-S98.312D,S98.319A-S98.319D,S98.321A-S98.321D,S98.322A-S98.322D,S98.329A-S98.329D,S98.911A-S98.911D,S98.912A-S98.912D,S98.919A-S98.919D,S98.921A-S98.921D,S98.922A-S98.922D,S98.929A-S98.929D
CPT: 11010-11012,20838,20920-20924,27888,28800-28810,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 276**
Condition: LEPROSY, YAWS, PINTA (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: A30.0-A30.9,A31.1,A65,A66.0-A66.9,A67.0-A67.9,A69.8-A69.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 277**
Condition: RETINOPATHY OF PREMATURITY (See Guideline Note 76)
Treatment: CRYOSURGERY
ICD-10: H35.101-H35.179
CPT: 67101-67121,67227-67229,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 278**
 Condition: UROLOGIC INFECTIONS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A02.25,B37.0,B37.41-B37.49,B37.81,B37.83,N11.8-N11.9,N12,N13.6,N30.00-N30.01,N30.20-N30.31,N30.80-N30.91,N39.0,N41.0,N45.1-N45.4,N49.0
 CPT: 50391,51100,51101,51700,52260,53450,54700,54860,54861,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 279**
 Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA (See Guideline Notes 1,7,11,12,19,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C4A.0,C4A.10-C4A.9,C44.00-C44.09,C44.101-C44.99,C46.0-C46.4,C46.50-C46.9,C79.2,D48.5,D61.810,Z51.0,Z51.11,Z85.828
 CPT: 11000-11047,11300-11446,11600-11646,12001-12020,12031-15040,15100,15110-15116,15130-15261,15570-15770,17000-17108,17260-17315,21011-21014,21016,21552-21558,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27048,27059,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,38700-38745,38760,38765,40650-40654,49411,67950-67975,69110,69120,69145,69910,77014,77261-77295,77300-77321,77331-77370,77401-77432,77469,77470,78811-78816,79005-79445,92002-92014,92285,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9537
- Line: 280**
 Condition: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Notes 1,64,65,76)
 Treatment: REPAIR
 ICD-10: S25.00xA-S25.00xD,S25.01xA-S25.01xD,S25.02xA-S25.02xD,S25.09xA-S25.09xD,S25.101A-S25.101D,S25.102A-S25.102D,S25.109A-S25.109D,S25.111A-S25.111D,S25.112A-S25.112D,S25.119A-S25.119D,S25.121A-S25.121D,S25.122A-S25.122D,S25.129A-S25.129D,S25.191A-S25.191D,S25.192A-S25.192D,S25.199A-S25.199D,S25.20xA-S25.20xD,S25.21xA-S25.21xD,S25.22xA-S25.22xD,S25.29xA-S25.29xD,S25.301A-S25.301D,S25.302A-S25.302D,S25.309A-S25.309D,S25.311A-S25.311D,S25.312A-S25.312D,S25.319A-S25.319D,S25.321A-S25.321D,S25.322A-S25.322D,S25.329A-S25.329D,S25.391A-S25.391D,S25.392A-S25.392D,S25.399A-S25.399D,S25.401A-S25.401D,S25.402A-S25.402D,S25.409A-S25.409D,S25.411A-S25.411D,S25.412A-S25.412D,S25.419A-S25.419D,S25.421A-S25.421D,S25.422A-S25.422D,S25.429A-S25.429D,S25.491A-S25.491D,S25.492A-S25.492D,S25.499A-S25.499D,S25.501A-S25.501D,S25.502A-S25.502D,S25.509A-S25.509D,S25.511A-S25.511D,S25.512A-S25.512D,S25.519A-S25.519D,S25.591A-S25.591D,S25.592A-S25.592D,S25.599A-S25.599D,S25.801A-S25.801D,S25.802A-S25.802D,S25.809A-S25.809D,S25.811A-S25.811D,S25.812A-S25.812D,S25.819A-S25.819D,S25.891A-S25.891D,S25.892A-S25.892D,S25.899A-S25.899D,S25.90xA-S25.90xD,S25.91xA-S25.91xD,S25.99xA-S25.99xD
 CPT: 32654,33320-33335,33880-33891,34502,35211,35216,35241,35246,35271,35276,35506,37616,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 281**
 Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65,82)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F22-F24,F28-F29,F53
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 282**
 Condition: HYDROPS FETALIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P56.0,P56.90-P56.99,P83.2
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 283**
Condition: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 31,76)
Treatment: COCHLEAR IMPLANT
ICD-10: H90.3,H90.41-H90.5,Z01.12,Z45.320-Z45.328
CPT: 69717,69718,69930,92562-92565,92571-92577,92590,92591,92601,92602,92626-92633,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 284**
Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS (See Guideline Notes 64,65,76)
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-10: E08.39,E10.39,E11.39,E13.39,H31.401-H31.8,H33.001-H33.109,H33.191-H33.23,H33.40-H33.8,H43.00-H43.03,H43.311-H43.319,Z51.11
CPT: 66990,67005-67113,67145,67208,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 285**
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS (See Guideline Notes 64,65,76,77)
Treatment: THROMBECTOMY/LIGATION
ICD-10: I82.0-I82.1,I82.210-I82.3,I82.601-I82.709,I82.721-I82.C29,I82.890-I82.91
CPT: 34101,34401,34451-34530,35206-35226,35236-35256,35266-35286,35476,35572,35681,35761-35840,35875,35876,35905,35907,37140,37160,37182,37183,37187,37188,37202,37205-37208,37212-37214,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 286**
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I46.2-I46.9,I47.0,I47.2,I49.01-I49.02,I49.3,I97.120-I97.121,Z45.010-Z45.09,Z86.74
CPT: 31603,31605,32160,33202-33266,33820,33967,33973,33974,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93656,93724,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,S0270-S0274
- Line: 287**
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.00-F50.02
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0270,G0271,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 288**
Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE (See Guideline Notes 1,64,65,112)
Treatment: MEDICAL THERAPY
ICD-10: J41.1,J43.0-J43.9,J44.0-J44.9,J70.8-J70.9,J82,J96.10-J96.12
CPT: 31600,32480-32491,32672,94002-94005,94640,94644-94668,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274,S9346

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Line: 289
Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I71.00-I71.1,I71.3,I71.5,I71.8
CPT: 32110-32124,32820,33320-33335,33530,33860-33891,33916,34520,34800-34805,35081-35103,35306,35311,35331,35500-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35663,35697,35820,35840,35870-35876,35905,35907,36825,36830,75956-75959,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

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Line: 290
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Notes
6,64,65,76,90,162)
Treatment: MEDICAL AND SURGICAL TREATMENT

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ICD-10: C80.2,D78.01,D78.11-D78.22,D89.810-D89.813,E36.01-E36.12,G04.01-G04.02,G04.31-G04.39,G89.12-G89.18,G96.0,G97.0,G97.2,G97.31-G97.32,G97.48-G97.82,H44.40,H44.431-H44.439,H59.111-H59.329,H95.21-H95.42,I67.0,I77.71-I77.79,I97.410-I97.89,J95.01-J95.72,J95.830-J95.89,K68.11,K91.3,K91.61-K91.83,K91.840-K91.841,K91.86-K91.89,K94.01-K94.02,K94.11-K94.12,K94.21-K94.22,K94.31,K95.01-K95.89,L76.01-L76.22,M96.621-M96.831,N98.0,N99.0,N99.510-N99.821,N99.89,O86.0,O90.0,O90.2,R50.84,T80.0xxA-T80.0xxD,T80.211A-T80.211D,T80.212A-T80.212D,T80.218A-T80.218D,T80.219A-T80.219D,T80.22xA-T80.22xD,T80.29xA-T80.29xD,T80.51xA-T80.51xD,T80.52xA-T80.52xD,T80.59xA-T80.59xD,T80.810A-T80.810D,T80.818A-T80.818D,T80.89xA-T80.89xD,T80.90xA-T80.90xD,T80.910A-T80.910D,T80.911A-T80.911D,T80.919A-T80.919D,T80.92xA-T80.92xD,T81.30xA-T81.30xD,T81.31xA-T81.31xD,T81.32xA-T81.32xD,T81.33xA-T81.33xD,T81.4xxA-T81.4xxD,T81.520A-T81.520D,T81.521A-T81.521D,T81.522A-T81.522D,T81.523A-T81.523D,T81.524A-T81.524D,T81.525A-T81.525D,T81.526A-T81.526D,T81.710A-T81.710D,T81.711A-T81.711D,T81.718A-T81.718D,T81.719A-T81.719D,T81.72xA-T81.72xD,T81.83xA-T81.83xD,T82.01xA-T82.01xD,T82.02xA-T82.02xD,T82.03xA-T82.03xD,T82.09xA-T82.09xD,T82.110A-T82.110D,T82.111A-T82.111D,T82.118A-T82.118D,T82.119A-T82.119D,T82.120A-T82.120D,T82.121A-T82.121D,T82.128A-T82.128D,T82.129A-T82.129D,T82.190A-T82.190D,T82.191A-T82.191D,T82.198A-T82.198D,T82.199A-T82.199D,T82.211A-T82.211D,T82.212A-T82.212D,T82.213A-T82.213D,T82.218A-T82.218D,T82.221A-T82.221D,T82.222A-T82.222D,T82.223A-T82.223D,T82.228A-T82.228D,T82.310A-T82.310D,T82.311A-T82.311D,T82.312A-T82.312D,T82.318A-T82.318D,T82.319A-T82.319D,T82.320A-T82.320D,T82.321A-T82.321D,T82.322A-T82.322D,T82.328A-T82.328D,T82.329A-T82.329D,T82.330A-T82.330D,T82.331A-T82.331D,T82.332A-T82.332D,T82.338A-T82.338D,T82.339A-T82.339D,T82.390A-T82.390D,T82.391A-T82.391D,T82.392A-T82.392D,T82.398A-T82.398D,T82.399A-T82.399D,T82.41xA-T82.41xD,T82.42xA-T82.42xD,T82.43xA-T82.43xD,T82.49xA-T82.49xD,T82.510A-T82.510D,T82.511A-T82.511D,T82.512A-T82.512D,T82.513A-T82.513D,T82.514A-T82.514D,T82.515A-T82.515D,T82.518A-T82.518D,T82.519A-T82.519D,T82.520A-T82.520D,T82.521A-T82.521D,T82.522A-T82.522D,T82.523A-T82.523D,T82.524A-T82.524D,T82.525A-T82.525D,T82.528A-T82.528D,T82.529A-T82.529D,T82.530A-T82.530D,T82.531A-T82.531D,T82.532A-T82.532D,T82.533A-T82.533D,T82.534A-T82.534D,T82.535A-T82.535D,T82.538A-T82.538D,T82.539A-T82.539D,T82.590A-T82.590D,T82.591A-T82.591D,T82.592A-T82.592D,T82.593A-T82.593D,T82.594A-T82.594D,T82.595A-T82.595D,T82.598A-T82.598D,T82.599A-T82.599D,T82.6xxA-T82.6xxD,T82.7xxA-T82.7xxD,T82.817A-T82.817D,T82.818A-T82.818D,T82.827A-T82.827D,T82.828A-T82.828D,T82.837A-T82.837D,T82.838A-T82.838D,T82.847A-T82.847D,T82.848A-T82.848D,T82.857A-T82.857D,T82.858A-T82.858D,T82.867A-T82.867D,T82.868A-T82.868D,T82.897A-T82.897D,T82.898A-T82.898D,T82.9xxA-T82.9xxD,T83.010A-T83.010D,T83.020A-T83.020D,T83.030A-T83.030D,T83.090A-T83.090D,T83.110A-T83.110D,T83.111A-T83.111D,T83.112A-T83.112D,T83.118A-T83.118D,T83.120A-T83.120D,T83.121A-T83.121D,T83.122A-T83.122D,T83.128A-T83.128D,T83.190A-T83.190D,T83.191A-T83.191D,T83.192A-T83.192D,T83.198A-T83.198D,T83.21xA-T83.21xD,T83.22xA-T83.22xD,T83.23xA-T83.23xD,T83.29xA-T83.29xD,T83.410A-T83.410D,T83.418A-T83.418D,T83.420A-T83.420D,T83.428A-T83.428D,T83.490A-T83.490D,T83.498A-T83.498D,T83.51xA-T83.51xD,T83.59xA-T83.59xD,T83.6xxA-T83.6xxD,T83.711A-T83.711D,T83.718A-T83.718D,T83.721A-T83.721D,T83.728A-T83.728D,T83.81xA-T83.81xD,T83.82xA-T83.82xD,T83.83xA-T83.83xD,T83.84xA-T83.84xD,T83.85xA-T83.85xD,T83.86xA-T83.86xD,T83.89xA-T83.89xD,T83.9xxA-T83.9xxD,T84.010A-T84.010D,T84.011A-T84.011D,T84.012A-T84.012D,T84.013A-T84.013D,T84.018A-T84.018D,T84.019A-T84.019D,T84.020A-T84.020D,T84.021A-T84.021D,T84.022A-T84.022D,T84.023A-T84.023D,T84.028A-T84.028D,T84.029A-T84.029D,T84.030A-T84.030D,T84.031A-T84.031D,T84.032A-T84.032D,T84.033A-T84.033D,T84.038A-T84.038D,T84.039A-T84.039D,T84.040A-T84.040D,T84.041A-T84.041D,T84.042A-T84.042D,T84.043A-T84.043D,T84.048A-T84.048D,T84.049A-T84.049D,T84.050A-T84.050D,T84.051A-T84.051D,T84.052A-T84.052D,T84.053A-T84.053D,T84.058A-T84.058D,T84.059A-T84.059D,T84.060A-T84.060D,T84.061A-T84.061D,T84.062A-T84.062D,T84.063A-T84.063D,T84.068A-T84.068D,T84.069A-T84.069D,T84.090A-T84.090D,T84.091A-T84.091D,T84.092A-T84.092D,T84.093A-T84.093D,T84.098A-T84.098D,T84.099A-T84.099D,T84.110A-T84.110D,T84.111A-T84.111D,T84.112A-T84.112D,T84.113A-T84.113D,T84.114A-T84.114D,T84.115A-T84.115D,T84.116A-T84.116D,T84.117A-T84.117D,T84.119A-T84.119D,T84.120A-T84.120D,T84.121A-T84.121D,T84.122A-T84.122D,T84.123A-T84.123D,T84.124A-T84.124D,T84.125A-T84.125D,T84.126A-T84.126D,T84.127A-T84.127D,T84.129A-T84.129D,T84.190A-T84.190D,T84.191A-T84.191D,T84.192A-T84.192D,T84.193A-T84.193D,T84.194A-T84.194D,T84.195A-T84.195D,T84.196A-T84.196D,T84.197A-T84.197D,T84.199A-T84.199D,T84.210A-T84.210D,T84.213A-T84.213D,T84.216A-T84.216D,T84.218A-T84.218D,T84.220A-T84.220D,T84.223A-T84.223D,T84.226A-T84.226D,T84.228A-T84.228D,T84.290A-T84.290D,T84.293A-T84.293D,T84.296A-T84.296D,T84.298A-T84.298D,T84.310A-T84.310D,T84.318A-T84.318D,T84.320A-T84.320D,T84.328A-T84.328D,T84.390A-T84.390D,T84.398A-T84.398D,T84.410A-T84.410D,T84.418A-T84.418D,T84.420A-T84.420D,T84.428A-T84.428D,T84.490A-T84.490D,T84.498A-T84.498D,T84.50xA-T84.50xD,T84.51xA-T84.51xD,T84.52xA-T84.52xD,T84.53xA-T84.53xD,T84.54xA-T84.54xD,T84.59xA-T84.59xD,T84.60xA-T84.60xD,T84.610A-T84.610D,T84.611A-T84.611D,T84.612A-T84.612D,T84.613A-T84.613D,T84.614A-T84.614D,T84.615A-T84.615D,T84.619A-T84.619D,T84.620A-T84.620D,T84.621A-T84.621D,T84.622A-T84.622D,T84.623A-T84.623D,T84.624A-T84.624D,T84.625A-T84.625D,T84.629A-T84.629D,T84.63xA-T84.63xD,T84.69xA-T84.69xD,T84.7xxA-T84.7xxD,T84.81xA-T84.81xD,T84.82xA-T84.82xD,T84.83xA-T84.83xD,T84.84xA-T84.84xD,T84.85xA-T84.85xD,T84.86xA-T84.86xD,T84.89xA-T84.89xD,T84.9xxA-T84.9xxD,T85.01xA-T85.01xD,T85.02xA-T85.02xD,T85.03xA-T85.03xD,T85.09xA-T85.09xD,T85.110A-T85.110D,T85.111A-T85.111D,T85.112A-T85.112D,T85.118A-T85.118D,T85.120A-T85.120D,T85.121A-T85.121D,T85.122A-T85.122D,T85.128A-T85.128D,T85.190A-T85.190D,T85.191A-T85.191D,T85.192A-T85.192D,T85.199A-T85.199D,T85.318A-T85.318D,T85.328A-T85.328D,T85.398A-T85.398D,T85.611A-T85.611D,T85.621A-T85.621D,T85.631A-T85.631D,T85.691A-T85.691D,T85.71xA-T85.71xD,T85.72xA-T85.72xD,T85.79xA-T85.79xD,T85.81xA-T85.81xD,T85.82xA-T85.82xD,T85.83xA-T85.83xD,T85.84xA-T85.84xD,T85.85xA-

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

T85.85xD,T85.86xA-T85.86xD,T85.89xA-T85.89xD,T85.9xxA-T85.9xxD,T86.01-T86.19,T86.21-T86.23,T86.290-T86.298,T86.31-T86.49,T86.810-T86.819,T86.830-T86.99,T87.0x1-T87.2,T87.40-T87.54,T88.0xxA-T88.0xxD,T88.1xxA-T88.1xxD,T88.3xxA-T88.3xxD,Z45.010-Z45.09

CPT: 10060,10121,10140,10180,11008,11042-11047,11982,12020,12021,13160-14001,20600-20610,20670,20680,20693,20694,20975,21120,21501,21627,21750,22849,22850,22852,22855,23331,23332,23472-23474,23800,23802,24160,24164,24430,24435,24800,24802,24925-24935,25109,25250,25251,25415,25420,25431-25446,25449,25907-26035,26060-26110,26115-26117,26121-26340,26350-26565,26568-26910,26991,27030,27090,27091,27130-27138,27236,27265,27266,27284,27286,27301,27303,27310,27331,27486-27488,27580-27596,27786,27870,27884,27886,28715,31613,31614,31750-31781,31800-31830,32120,33206-33215,33218,33221,33227-33249,33262-33264,33284,33361-33496,33510-33536,33768,33863,34830,35188-35190,35301-35390,35476,35556,35566-35571,35583-35587,35656,35666,35671,35700,35800-35907,36147,36261,36818-36821,36831-36870,37192,37193,37197,37207,43262,43264,43265,43268-43271,43772-43774,43848,43860,43870,44137,44312,44340,44640,47802,49020,49021,49402,49422,50065,50135,50225,50370,50398-50405,50525,50544,50727,50728,50830,50920-50940,51705,51710,51860-51925,52001,54340-54352,54390,54406-54417,57296,58301,61070,61880,61888,62194,62225,62230,62256,62258,62350-62365,63661-63664,63688,63707,63709,63744,63746,64569,64570,64585,64595,65150-65175,65710-65757,65920,67005-67028,67036-67043,69424,69711,75791,75984,92002-92014,92506-92508,92526,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0448,S0270-S0274,S9152

Line: 291

Condition: CANCER OF VAGINA, VULVA, AND OTHER FEMALE GENITAL ORGANS (See Guideline Notes 1,7,11,12,64,65,76)

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

ICD-10: C51.0-C51.9,C52,C57.00-C57.9,D07.1-D07.2,D07.30-D07.39,D39.2-D39.9,D61.810,Z51.11

CPT: 11620-11626,32553,38562,38564,38571,38572,49327,49411,49412,55920,56501,56515,56620-56640,57065,57106-57112,57156,57520,57530,57550,58150,58180-58260,58275,58285,58290,58541-58544,58548-58554,58570-58573,58943-58960,77014,77261-77295,77300,77305-77370,77401-77417,77424-77427,77469,77470,77750-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270,S9537

Line: 292

Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX (See Coding Specification Below) (See Guideline Notes 1,6,7,11,12,19,36,64,65,76)

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

ICD-10: C00.0-C00.9,C01,C02.0-C02.9,C03.0-C03.9,C04.0-C04.9,C05.0-C05.9,C06.0-C06.2,C06.80-C06.9,C07,C08.0-C08.9,C09.0-C09.9,C10.0-C10.9,C11.0-C11.9,C12,C13.0-C13.9,C14.0-C14.8,C30.0-C30.1,C31.0-C31.9,C32.0-C32.9,C76.0,D02.0,D02.3,D37.01-D37.02,D37.030-D37.09,D38.0,D38.5-D38.6,D61.810,Z51.11,Z85.21-Z85.22,Z85.810-Z85.819

CPT: 13132,13151,14040-14302,15570,15732,15734,15756-15760,21011-21014,21016,21552-21555,21557,21558,30117,30118,30520,31075-31230,31300,31360-31370,31380-31395,31540,31541,31600-31603,31611,31820,31825,32553,38720,38724,40500-40530,40810-40816,40819,40845,41019,41110-41155,41820,41825-41827,41850,42104-42120,42280,42281,42410-42500,42826,42842-42845,42890-42894,43450,43496,49411,60220,69110,69150,69155,69502,77014,77261-77295,77300-77370,77401-77432,77469,77470,77750-77790,78811-78816,79005-79445,92506-92508,92526,92607-92609,92633,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: D5983-D5985,D7440,D7441,D7920,D7981,G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152,S9537

ICD-10-CM code D11.0 is included on this line only for parotid gland pleomorphic adenomas.

Line: 293

Condition: OSTEOPETROSIS (See Guideline Notes 1,7,11,14,76)

Treatment: BONE MARROW RESCUE AND TRANSPLANT

ICD-10: D61.810,Q78.2,T86.01-T86.09,Z52.000-Z52.098,Z52.3

CPT: 36680,38204-38215,38230-38243,86825-86835,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 294**
Condition: CRUSH AND OTHER INJURIES OF DIGITS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E50.4,S65.401A-S65.401D,S65.402A-S65.402D,S65.409A-S65.409D,S65.411A-S65.411D,S65.412A-S65.412D,
S65.419A-S65.419D,S65.491A-S65.491D,S65.492A-S65.492D,S65.499A-S65.499D,S65.500A-S65.500D,
S65.501A-S65.501D,S65.502A-S65.502D,S65.503A-S65.503D,S65.504A-S65.504D,S65.505A-S65.505D,
S65.506A-S65.506D,S65.507A-S65.507D,S65.508A-S65.508D,S65.509A-S65.509D,S65.510A-S65.510D,
S65.511A-S65.511D,S65.512A-S65.512D,S65.513A-S65.513D,S65.514A-S65.514D,S65.515A-S65.515D,
S65.516A-S65.516D,S65.517A-S65.517D,S65.518A-S65.518D,S65.519A-S65.519D,S65.590A-S65.590D,
S65.591A-S65.591D,S65.592A-S65.592D,S65.593A-S65.593D,S65.594A-S65.594D,S65.595A-S65.595D,
S65.596A-S65.596D,S65.597A-S65.597D,S65.598A-S65.598D,S65.599A-S65.599D,S67.00xA-S67.00xD,
S67.01xA-S67.01xD,S67.02xA-S67.02xD,S67.10xA-S67.10xD,S67.190A-S67.190D,S67.191A-S67.191D,
S67.192A-S67.192D,S67.193A-S67.193D,S67.194A-S67.194D,S67.195A-S67.195D,S67.196A-S67.196D,
S67.197A-S67.197D,S67.198A-S67.198D,S97.101A-S97.101D,S97.102A-S97.102D,S97.109A-S97.109D,
S97.111A-S97.111D,S97.112A-S97.112D,S97.119A-S97.119D,S97.121A-S97.121D,S97.122A-S97.122D,
S97.129A-S97.129D
CPT: 11730,11740,11760,20973,25300,25301,29130,98966-98969,99051,99060,99070,99078,99201-99239,99281-
99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 295**
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.0,R45.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,
99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2013,
H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 296**
Condition: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P54.0,P54.4-P54.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,
99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 297
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)

DRAFT

DRAFT OCTOBER 1, 2014

ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.14,A52.16-A52.19,A52.3,A81.00-A81.89,A83.0-A83.8,A84.0-A84.8,A85.0-A85.1,A85.8,A86,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.7-D33.9,D81.3,D81.5,E00.0-E00.9,E03.0-E03.1,E08.49,E08.610,E09.49,E09.610,E13.40,E13.44-E13.49,E13.610-E13.618,E45,E70.0-E70.1,E70.20-E70.29,E70.330-E70.331,E70.5-E70.9,E71.0,E71.110-E71.548,E72.00,E72.02-E72.51,E72.59-E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F71-F79,F82,F84.0-F84.3,F84.8,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1,G12.21-G12.9,G13.2-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.01,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.10-G83.9,G90.01-G90.1,G90.3-G90.4,G90.511-G90.8,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G96.8,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.81-G97.82,G98.0-G98.8,G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.01,I69.031-I69.090,I69.093,I69.11,I69.131-I69.190,I69.193,I69.21,I69.231-I69.290,I69.293,I69.31,I69.331-I69.390,I69.393,I69.81,I69.831-I69.890,I69.893,I69.91,I69.931-I69.990,I69.993,I97.810-I97.821,M1A.1110-M1A.1121,M1A.1210-M1A.1221,M1A.1310-M1A.1321,M1A.1410-M1A.1421,M1A.1510-M1A.1521,M1A.1610-M1A.1621,M1A.1710-M1A.1721,M1A.18x0-M1A.19x1,M14.60,M14.611-M14.632,M14.641-M14.69,M24.50,M24.511-M24.519,M61.111-M61.112,M61.121-M61.122,M61.131-M61.132,M61.141-M61.142,M61.144-M61.145,M61.151-M61.152,M61.161-M61.162,M61.171-M61.172,M61.174-M61.175,M61.177-M61.178,M61.18-M61.19,M61.211-M61.212,M61.221-M61.222,M61.231-M61.232,M61.241-M61.242,M61.251-M61.252,M61.261-M61.262,M61.271-M61.272,M61.28-M61.29,M61.311-M61.312,M61.321-M61.322,M61.331-M61.332,M61.341-M61.342,M61.351-M61.352,M61.361-M61.362,M61.371-M61.372,M61.38-M61.39,M61.411-M61.412,M61.421-M61.422,M61.431-M61.432,M61.441-M61.442,M61.451-M61.452,M61.461-M61.462,M61.471-M61.472,M61.48-M61.49,M61.511-M61.512,M61.521-M61.522,M61.531-M61.532,M61.541-M61.542,M61.551-M61.552,M61.561-M61.562,M61.571-M61.572,M61.58-M61.59,M62.3,M62.511-M62.522,M62.531-M62.532,M62.541-M62.542,M62.551-M62.59,M62.89,P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.0-P54.9,P55.0-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q67.8,Q68.1,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.8,Q93.0-Q93.7,Q93.81-Q93.89,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,S06.819A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,S06.829A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,S06.899A-S06.899D,S06.9x0A-S06.9x0D,S06.9x1A-S06.9x1D,S06.9x2A-S06.9x2D,S06.9x3A-S06.9x3D,S06.9x4A-S06.9x4D,S06.9x5A-S06.9x5D,S06.9x6A-S06.9x6D,S06.9x7A-S06.9x7D,S06.9x8A-S06.9x8D,S06.9x9A-S06.9x9D,S14.0xxA-S14.0xxD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2xxA-S14.2xxD,S14.3xxA-S14.3xxD,S24.0xxA-S24.0xxD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2xxA-S24.2xxD,S34.01xA-S34.01xD,S34.02xA-S34.02xD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21xA-S34.21xD,S34.22xA-S34.22xD,S34.3xxA-S34.3xxD,S34.4xxA-S34.4xxD,T40.0x1A-T40.0x1D,T40.0x2A-T40.0x2D,T40.0x3A-T40.0x3D,T40.0x4A-T40.0x4D,T40.1x1A-T40.1x1D,T40.1x2A-T40.1x2D,T40.1x3A-T40.1x3D,T40.1x4A-T40.1x4D,T40.2x1A-T40.2x1D,T40.2x2A-T40.2x2D,T40.2x3A-T40.2x3D,T40.2x4A-T40.2x4D,T40.3x1A-T40.3x1D,T40.3x2A-T40.3x2D,T40.3x3A-T40.3x3D,T40.3x4A-T40.3x4D,T40.4x1A-T40.4x1D,T40.4x2A-T40.4x2D,T40.4x3A-T40.4x3D,T40.4x4A-T40.4x4D,T40.5x1A-T40.5x1D,T40.5x2A-T40.5x2D,T40.5x3A-T40.5x3D,T40.5x4A-T40.5x4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-

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T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7x1A-T40.7x1D,T40.7x2A-T40.7x2D,T40.7x3A-T40.7x3D,T40.7x4A-T40.7x4D,T40.8x1A-T40.8x1D,T40.8x2A-T40.8x2D,T40.8x3A-T40.8x3D,T40.8x4A-T40.8x4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20xA-T71.20xD,T71.21xA-T71.21xD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29xA-T71.29xD,T71.9xxA-T71.9xxD,T74.4xxA-T74.4xxD,T75.01xA-T75.01xD,T75.09xA-T75.09xD,T75.1xxA-T75.1xxD,T75.4xxA-T75.4xxD,T78.00xA-T78.00xD,T78.01xA-T78.01xD,T78.02xA-T78.02xD,T78.03xA-T78.03xD,T78.04xA-T78.04xD,T78.05xA-T78.05xD,T78.06xA-T78.06xD,T78.07xA-T78.07xD,T78.08xA-T78.08xD,T78.09xA-T78.09xD,T78.3xxA-T78.3xxD,T78.8xxA-T78.8xxD,T79.0xxA-T79.0xxD,T79.4xxA-T79.4xxD,T79.6xxA-T79.6xxD,T88.2xxA-T88.2xxD,T88.51xA-T88.51xD,T88.6xxA-T88.6xxD,Z47.1

CPT: 20550,20664,21610,23020,23800,23802,24149,24301-24331,24800,24802,25280,25290,25310-25332,25337,25800,25805,25830,26442,26474,26490,27000-27006,27036,27097-27122,27140,27306,27307,27325,27326,27390-27400,27430,27435,27605,27606,27612,27676-27692,27705,27870,27871,28005,28010,28011,28130,28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29425,29895,29904-29907,32501,61215,61343,62161,62162,62360-62362,62367-62370,63600,63610,63650,63655,63685,64614,64763,92531-92542,92544-92548,95873,95874,95990,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G9156,S0270-S0274

Spinal cord stimulation (63655-63688) is not included on this line when paired with G90.5x Complex regional pain syndrome I.

Line: 298
Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K76.89,K83.4,Q44.0-Q44.7
CPT: 43260-43273,47400-47490,47510-47530,47554-47556,47564,47570,47600-47630,47701-47900,48548,49324,49325,49421,49422,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 299
Condition: CANCER OF BRAIN AND NERVOUS SYSTEM (See Guideline Notes 1,7,11,12,64,65,76)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,C79.31-C79.32,C79.49,D42.0-D42.9,D43.0-D43.8,D61.810,Z51.11,Z85.841-Z85.848
CPT: 20926,32553,37202,49411,61107,61140,61210,61312-61321,61500-61512,61516-61521,61530,61582,61583,61586,61592,61600-61608,61615,61616,61750,61751,61770-61783,61796-61800,62140-62148,62164,62165,62223,62350-62370,63265,63275-63308,63615-63621,64784-64792,64802-64818,77014,77261-77295,77300-77372,77401-77432,77469,77470,77520-77790,79005-79445,92002-92014,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: 300
Condition: APLASTIC ANEMIAS (See Guideline Note 76)
Treatment: MEDICAL THERAPY
ICD-10: D60.0-D60.9,D61.01-D61.3,D61.89-D61.9
CPT: 38242,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355

Line: 301
Condition: CATARACT (See Guideline Notes 32,64,65,76)
Treatment: EXTRACTION OF CATARACT
ICD-10: E08.36,E09.36,E10.36,E11.36,E13.36,H25.011-H25.9,H26.001-H26.33,H26.8,Q12.0-Q12.8,Z96.1
CPT: 65770,66250,66682,66825-66984,66986,66990,67010,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 302**
Condition: AFTER CATARACT (See Guideline Note 76)
Treatment: DISCISSION, LENS CAPSULE
ICD-10: H26.40,H26.411-H26.499
CPT: 66820-66830,66985-66990,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 303**
Condition: FISTULA INVOLVING FEMALE GENITAL TRACT (See Guideline Notes 64,65,76)
Treatment: CLOSURE OF FISTULA
ICD-10: N82.0-N82.9
CPT: 44625,44626,44660,46715,50650,50660,50930,51900,51920,57300-57330,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 304**
Condition: VITREOUS DISORDERS (See Guideline Notes 64,65,76)
Treatment: VITRECTOMY
ICD-10: H43.10-H43.23,H43.811-H43.829
CPT: 67036,67040-67043,67210,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 305**
Condition: CLEFT PALATE AND/OR CLEFT LIP (See Guideline Notes 6,64,65,76,80)
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-10: Q35.1-Q35.9,Q36.0-Q36.9,Q37.0-Q37.9,Q38.0
CPT: 14060,14301,14302,15732,20900,21076,21079,21080,21082,21083,30460,30462,30600,40500-40520,40650-40761,40810-40845,42145,42200-42281,92506-92508,92526,92607-92609,92633,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: D5932,D5933,D5954-D5960,D5987,D5992,D5993,D7111-D7210,D7250,D7260,D7340,D7350,D7912,D8010-D8693,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152
- Line: 306**
Condition: GOUT (See Guideline Notes 1,6,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: M1A.00x0-M1A.10x1,M1A.1190-M1A.1191,M1A.1290-M1A.1291,M1A.1390-M1A.1391,M1A.1490-M1A.1491,M1A.1590-M1A.1591,M1A.1690-M1A.1691,M1A.1790-M1A.1791,M1A.20x0-M1A.9xx1,M10.00,M10.011-M10.9,M11.00,M11.011-M11.09
CPT: 20605,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 307**
Condition: PERTUSSIS AND DIPHTHERIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A36.0-A36.3,A36.81-A36.9,A37.00-A37.91
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 308**
Condition: THROMBOCYTOPENIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D69.1,D69.3,D69.41-D69.59,D75.82
CPT: 38100,38102,38120,90284,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 309**
Condition: VIRAL PNEUMONIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: B01.2,B05.2,B06.81,J12.0-J12.3,J12.81-J12.9
CPT: 31600-31603,31820,31825,94640,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 310**
Condition: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I75.81-I75.89,I76,I77.0,I77.2-I77.6,I77.89-I77.9,M31.8-M31.9,N28.0
CPT: 34151,35256,35471,35501-35515,35526,35531,35535-35540,35560,35563,35601-35616,35626-35646,35663,35761,37607,62294,63250-63252,63295,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 311**
Condition: PARALYTIC ILEUS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K56.0,K56.7
CPT: 47562,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 312**
Condition: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below) (See Guideline Notes 1,76)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-10: E84.19,I82.0,K65.2,K70.2,K70.30-K70.31,K74.0,K74.3-K74.5,K74.60-K74.69,K76.81,P59.1,P59.20-P59.29,P76.8-P76.9,P78.81,Q44.6,T86.40-T86.49,Z52.6
CPT: 47133-47147,50300,50323-50365,76776,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Liver-kidney transplant only included on this line for a documented diagnosis of Q44.6 (cystic disease of the liver).
- Line: 313**
Condition: PERVASIVE DEVELOPMENTAL DISORDERS, INCLUDING AUTISM SPECTRUM DISORDERS (See Guideline Notes 65,75)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F84.0,F84.3-F84.9
CPT: 90785,90832-90840,90846-90849,90882,90887,96101,96118,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0023,H0032,H0034,H0038,H2010,H2011,H2014,H2027,H2032,S0270-S0274,S9484,T1016
- Line: 314**
Condition: CHRONIC INFLAMMATORY DISORDER OF ORBIT (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: H05.10,H05.111-H05.129,T86.5
CPT: 67515,68200,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 315**
Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-10: M21.859,Q65.00-Q65.89,Z47.32
CPT: 27001-27006,27036,27140-27165,27179-27185,27256-27259,29305,29325,29861-29863,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 316**
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA (See Guideline Notes 64,65,76)
Treatment: KERATOPLASTY
ICD-10: H17.00-H17.13,H17.811-H17.89,H18.011-H18.13,H18.221-H18.229,H18.40,H18.411-H18.799,Q13.3
CPT: 65286,65400,65436,65450,65710-65757,65772-65782,65920,66250,66825,66985-66990,68371,92002-92060,92072-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 317**
Condition: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-10: H83.3x1-H83.3x9,H90.0,H90.11-H90.8,H91.01-H91.09,H91.20-H91.3,H91.8x1-H91.93,H93.011-H93.099,H93.211-H93.249,H93.291-H93.8x9,H94.00-H94.83,Z01.12,Z46.1
CPT: 69210,69714,69715,92590-92595,92597,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 318**
Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: D69.0,D80.0-D80.9,D81.0-D81.4,D81.6-D81.7,D81.89-D81.9,D82.0-D82.9,D83.0-D83.9,D84.0-D84.9,D89.3,D89.810-D89.89,Q89.01-Q89.09
CPT: 86486,90284,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 319**
Condition: CANCER OF ESOPHAGUS (See Guideline Notes 1,7,11,12,19,33,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C15.3-C15.9,D00.1,D61.810,Z51.11,Z85.01
CPT: 15734,31540,31600,32553,38542,38720,38724,38794,43100-43124,43201,43216-43228,43248,43249,43256,43340,43341,43360,43361,43496,44139-44147,44186,44204-44208,44213,44300,49411,49442,77014,77261-77295,77300-77321,77331-77370,77402-77427,77469,77470,77761-77790,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 320**
Condition: CANCER OF LIVER (See Guideline Notes 1,7,11,12,33,64,65,76,78)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C22.9,C78.7,D37.6,D61.810,Z51.11,Z85.05
CPT: 32553,36260-36262,37204,37617,47120-47130,47370,47371,47380-47382,47562,47600-47620,47711,47712,48150,49411,77014,77261-77295,77300,77305-77327,77331-77370,77402-77417,77424-77432,77469,77470,79005-79440,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 321**
Condition: CANCER OF PANCREAS (See Guideline Notes 1,7,11,12,33,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C25.0-C25.3,C25.7-C25.9,D01.7,D61.810,Z51.11
CPT: 32553,43260-43273,44130,47721,47741,47760,47785,48140-48155,49324,49325,49327,49411,49412,49421,49422,77014,77261-77295,77300,77305-77321,77331-77370,77402-77421,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

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- Line: 322**
 Condition: STROKE (See Guideline Notes 1,6,64,65,76,90)
 Treatment: MEDICAL THERAPY
 ICD-10: G89.0,I63.00,I63.011-I63.9,I67.2,I67.6,I67.81-I67.83,I67.841-I67.89,Q28.2-Q28.3,Z79.01
 CPT: 34001,35301,35390,37195,37211,37213-37216,61322,61323,61343,61781,61782,61796-61800,77014,77261-77295,77300,77301,77336,77370-77372,77417-77423,77427-77432,92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152
- Line: 323**
 Condition: PURULENT ENDOPHTHALMITIS (See Guideline Notes 64,65,76)
 Treatment: VITRECTOMY
 ICD-10: H21.331-H21.339,H33.121-H33.129,H44.001-H44.029,H44.121-H44.129,H44.19
 CPT: 65101,65800,66020,66030,67005-67036,67041-67043,67515,68200,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 324**
 Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC (See Guideline Notes 64,65,76)
 Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
 ICD-10: T15.00xA-T15.00xD,T15.01xA-T15.01xD,T15.02xA-T15.02xD,T15.10xA-T15.10xD,T15.11xA-T15.11xD,T15.12xA-T15.12xD,T15.80xA-T15.80xD,T15.81xA-T15.81xD,T15.82xA-T15.82xD,T15.90xA-T15.90xD,T15.91xA-T15.91xD,T15.92xA-T15.92xD
 CPT: 65205-65222,67938,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 325**
 Condition: OBESITY (ADULT BMI \geq 30, CHILDHOOD BMI \geq 95 PERCENTILE) (See Guideline Notes 1,5,64,65)
 Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
 ICD-10: E66.01-E66.2,E66.8-E66.9
 CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0447,S0270-S0274
- Line: 326**
 Condition: DERMATOLOGIC HEMANGIOMAS, COMPLICATED (See Guideline Note 13)
 Treatment: MEDICAL THERAPY
 ICD-10: D18.01
 CPT: 11300-11446,12031,12032,13100-13151,17106-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 327**
 Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY (See Guideline Note 76)
 Treatment: SURGICAL TREATMENT
 ICD-10: I72.1,I72.4,I72.9
 CPT: 24900-24931,25900-25931,26910-26952,27590-27598,27880-27889,28800-28825,35001,35002,35011-35021,35141-35152,35572,35682,35683,35875,35876,35903,36002,37609,64802-64818,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 328**
 Condition: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: K11.20-K11.4
 CPT: 40810-40816,42300-42340,42408,42410-42420,42440-42509,42600-42665,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7980-D7983,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 329**
 Condition: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: B48.8,B68.1-B68.9,B69.0-B69.1,B69.81-B69.9,B70.0-B70.1,B71.0-B71.9,B75
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 330**
 Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Notes 64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: I71.2,I71.4,I71.6,I71.9,I72.0-I72.9,I77.810-I77.819,I79.0
 CPT: 33320-33335,33530,33860-33891,33916,34800-35081,35091,35102,35111-35152,35188,35301-35372,35500-35518,35526,35531,35535-35540,35560,35563,35572,35601-35671,35682,35683,35691-35697,35800-35840,35875,35876,35901,35905,35907,36002,36825,36830,37205-37208,37565-37606,37618,75561-75565,75956-75959,92960-92971,92978-92998,93797,93798,93982,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274
- Line: 331**
 Condition: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below) (See Guideline Notes 64,65,76,103)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: N30.10-N30.11,N30.40-N30.41,N31.0-N31.2,N32.0,N32.3,N32.81,N35.010-N35.9,N36.44-N36.8,N39.490,N40.1,N43.40-N43.42,N48.30-N48.39,N50.1-N50.3,N53.11,N53.13-N53.19,N99.110-N99.12,T19.0xxA-T19.0xxD,T19.1xxA-T19.1xxD,T19.4xxA-T19.4xxD,T19.8xxA-T19.8xxD,T19.9xxA-T19.9xxD,Z43.5-Z43.6,Z46.6
 CPT: 50845,51040,51100-51102,51525,51700,51705-51715,51800-51845,51880-51980,52001,52214-52240,52260-52287,52305-52315,52355,52400,52500-52649,53020,53040,53400-53500,53600-53665,53855,54115,54161,54220-54250,54420-54435,54520,54640,54670,54680,54700,54830-54861,54900,54901,55400,55450,55520,55600-55680,55801,55821,55862,55865,57220,57287,74445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- ICD-10-CM codes N40.1 and N40.3 are only included on this line when post-void residuals are at least 150 cc's.
- Line: 332**
 Condition: DISSEMINATED INTRAVASCULAR COAGULATION (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: D65
 CPT: 15200-15261,25900,25905,25915,25920,25927,26910-26952,27598,27880-27882,27888,27889,28800-28825,30150,54130,54135,69110,69120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 333**
 Condition: CANCER OF PROSTATE GLAND (See Guideline Notes 1,7,11,12,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C61,D07.5,D40.0,D61.810,Z51.11,Z85.46
 CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,51700,52234,52240,52281,52400,52601-52649,53600,53601,53855,54520,54530,55810-55866,58960,77014,77261-77295,77300,77305-77370,77402-77421,77424-77427,77469,77776-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0458,S0270-S0274,S9537,S9560

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- Line: 334**
Condition: SYSTEMIC SCLEROSIS; SJOGREN'S SYNDROME (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: M34.0-M34.2,M34.81-M34.9,M35.01-M35.09
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 335**
Condition: ACUTE PROMYELOCYTIC LEUKEMIA (See Guideline Note 76)
Treatment: BONE MARROW TRANSPLANT
ICD-10: D61.810
CPT: 38232,38243,86828-86835,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 336**
Condition: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN (See Guideline Note 107)
Treatment: HYPERBARIC OXYGEN
ICD-10: I70.361-I70.369,I70.461-I70.469,I70.561-I70.569,I70.661-I70.669,I70.761-I70.769,I96.M27.8,M46.20-M46.39,M60.000-M60.005,M60.011-M60.09,M72.6,M86.9,O08.0,O88.011-O88.03,S47.1xxA-S47.1xxD,S47.2xxA-S47.2xxD,S47.9xxA-S47.9xxD,T66.xxxA-T66.xxxD,T79.0xxA-T79.0xxD,T80.0xxA-T80.0xxD,T82.898A-T82.898D,T82.9xxA-T82.9xxD,T83.89xA-T83.89xD,T83.9xxA-T83.9xxD,T84.89xA-T84.89xD,T84.9xxA-T84.9xxD,T85.89xA-T85.89xD,T85.9xxA-T85.9xxD,T86.820-T86.829
CPT: 98966-98969,99051,99060,99070,99078,99183,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 337**
Condition: BENIGN CEREBRAL CYSTS (See Guideline Note 76)
Treatment: DRAINAGE
ICD-10: G93.0,G96.12-G96.19,M25.00,M25.011-M25.08
CPT: 61120,61150,61151,61314-61316,61516,61522,61524,61781,61782,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 338**
Condition: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER (See Guideline Notes 1,64,65,76,77)
Treatment: MEDICAL THERAPY
ICD-10: K70.0,K70.10-K70.9,K71.3-K71.4,K71.50-K71.7,K72.10-K72.91,K74.0,K74.3-K74.5,K74.60-K74.69,K76.1,K76.6,K76.89,R18.8
CPT: 37182,37183,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 339**
Condition: SCLERITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: A18.51,H15.001-H15.099,H15.121-H15.89
CPT: 66130,66220-66250,67250,67255,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 340**
Condition: RUBEOISIS AND OTHER DISORDERS OF THE IRIS (See Guideline Notes 64,65,76)
Treatment: LASER SURGERY
ICD-10: H21.1x1-H21.1x9,H21.40-H21.43,H21.501-H21.569
CPT: 65875,66170,66720,67228,67500,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 341**
 Condition: WOUND OF EYE GLOBE (See Guideline Notes 64,65,76)
 Treatment: SURGICAL REPAIR
 ICD-10: S05.20xA-S05.20xD, S05.21xA-S05.21xD, S05.22xA-S05.22xD, S05.30xA-S05.30xD, S05.31xA-S05.31xD, S05.32xA-S05.32xD, S05.50xA-S05.50xD, S05.51xA-S05.51xD, S05.52xA-S05.52xD, S05.60xA-S05.60xD, S05.61xA-S05.61xD, S05.62xA-S05.62xD, S05.70xA-S05.70xD, S05.71xA-S05.71xD, S05.72xA-S05.72xD, S05.8x1A-S05.8x1D, S05.8x2A-S05.8x2D, S05.8x9A-S05.8x9D, S05.90xA-S05.90xD, S05.91xA-S05.91xD, S05.92xA-S05.92xD
 CPT: 65105,65235-65273,65280,65285,65290,66680,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 342**
 Condition: ACUTE NECROSIS OF LIVER (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: K71.0,K71.10-K71.2,K71.8-K71.9,K72.00-K72.01,K75.2-K75.3,K75.89,K76.2,K76.89
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 343**
 Condition: CHRONIC KIDNEY DISEASE (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
 ICD-10: B52.0,E08.21-E08.29,E09.21-E09.29,E88.3,I12.0-I12.9,N02.0-N02.9,N03.0-N03.9,N04.0-N04.9,N05.2-N05.9,N06.0-N06.9,N07.0-N07.9,N08,N14.0-N14.4,N15.0,N15.8-N15.9,N16,N18.1-N18.5,N18.9,N25.0-N25.1,N25.89,N26.1,N26.9,N27.0-N27.9,N28.9,N29,Z49.01-Z49.32
 CPT: 36147,36148,36800-36821,36825-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9339,S9355,S9537
- Line: 344**
 Condition: HEREDITARY HEMORRHAGIC TELANGIECTASIA (See Guideline Notes 65,76)
 Treatment: EXCISION
 ICD-10: I78.0
 CPT: 11400-11426,45382,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 345**
 Condition: RHEUMATIC FEVER (See Guideline Notes 6,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: I00,I02.9
 CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 346**
 Condition: OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
 ICD-10: D34,D35.00-D35.02,D35.2-D35.9,E16.3-E16.9,E22.1-E22.9,E23.3,E23.7,E34.4
 CPT: 32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,77402-77406,79005-79445,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 347**
 Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
 Treatment: BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
 ICD-10: K02.3,K02.51-K02.9,K03.2,K03.89
 HCPCS: D2140-D2391,D2930-D2933,D2950,D2951,D2954,D2957,D2980,D6980

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Line: 348
Condition: DENTAL CONDITIONS (EG. SEVERE CARIES, INFECTION) (See Guideline Notes 34,48,91)
Treatment: ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
ICD-10: E11.630-E11.638,E13.630-E13.638
CPT: 41870,41872
HCPCS: D7220-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7540,D7550,D7960-D7971,D9930

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Line: 349
Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 6,64,65,76,90)
Treatment: MEDICAL THERAPY

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ICD-10: A33,A50.40,A50.43,A50.45,A52.10,A52.12-A52.14,A52.17-A52.19,A52.3,A81.00-A81.89,A83.0-A83.8,A84.0-A84.8,A85.0-A85.1,A85.8,A86,A87.1-A87.2,A88.8,A89,C32.8-C32.9,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.7-D33.9,D81.3,D81.5,E00.0-E00.9,E03.0-E03.1,E08.49,E09.49,E13.49,E45,E70.0-E70.1,E70.20-E70.29,E70.330-E70.331,E70.8-E70.9,E71.0,E71.110-E71.548,E72.00,E72.02-E72.51,E72.59-E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F70-F79,F80.0-F80.4,F84.0-F84.3,F84.8,F98.5,G04.1,G04.81-G04.91,G10,G11.0-G11.4,G11.9,G12.0-G12.1,G12.21-G12.9,G13.2-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.30-G83.9,G90.01-G90.1,G90.3-G90.4,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.29,G95.89,G96.8,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.81-G97.82,G98.8,G99.8,H49.811-H49.819,H93.25,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.9,I67.3,I67.81-I67.83,I67.84-I67.89,I69.01,I69.020-I69.028,I69.051-I69.090,I69.092,I69.11,I69.120-I69.128,I69.151-I69.190,I69.192,I69.21,I69.220-I69.228,I69.251-I69.290,I69.292,I69.31,I69.320-I69.328,I69.351-I69.390,I69.392,I69.81,I69.820-I69.828,I69.851-I69.890,I69.892,I69.91,I69.920-I69.928,I69.951-I69.990,I69.992,I97.810-I97.821,M1A.1110-M1A.1121,M1A.1210-M1A.1221,M1A.1310-M1A.1321,M1A.1410-M1A.1421,M1A.1510-M1A.1521,M1A.1610-M1A.1621,M1A.1710-M1A.1721,M1A.18x0-M1A.19x1,M62.3,M62.58-M62.59,M62.89,P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.0-P54.9,P55.0-P55.9,P56.0-P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q67.8,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.8,Q93.0-Q93.7,Q93.81-Q93.89,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,S06.819A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,S06.829A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,S06.899A-S06.899D,S06.9x0A-S06.9x0D,S06.9x1A-S06.9x1D,S06.9x2A-S06.9x2D,S06.9x3A-S06.9x3D,S06.9x4A-S06.9x4D,S06.9x5A-S06.9x5D,S06.9x6A-S06.9x6D,S06.9x7A-S06.9x7D,S06.9x8A-S06.9x8D,S06.9x9A-S06.9x9D,S14.0xxA-S14.0xxD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2xxA-S14.2xxD,S14.3xxA-S14.3xxD,S24.0xxA-S24.0xxD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2xxA-S24.2xxD,S34.01xA-S34.01xD,S34.02xA-S34.02xD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21xA-S34.21xD,S34.22xA-S34.22xD,S34.3xxA-S34.3xxD,S34.4xxA-S34.4xxD,T40.0x1A-T40.0x1D,T40.0x2A-T40.0x2D,T40.0x3A-T40.0x3D,T40.0x4A-T40.0x4D,T40.1x1A-T40.1x1D,T40.1x2A-T40.1x2D,T40.1x3A-T40.1x3D,T40.1x4A-T40.1x4D,T40.2x1A-T40.2x1D,T40.2x2A-T40.2x2D,T40.2x3A-T40.2x3D,T40.2x4A-T40.2x4D,T40.3x1A-T40.3x1D,T40.3x2A-T40.3x2D,T40.3x3A-T40.3x3D,T40.3x4A-T40.3x4D,T40.4x1A-T40.4x1D,T40.4x2A-T40.4x2D,T40.4x3A-T40.4x3D,T40.4x4A-T40.4x4D,T40.5x1A-T40.5x1D,T40.5x2A-T40.5x2D,T40.5x3A-T40.5x3D,T40.5x4A-T40.5x4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7x1A-T40.7x1D,T40.7x2A-T40.7x2D,T40.7x3A-T40.7x3D,T40.7x4A-T40.7x4D,T40.8x1A-T40.8x1D,T40.8x2A-T40.8x2D,T40.8x3A-T40.8x3D,T40.8x4A-T40.8x4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-

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T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20xA-T71.20xD,T71.21xA-T71.21xD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29xA-T71.29xD,T71.9xxA-T71.9xxD,T74.4xxA-T74.4xxD,T75.01xA-T75.01xD,T75.09xA-T75.09xD,T75.1xxA-T75.1xxD,T75.4xxA-T75.4xxD,T78.00xA-T78.00xD,T78.01xA-T78.01xD,T78.02xA-T78.02xD,T78.03xA-T78.03xD,T78.04xA-T78.04xD,T78.05xA-T78.05xD,T78.06xA-T78.06xD,T78.07xA-T78.07xD,T78.08xA-T78.08xD,T78.09xA-T78.09xD,T78.3xxA-T78.3xxD,T78.8xxA-T78.8xxD,T79.0xxA-T79.0xxD,T79.4xxA-T79.4xxD,T79.6xxA-T79.6xxD,T88.2xxA-T88.2xxD,T88.51xA-T88.51xD,T88.6xxA-T88.6xxD
CPT: 21084,31611,61215,92506-92508,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: 350
Condition: CARDIAC ARRHYTHMIAS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY, PACEMAKER
ICD-10: I44.0-I44.2,I44.39-I44.5,I44.69-I44.7,I45.0,I45.19-I45.89,I47.1,I47.9,I48.0-I48.4,I48.91-I48.92,I49.1-I49.2,I49.49-I49.8,I97.120-I97.121,R00.1,Z45.010-Z45.09,Z79.01
CPT: 33202-33229,33233-33238,33250-33261,33265,33266,33973,33974,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93657,93724,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: 351
Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY (See Guideline Notes 1,6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: P11.1,P11.3-P11.4,P12.0-P12.1,P12.3-P12.4,P12.81-P12.9,P13.0-P13.9,P14.0-P14.9,P15.0-P15.9
CPT: 67036-67043,67208,67210,67220,67227-67229,67515,92002-92060,92081-92313,92325-92353,92358-92371,96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 352
Condition: NON-LIMB THREATENING PERIPHERAL VASCULAR DISEASE (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-10: I70.201-I70.92,I74.2-I74.4,I75.011-I75.029,I77.1
CPT: 24900-24940,25900-25931,26910-26952,27025,27290,27295,27590,27591,27594-27598,27880-27889,28800-28825,34101,34111,34201,34203,35081,35256,35302-35321,35351-35372,35450-35500,35510,35512,35516-35525,35533,35539-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35701-35761,35860,35875-35881,35903,36002,37184-37186,37202,37205-37208,37211,37213,37214,37220-37235,37609,64802-64818,64821-64823,93668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 353
Condition: SARCOIDOSIS (See Guideline Notes 1,64,65)
Treatment: MEDICAL THERAPY
ICD-10: D86.0-D86.3,D86.81-D86.82,D86.84-D86.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 354
Condition: STRABISMUS DUE TO NEUROLOGIC DISORDER (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H49.00-H49.43,H49.881-H49.9,H51.20-H51.23
CPT: 15822,15823,65778-65782,66820-66830,66985,66986,67311-67345,67710,67875,67880,67900-67912,67961,67971,68135,68320-68328,68335,68340,68371,92002-92065,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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Line: 355
 Condition: URINARY SYSTEM CALCULUS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: N20.0-N20.9,N21.0-N21.9
 CPT: 50060-50081,50130,50382-50389,50392,50393,50395,50553,50557,50561,50572,50580,50590,50600-50630,50700,50715,50900,50945,50947,50961-50972,50976,50980,52310-52325,52330-52334,52352,52353,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 356
 Condition: STRUCTURAL CAUSES OF AMENORRHEA (See Guideline Notes 65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: N85.7,N89.5-N89.7,N92.5,N93.8,N99.2,Q51.0,Q51.5,Q51.7,Q51.820-Q51.9,Q52.0,Q52.10-Q52.9,Z43.7
 CPT: 56441,56442,56700,56800,57130,57291-57295,57400,57426,57800,58120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 357
 Condition: PENETRATING WOUND OF ORBIT (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: H05.50-H05.53,S01.101A-S01.101D,S01.102A-S01.102D,S01.109A-S01.109D,S05.40xA-S05.40xD,S05.41xA-S05.41xD,S05.42xA-S05.42xD
 CPT: 12011,12013,12051,12052,13132,13150-13152,67405-67414,67420-67445,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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Line: 358
Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT MINOR TOES) (See Guideline Notes 6,64,65,76,168)
Treatment: OPEN OR CLOSED REDUCTION

DRAFT

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ICD-10: D16.00-D16.32,M24.029,M48.40xA-M48.40xG,M48.41xA-M48.41xG,M48.42xA-M48.42xG,M48.43xA-M48.43xG,
M48.44xA-M48.44xG,M48.45xA-M48.45xG,M48.46xA-M48.46xG,M48.47xA-M48.47xG,M48.48xA-M48.48xG,
M48.50xD-M48.50xG,M48.51xD-M48.51xG,M48.52xD-M48.52xG,M48.53xD-M48.53xG,M48.54xD-M48.54xG,
M48.55xD-M48.55xG,M48.56xD-M48.56xG,M48.57xD-M48.57xG,M48.58xD-M48.58xG,M80.00xA,M80.011A-
M80.011G,M80.012A-M80.012G,M80.019A-M80.019G,M80.021A-M80.021G,M80.022A-M80.022G,M80.029A-
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M80.821A-M80.821G,M80.822A-M80.822G,M80.829A-M80.829G,M80.831A-M80.831G,M80.832A-M80.832G,
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M84.559G,M84.561A-M84.561G,M84.562A-M84.562G,M84.563A-M84.563G,M84.564A-M84.564G,M84.569A-
M84.569G,M84.571A-M84.571G,M84.572A-M84.572G,M84.573A-M84.573G,M84.574A-M84.574G,M84.575A-
M84.575G,M84.576A-M84.576G,M84.58xD-M84.58xG,M84.60xA,M84.611A-M84.611G,M84.612A-M84.612G,
M84.619A-M84.619G,M84.621A-M84.621G,M84.622A-M84.622G,M84.629A-M84.629G,M84.631A-M84.631G,
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S32.301G,S32.302D-S32.302G,S32.309D-S32.309G,S32.311D-S32.311G,S32.312D-S32.312G,S32.313D-
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S42.116G,S42.121A,S42.121D-S42.121G,S42.122A,S42.122D-S42.122G,S42.123A,S42.123D-S42.123G,
S42.124A,S42.124D-S42.124G,S42.125A,S42.125D-S42.125G,S42.126A,S42.126D-S42.126G,S42.131A,
S42.131D-S42.131G,S42.132A,S42.132D-S42.132G,S42.133A,S42.133D-S42.133G,S42.134A,S42.134D-

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S42.134G,S42.135A,S42.135D-S42.135G,S42.136A,S42.136D-S42.136G,S42.141A,S42.141D-S42.141G,
 S42.142A,S42.142D-S42.142G,S42.143A,S42.143D-S42.143G,S42.144A,S42.144D-S42.144G,S42.145A,
 S42.145D-S42.145G,S42.146A,S42.146D-S42.146G,S42.151A,S42.151D-S42.151G,S42.152A,S42.152D-
 S42.152G,S42.153A,S42.153D-S42.153G,S42.154A,S42.154D-S42.154G,S42.155A,S42.155D-S42.155G,
 S42.156A,S42.156D-S42.156G,S42.191A,S42.191D-S42.191G,S42.192A,S42.192D-S42.192G,S42.199A,
 S42.199D-S42.199G,S42.201A,S42.201D-S42.201G,S42.202A,S42.202D-S42.202G,S42.209A,S42.209D-
 S42.209G,S42.211A,S42.211D-S42.211G,S42.212A,S42.212D-S42.212G,S42.213A,S42.213D-S42.213G,
 S42.214A,S42.214D-S42.214G,S42.215A,S42.215D-S42.215G,S42.216A,S42.216D-S42.216G,S42.221A,
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 97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-
 99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 359

Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECCANS, AND ASEPTIC NECROSIS
 OF BONE (See Coding Specification Below) (See Guideline Notes 6,15,64,65,71,76,83,104)

Treatment: ARTHROPLASTY/RECONSTRUCTION

ICD-10: L40.50-L40.59,M02.10,M02.111-M02.19,M02.30,M02.311-M02.89,M05.611-M05.9,M06.00,M06.011-M06.29,
 M06.311-M06.39,M06.80,M06.811-M06.9,M08.00,M08.011-M08.48,M08.811-M08.99,M12.50,M12.511-M12.59,
 M16.0,M16.10-M16.9,M17.0,M17.10-M17.9,M18.0,M18.10-M18.9,M19.011-M19.93,M87.00,M87.011-M87.9,
 M93.20,M93.211-M93.29

CPT: 20610,20690-20694,23120,23470-23474,23800,23802,24000,24006,24101,24102,24130,24160,24164,24360-
 24371,24800,24802,25000,25101-25109,25115-25119,25240,25270,25320,25337,25390-25393,25441-25492,
 25800,25810-25830,26320,26516-26536,26820-26863,26990-26992,27036,27090,27091,27122-27132,27187,
 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,
 29884-29887,29891,29892,29894-29899,29904-29907,77014,77261-77295,77300,77305-77315,77331-77336,
 77401-77423,77427,77470,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,
 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,
 99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2118,S2325

Knee arthroscopy (29871, 29873-29876, 29884-29887) is not included on this line when paired with
 osteoarthritis/osteoarthrosis of the knee (M17.0-M17.9).

Line: 360

Condition: DISEASES OF PULMONARY ARTERY (See Guideline Notes 64,65,76)

Treatment: SURGICAL TREATMENT

ICD-10: I28.0-I28.9,S25.401A-S25.401D,S25.402A-S25.402D,S25.409A-S25.409D,S25.411A-S25.411D,S25.412A-
 S25.412D,S25.419A-S25.419D,S25.421A-S25.421D,S25.422A-S25.422D,S25.429A-S25.429D,S25.491A-
 S25.491D,S25.492A-S25.492D,S25.499A-S25.499D

CPT: 32480-32488,32501,32505-32540,32666-32670,33726,33910,33915,33917-33922,33973,33974,92960-92971,
 92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,
 99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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Line: 361
Condition: BODY INFESTATIONS (EG. LICE, SCABIES) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A52.15,B83.4,B85.0-B85.4,B86,B87.0-B87.4,B87.81-B87.9,B88.0-B88.9
CPT: 96900-96913,96921,96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,
99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

DRAFT

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 362
Condition: DEFORMITY/CLOSED DISLOCATION OF MAJOR JOINT AND RECURRENT JOINT DISLOCATIONS (See
Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT

DRAFT

DRAFT OCTOBER 1, 2014

ICD-10: 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PRIORITIZED LIST OF HEALTH SERVICES

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S63.294A-S63.294D,S63.295A-S63.295D,S63.296A-S63.296D,S63.297A-S63.297D,S63.298A-S63.298D,
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CPT: 11200,20527,20690-20694,20900,20920-20924,21480,23455,23470,23520-23552,23650-23700,24000,24006,
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 26045,26060,26121-26180,26320-26341,26390,26440-26596,26641-26715,26770-26863,26951,27097,27100-
 27122,27138-27170,27179,27185,27250-27258,27265-27275,27306,27307,27350,27420-27495,27550-27598,
 27603-27612,27615,27618-27630,27634-27692,27698,27705,27715,27727-27742,27830-27860,28008-28035,
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 28360,28540-28760,29049-29105,29126-29131,29305-29515,29700-29720,29750,29806-29819,29828,29834,
 29861-29863,29873,29874,29881,29882,29891,29892,29894,29904-29907,64702,64704,97001-97004,97012,
 97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-
 99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: D7810-D7830,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2115

Line: 363

Condition: CHORIORETINAL INFLAMMATION (See Guideline Notes 64,65,76)

Treatment: MEDICAL, SURGICAL, AND LASER TREATMENT

ICD-10: H20.821-H20.829,H30.001-H30.149,H30.811-H30.93,H31.21

CPT: 67036-67043,67208,67210,67220,67227-67229,67515,92002-92060,92081-92313,92325-92353,92358-92371,
 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,
 99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 364

Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS (See Coding Specification Below)
 (See Guideline Notes 64,65,76)

Treatment: MEDICAL THERAPY

ICD-10: G10,G21.0,G23.0-G23.9,G24.02-G24.3,G24.5-G24.9,G25.0-G25.5,G25.61-G25.69,G25.9,G80.3,G90.3,J38.5-
 J38.6,Z45.31,Z45.49,Z46.2

CPT: 31513,31528,31529,31570,31571,31582,31641,64612-64614,95873,95874,98966-98969,99051,99060,99070,
 99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,
 99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Chemodenervation with botulinum toxin injection (CPT 64612-64614) is included on this line only for treatment of blepharospasm (ICD-10-CM G24.5), spasmodic torticollis (ICD-10-CM G24.3), and other fragments of torsion dystonia (ICD-10-CM G24.9).

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- Line: 365**
Condition: CYST AND PSEUDOCYST OF PANCREAS (See Guideline Notes 64,65,76)
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-10: K86.2-K86.3
CPT: 43240,48000-48020,48105-48148,48152-48154,48500-48540,48548,49322,49324,49325,49421-49424,64680,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 366**
Condition: ACUTE SINUSITIS (See Guideline Notes 35,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J01.00-J01.91
CPT: 31000-31090,31256,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2342
- Line: 367**
Condition: HYPHEMA (See Guideline Note 76)
Treatment: REMOVAL OF BLOOD CLOT
ICD-10: H21.00-H21.03
CPT: 65810,65815,65930,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 368**
Condition: ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: B44.81
CPT: 32662,33405-33430,33973,33974,35180-35184,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 369**
Condition: ENTROPION AND TRICHIASIS OF EYELID (See Guideline Note 76)
Treatment: REPAIR
ICD-10: H02.001-H02.059
CPT: 67820-67850,67880,67882,67921-67924,67950-67975,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 370**
Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL (See Guideline Notes 36,64,65,76)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-10: A38.0-A38.9,A69.0-A69.1,J02.0,J03.00-J03.01,J35.1,J35.8
CPT: 42820-42826,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 371**
Condition: INTESTINAL PARASITES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A07.2-A07.4,A07.9,B65.0-B65.9,B66.0-B66.9,B67.0-B67.2,B67.31-B67.99,B68.0,B72,B73.00-B73.1,B74.0-B74.9,B76.0-B76.9,B77.0,B77.81-B77.9,B78.0,B78.7-B78.9,B79-B80,B81.0-B81.8,B82.0-B82.9,B83.0-B83.3,B83.8-B83.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

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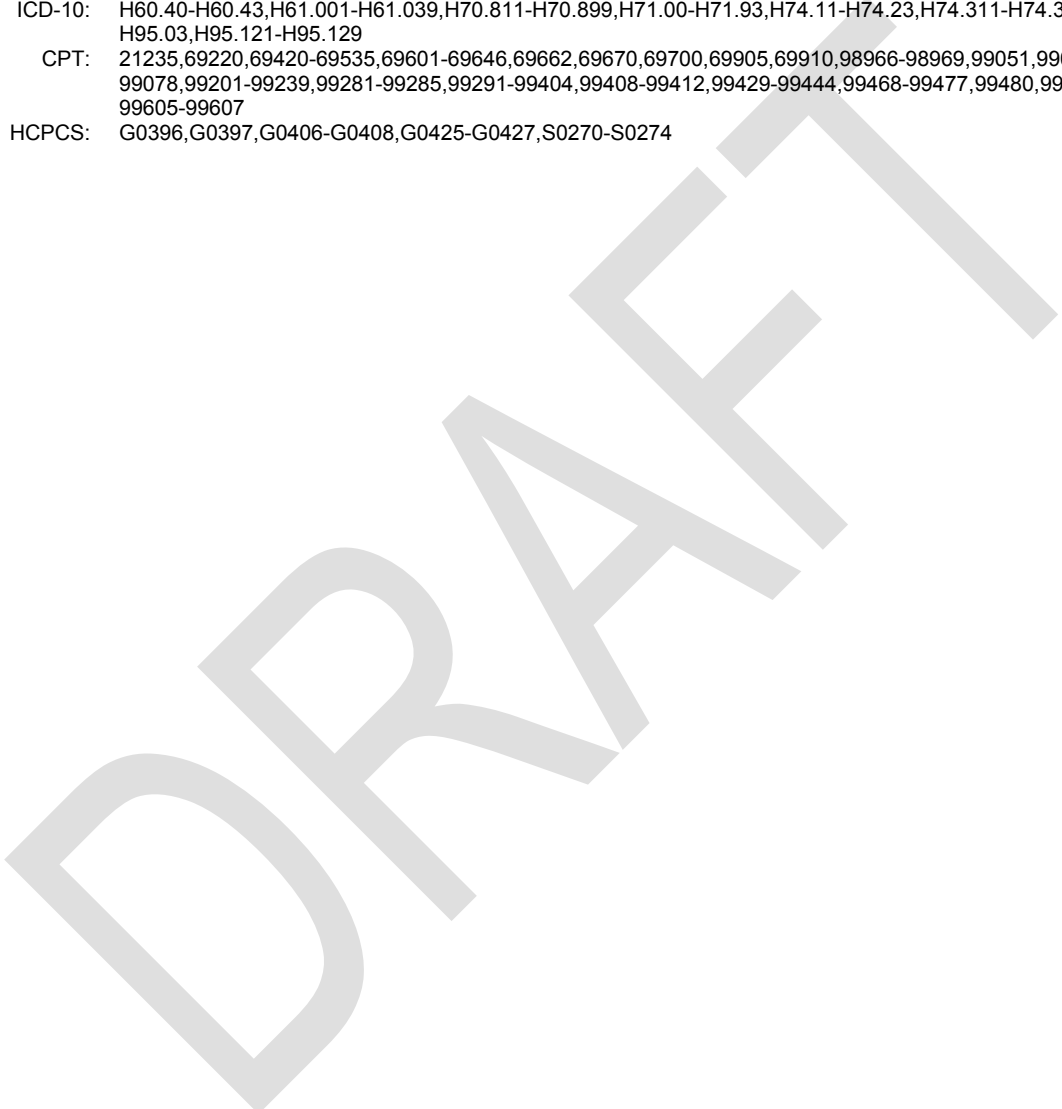
- Line: 372**
 Condition: AMBLYOPIA (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: H53.001-H53.039
 CPT: 65778-65782,66820-66986,67311-67345,67901-67909,68135,68320-68328,68335,68340,68371,92002-92065,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 373**
 Condition: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN (See Guideline Note 107)
 Treatment: HYPERBARIC OXYGEN
 ICD-10: T58.01xA-T58.01xD,T58.02xA-T58.02xD,T58.03xA-T58.03xD,T58.04xA-T58.04xD,T58.11xA-T58.11xD,T58.12xA-T58.12xD,T58.13xA-T58.13xD,T58.14xA-T58.14xD,T58.2x1A-T58.2x1D,T58.2x2A-T58.2x2D,T58.2x3A-T58.2x3D,T58.2x4A-T58.2x4D,T58.8x1A-T58.8x1D,T58.8x2A-T58.8x2D,T58.8x3A-T58.8x3D,T58.8x4A-T58.8x4D,T58.91xA-T58.91xD,T58.92xA-T58.92xD,T58.93xA-T58.93xD,T58.94xA-T58.94xD,T59.4x4A-T59.4x4D,T59.93xA-T59.93xD,T70.3xxA-T70.3xxD
 CPT: 98966-98969,99051,99060,99070,99078,99183,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 374**
 Condition: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 1,6,37,64,65,72,76,92,94,100,101,105)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: G83.4,G95.0,M43.8x9,M45.0-M45.8,M46.81-M46.88,M46.91-M46.98,M47.20-M47.28,M50.00-M50.23,M51.04-M51.27,M53.2x1-M53.2x8,M54.11-M54.18,Q06.0-Q06.3,Q06.8-Q06.9,S13.0xxA-S13.0xxD,S23.0xxA-S23.0xxD,S33.0xxA-S33.0xxD,S34.3xxA-S34.3xxD
 CPT: 20660-20662,20665,20930-20938,22532-22819,22840-22865,62287,62311,62355,62365-63091,63170-63200,63270-63273,63295-63610,63650,63655,63685,64483,64484,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2350,S2351
- Line: 375**
 Condition: ENCEPHALOCELE (See Guideline Note 76)
 Treatment: SURGICAL TREATMENT
 ICD-10: Q01.0-Q01.9
 CPT: 20664,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 376**
 Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (See Guideline Notes 12,64,65,76)
 Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
 ICD-10: D14.1-D14.2,D14.30-D14.4,D15.0-D15.9,D19.0,D3A.090-D3A.091
 CPT: 19260-19272,21627,21630,31512,31541-31546,31630,31631,31636-31641,31770,31775,32320,32480-32488,32505-32540,32553,32661,32662,32666-32670,32673,33120,33130,39000,39010,39220,49411,60520-60522,77014,77261-77295,77315,77326-77370,77402-77432,77469,77470,77520-77790,79005-79445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 377**
 Condition: ACNE CONGLOBATA (SEVERE CYSTIC ACNE) (See Guideline Notes 64,65,163)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: L70.0-L70.9,L73.0
 CPT: 10040-10061,11450-11471,11900,11901,17000,17340,17360,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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Line: 378
Condition: RETINAL TEAR (See Guideline Notes 64,65,76)
Treatment: LASER PROPHYLAXIS
ICD-10: H33.301-H33.339
CPT: 67141,67145,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 379
Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H60.40-H60.43,H61.001-H61.039,H70.811-H70.899,H71.00-H71.93,H74.11-H74.23,H74.311-H74.399,H95.00-H95.03,H95.121-H95.129
CPT: 21235,69220,69420-69535,69601-69646,69662,69670,69700,69905,69910,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274



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Line: 380
Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,76,98)
Treatment: REPAIR
ICD-10: M12.00,M12.011-M12.09,M25.751-M25.759,M35.4,M62.10,M62.111-M62.28,M62.89,M66.0,M66.111-M66.18, M66.221-M66.259,M66.271-M66.80,M66.821-M66.89,M70.60-M70.72,M72.8,M76.00-M76.32,S53.20xA-S53.20xD,S53.21xA-S53.21xD,S53.22xA-S53.22xD,S53.30xA-S53.30xD,S53.31xA-S53.31xD,S53.32xA-S53.32xD,S53.401A-S53.401D,S53.402A-S53.402D,S53.409A-S53.409D,S53.411A-S53.411D,S53.412A-S53.412D,S53.419A-S53.419D,S53.421A-S53.421D,S53.422A-S53.422D,S53.429A-S53.429D,S53.431A-S53.431D,S53.432A-S53.432D,S53.439A-S53.439D,S53.441A-S53.441D,S53.442A-S53.442D,S53.449A-S53.449D,S53.491A-S53.491D,S53.492A-S53.492D,S53.499A-S53.499D,S56.011A-S56.011D,S56.012A-S56.012D,S56.019A-S56.019D,S56.111A-S56.111D,S56.112A-S56.112D,S56.113A-S56.113D,S56.114A-S56.114D,S56.115A-S56.115D,S56.116A-S56.116D,S56.117A-S56.117D,S56.118A-S56.118D,S56.119A-S56.119D,S56.211A-S56.211D,S56.212A-S56.212D,S56.219A-S56.219D,S56.311A-S56.311D,S56.312A-S56.312D,S56.319A-S56.319D,S56.411A-S56.411D,S56.412A-S56.412D,S56.413A-S56.413D,S56.414A-S56.414D,S56.415A-S56.415D,S56.416A-S56.416D,S56.417A-S56.417D,S56.418A-S56.418D,S56.419A-S56.419D,S56.511A-S56.511D,S56.512A-S56.512D,S56.519A-S56.519D,S56.811A-S56.811D,S56.812A-S56.812D,S56.819A-S56.819D,S56.911A-S56.911D,S56.912A-S56.912D,S56.919A-S56.919D,S63.301A-S63.301D,S63.302A-S63.302D,S63.309A-S63.309D,S63.311A-S63.311D,S63.312A-S63.312D,S63.319A-S63.319D,S63.321A-S63.321D,S63.322A-S63.322D,S63.329A-S63.329D,S63.331A-S63.331D,S63.332A-S63.332D,S63.339A-S63.339D,S63.391A-S63.391D,S63.392A-S63.392D,S63.399A-S63.399D,S63.400A-S63.400D,S63.401A-S63.401D,S63.402A-S63.402D,S63.403A-S63.403D,S63.404A-S63.404D,S63.405A-S63.405D,S63.406A-S63.406D,S63.407A-S63.407D,S63.408A-S63.408D,S63.409A-S63.409D,S63.410A-S63.410D,S63.411A-S63.411D,S63.412A-S63.412D,S63.413A-S63.413D,S63.414A-S63.414D,S63.415A-S63.415D,S63.416A-S63.416D,S63.417A-S63.417D,S63.418A-S63.418D,S63.419A-S63.419D,S63.420A-S63.420D,S63.421A-S63.421D,S63.422A-S63.422D,S63.423A-S63.423D,S63.424A-S63.424D,S63.425A-S63.425D,S63.426A-S63.426D,S63.427A-S63.427D,S63.428A-S63.428D,S63.429A-S63.429D,S63.430A-S63.430D,S63.431A-S63.431D,S63.432A-S63.432D,S63.433A-S63.433D,S63.434A-S63.434D,S63.435A-S63.435D,S63.436A-S63.436D,S63.437A-S63.437D,S63.438A-S63.438D,S63.439A-S63.439D,S63.490A-S63.490D,S63.491A-S63.491D,S63.492A-S63.492D,S63.493A-S63.493D,S63.494A-S63.494D,S63.495A-S63.495D,S63.496A-S63.496D,S63.497A-S63.497D,S63.498A-S63.498D,S63.499A-S63.499D,S63.501A-S63.501D,S63.502A-S63.502D,S63.509A-S63.509D,S63.511A-S63.511D,S63.512A-S63.512D,S63.519A-S63.519D,S63.521A-S63.521D,S63.522A-S63.522D,S63.529A-S63.529D,S63.591A-S63.591D,S63.592A-S63.592D,S63.599A-S63.599D,S63.601A-S63.601D,S63.602A-S63.602D,S63.609A-S63.609D,S63.610A-S63.610D,S63.611A-S63.611D,S63.612A-S63.612D,S63.613A-S63.613D,S63.614A-S63.614D,S63.615A-S63.615D,S63.616A-S63.616D,S63.617A-S63.617D,S63.618A-S63.618D,S63.619A-S63.619D,S63.621A-S63.621D,S63.622A-S63.622D,S63.629A-S63.629D,S63.630A-S63.630D,S63.631A-S63.631D,S63.632A-S63.632D,S63.633A-S63.633D,S63.634A-S63.634D,S63.635A-S63.635D,S63.636A-S63.636D,S63.637A-S63.637D,S63.638A-S63.638D,S63.639A-S63.639D,S63.641A-S63.641D,S63.642A-S63.642D,S63.649A-S63.649D,S63.650A-S63.650D,S63.651A-S63.651D,S63.652A-S63.652D,S63.653A-S63.653D,S63.654A-S63.654D,S63.655A-S63.655D,S63.656A-S63.656D,S63.657A-S63.657D,S63.658A-S63.658D,S63.659A-S63.659D,S63.681A-S63.681D,S63.682A-S63.682D,S63.689A-S63.689D,S63.690A-S63.690D,S63.691A-S63.691D,S63.692A-S63.692D,S63.693A-S63.693D,S63.694A-S63.694D,S63.695A-S63.695D,S63.696A-S63.696D,S63.697A-S63.697D,S63.698A-S63.698D,S63.699A-S63.699D,S63.8x1A-S63.8x1D,S63.8x2A-S63.8x2D,S63.8x9A-S63.8x9D,S63.90xA-S63.90xD,S63.91xA-S63.91xD,S63.92xA-S63.92xD,S66.011A-S66.011D,S66.012A-S66.012D,S66.019A-S66.019D,S66.110A-S66.110D,S66.111A-S66.111D,S66.112A-S66.112D,S66.113A-S66.113D,S66.114A-S66.114D,S66.115A-S66.115D,S66.116A-S66.116D,S66.117A-S66.117D,S66.118A-S66.118D,S66.119A-S66.119D,S66.211A-S66.211D,S66.212A-S66.212D,S66.219A-S66.219D,S66.310A-S66.310D,S66.311A-S66.311D,S66.312A-S66.312D,S66.313A-S66.313D,S66.314A-S66.314D,S66.315A-S66.315D,S66.316A-S66.316D,S66.317A-S66.317D,S66.318A-S66.318D,S66.319A-S66.319D,S66.411A-S66.411D,S66.412A-S66.412D,S66.419A-S66.419D,S66.510A-S66.510D,S66.511A-S66.511D,S66.512A-S66.512D,S66.513A-S66.513D,S66.514A-S66.514D,S66.515A-S66.515D,S66.516A-S66.516D,S66.517A-S66.517D,S66.518A-S66.518D,S66.519A-S66.519D,S66.811A-S66.811D,S66.812A-S66.812D,S66.819A-S66.819D,S66.911A-S66.911D,S66.912A-S66.912D,S66.919A-S66.919D,S73.101A-S73.101D,S73.102A-S73.102D,S73.109A-S73.109D,S73.111A-S73.111D,S73.112A-S73.112D,S73.119A-S73.119D,S73.121A-S73.121D,S73.122A-S73.122D,S73.129A-S73.129D,S73.191A-S73.191D,S73.192A-S73.192D,S73.199A-S73.199D,S76.011A-S76.011D,S76.012A-S76.012D,S76.019A-S76.019D,S76.111A-S76.111D,S76.112A-S76.112D,S76.119A-S76.119D,S76.211A-S76.211D,S76.212A-S76.212D,S76.219A-S76.219D,S76.311A-S76.311D,S76.312A-S76.312D,S76.319A-S76.319D,S76.811A-S76.811D,S76.812A-S76.812D,S76.819A-S76.819D,S76.911A-S76.911D,S76.912A-S76.912D,S76.919A-S76.919D,S86.011A-S86.011D,S86.012A-S86.012D,S86.019A-S86.019D,S93.40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CPT: 20550,20610,24340-24342,24344,25310,26356-26392,26418-26437,26474,26497,26530,26540,26775,26776,
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HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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Line: 381
Condition: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION (See Guideline Notes 1,6,38,64,65,76,90)
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)

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ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.14,A52.16-A52.19,A52.3,A81.00-A81.89,A83.0-A83.8,A84.0-A84.8,A85.0-A85.1,A85.8,A86,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.7-D33.9,D81.3,D81.5,E00.0-E00.9,E03.0-E03.1,E08.49,E08.610,E09.49,E09.610,E13.40-E13.42,E13.44-E13.49,E13.610-E13.618,E45,E70.0-E70.1,E70.20-E70.29,E70.320-E70.331,E70.39,E70.5-E70.9,E71.0,E71.110-E71.548,E72.00-E72.51,E72.59-E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F70-F79,F82,F84.0-F84.3,F84.8,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1,G12.21-G12.9,G13.2-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.01,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.9,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.10-G83.9,G90.01-G90.1,G90.3-G90.4,G90.511-G90.59,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G96.8,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.81-G97.82,G98.0-G98.8,G99.8,H49.811-H49.819,H54.0,H54.10-H54.3,H54.8,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.01,I69.020-I69.090,I69.092-I69.093,I69.11,I69.120-I69.190,I69.192-I69.193,I69.21,I69.220-I69.290,I69.292-I69.293,I69.31,I69.320-I69.390,I69.392-I69.393,I69.81,I69.820-I69.890,I69.892-I69.893,I69.91,I69.920-I69.990,I69.992-I69.993,I97.810-I97.821,M1A.1110-M1A.1121,M1A.1210-M1A.1221,M1A.1310-M1A.1321,M1A.1410-M1A.1421,M1A.1510-M1A.1521,M1A.1610-M1A.1621,M1A.1710-M1A.1721,M1A.18x0-M1A.19x1,M14.60,M14.611-M14.69,M20.021-M20.099,M21.00,M21.021-M21.079,M21.121-M21.172,M21.20,M21.211-M21.379,M21.511-M21.969,M24.521-M24.576,M61.111-M61.112,M61.121-M61.122,M61.131-M61.132,M61.141-M61.142,M61.144-M61.145,M61.151-M61.152,M61.161-M61.162,M61.171-M61.172,M61.174-M61.175,M61.177-M61.178,M61.18-M61.19,M61.211-M61.212,M61.221-M61.222,M61.231-M61.232,M61.241-M61.242,M61.251-M61.252,M61.261-M61.262,M61.271-M61.272,M61.28-M61.29,M61.311-M61.312,M61.321-M61.322,M61.331-M61.332,M61.341-M61.342,M61.351-M61.352,M61.361-M61.362,M61.371-M61.372,M61.38-M61.39,M61.411-M61.412,M61.421-M61.422,M61.431-M61.432,M61.441-M61.442,M61.451-M61.452,M61.461-M61.462,M61.471-M61.472,M61.48-M61.49,M61.511-M61.512,M61.521-M61.522,M61.531-M61.532,M61.541-M61.542,M61.551-M61.552,M61.561-M61.562,M61.571-M61.572,M61.58-M61.59,M62.3,M62.511-M62.59,M62.89,M67.00-M67.02,P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.0-P54.9,P55.0-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q67.8,Q68.1,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.8,Q93.0-Q93.7,Q93.81-Q93.89,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,S06.819A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,S06.829A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,S06.899A-S06.899D,S06.9x0A-S06.9x0D,S06.9x1A-S06.9x1D,S06.9x2A-S06.9x2D,S06.9x3A-S06.9x3D,S06.9x4A-S06.9x4D,S06.9x5A-S06.9x5D,S06.9x6A-S06.9x6D,S06.9x7A-S06.9x7D,S06.9x8A-S06.9x8D,S06.9x9A-S06.9x9D,S14.0xxA-S14.0xxD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2xxA-S14.2xxD,S14.3xxA-S14.3xxD,S24.0xxA-S24.0xxD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.155A-S24.155D,S24.159A-S24.159D,S24.2xxA-S24.2xxD,S34.01xA-S34.01xD,S34.02xA-S34.02xD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21xA-S34.21xD,S34.22xA-S34.22xD,S34.3xxA-S34.3xxD,S34.4xxA-S34.4xxD,T40.0x1A-T40.0x1D,T40.0x2A-T40.0x2D,T40.0x3A-T40.0x3D,T40.0x4A-T40.0x4D,T40.1x1A-T40.1x1D,T40.1x2A-T40.1x2D,T40.1x3A-T40.1x3D,T40.1x4A-T40.1x4D,T40.2x1A-T40.2x1D,T40.2x2A-T40.2x2D,T40.2x3A-T40.2x3D,T40.2x4A-T40.2x4D,T40.3x1A-T40.3x1D,T40.3x2A-T40.3x2D,T40.3x3A-T40.3x3D,T40.3x4A-T40.3x4D,T40.4x1A-T40.4x1D,T40.4x2A-T40.4x2D,T40.4x3A-T40.4x3D,T40.4x4A-T40.4x4D,T40.5x1A-T40.5x1D,T40.5x2A-T40.5x2D,T40.5x3A-T40.5x3D,T40.5x4A-T40.5x4D,T40.601A-T40.601D,T40.602A-T40.602D,

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T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,
T40.694A-T40.694D,T40.7x1A-T40.7x1D,T40.7x2A-T40.7x2D,T40.7x3A-T40.7x3D,T40.7x4A-T40.7x4D,
T40.8x1A-T40.8x1D,T40.8x2A-T40.8x2D,T40.8x3A-T40.8x3D,T40.8x4A-T40.8x4D,T40.901A-T40.901D,
T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,
T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,
T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,
T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,
T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,
T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,
T71.194A-T71.194D,T71.20xA-T71.20xD,T71.21xA-T71.21xD,T71.221A-T71.221D,T71.222A-T71.222D,
T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,
T71.234A-T71.234D,T71.29xA-T71.29xD,T71.9xxA-T71.9xxD,T74.4xxA-T74.4xxD,T75.01xA-T75.01xD,T75.09xA-
T75.09xD,T75.1xxA-T75.1xxD,T75.4xxA-T75.4xxD,T78.00xA-T78.00xD,T78.01xA-T78.01xD,T78.02xA-T78.02xD,
T78.03xA-T78.03xD,T78.04xA-T78.04xD,T78.05xA-T78.05xD,T78.06xA-T78.06xD,T78.07xA-T78.07xD,T78.08xA-
T78.08xD,T78.09xA-T78.09xD,T78.3xxA-T78.3xxD,T78.8xxA-T78.8xxD,T79.0xxA-T79.0xxD,T79.4xxA-T79.4xxD,
T79.6xxA-T79.6xxD,T88.2xxA-T88.2xxD,T88.51xA-T88.51xD,T88.6xxA-T88.6xxD

CPT: 61215,92002-92014,92083,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,
97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,
99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2117

Line: 382

Condition: ESOPHAGEAL STRICTURE; ACHALASIA (See Guideline Notes 64,65,76)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: K22.0,K22.2,Z46.59

CPT: 32110-32124,32820,43201,43219-43226,43248,43249,43256,43279,43330,43410-43456,43653,44300,44372,
44373,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,
99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 383

Condition: CHRONIC ULCER OF SKIN (See Guideline Notes 1,64,65,76)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: E08.621-E08.622,E09.621-E09.622,E10.51-E10.59,E11.51-E11.59,E11.620-E11.622,E13.51-E13.59,E13.620-
E13.622,I70.231-I70.25,I70.331-I70.35,I70.431-I70.45,I70.531-I70.55,I70.631-I70.65,I70.731-I70.75,I83.001-
I83.029,I83.201-I83.229,I87.011-I87.019,I87.031-I87.039,I87.311-I87.319,I87.331-I87.339,L88,L89.000-L89.95,
L97.101-L97.929,L98.411-L98.499

CPT: 10060,10061,11000-11047,14000-15136,15200-15221,15241-15770,15920-15958,27598,28122,28810,29580-
29584,37700-37785,96150-96154,97036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,
99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: D7920,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: 384

Condition: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS (See Guideline Note 76)

Treatment: SURGICAL TREATMENT

ICD-10: K20.0-K20.9,K21.0-K21.9,K22.5,K44.9

CPT: 39503-39541,39560,39561,43030,43130,43135,43201,43227,43228,43279-43282,43327-43337,98966-98969,
99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,
99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 385

Condition: BULIMIA NERVOSA (See Guideline Notes 64,65)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-10: F50.2,F50.9

CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99070,99078,
99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-
99607

HCPCS: G0176,G0177,G0270,G0271,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,
H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,
S9484,T1005,T1016

PRIORITIZED LIST OF HEALTH SERVICES

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- Line: 386**
 Condition: LATE SYPHILIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A17.9,A18.01-A18.16,A18.18-A18.53,A18.59-A18.83,A18.85-A18.89,A19.0-A19.9,A39.89,A52.10-A52.14,A52.19-A52.9,A53.0-A53.9,Z80.0
 CPT: 47015,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 387**
 Condition: CENTRAL SEROUS CHORIORETINOPATHY (See Guideline Notes 10,64,65)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: H30.20-H30.23,H31.401-H31.8,H35.50-H35.54,H35.711-H35.719,H44.421-H44.429
 CPT: 66020,67005-67028,67036-67043,67210,67515,68200,92002-92060,92081-92100,92134-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 388**
 Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
 Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
 HCPCS: D3310,D3332
- Line: 389**
 Condition: SUPERFICIAL INJURIES WITH INFECTION (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: L08.89,T79.8xxA-T79.8xxD
 CPT: 10120-10160,11000,11001,12001-12014,28190,29515,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 390**
 Condition: PITUITARY DWARFISM (See Guideline Notes 64,65,74)
 Treatment: MEDICAL THERAPY
 ICD-10: E23.0
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9558

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- Line: 391**
 Condition: DEFORMITY/CLOSED DISLOCATION OF MINOR JOINT AND RECURRENT JOINT DISLOCATIONS (See Guideline Notes 6,64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: M20.021-M20.62,M21.00,M21.021-M21.769,M24.074-M24.176,M24.30,M24.40,M24.411-M24.479,Q69.0-Q69.1,Q70.00-Q70.13,S63.200A-S63.200D,S63.201A-S63.201D,S63.202A-S63.202D,S63.203A-S63.203D,S63.204A-S63.204D,S63.205A-S63.205D,S63.206A-S63.206D,S63.207A-S63.207D,S63.208A-S63.208D,S63.209A-S63.209D,S63.210A-S63.210D,S63.211A-S63.211D,S63.212A-S63.212D,S63.213A-S63.213D,S63.214A-S63.214D,S63.215A-S63.215D,S63.216A-S63.216D,S63.217A-S63.217D,S63.218A-S63.218D,S63.219A-S63.219D,S63.220A-S63.220D,S63.221A-S63.221D,S63.222A-S63.222D,S63.223A-S63.223D,S63.224A-S63.224D,S63.225A-S63.225D,S63.226A-S63.226D,S63.227A-S63.227D,S63.228A-S63.228D,S63.229A-S63.229D,S63.230A-S63.230D,S63.231A-S63.231D,S63.232A-S63.232D,S63.233A-S63.233D,S63.234A-S63.234D,S63.235A-S63.235D,S63.236A-S63.236D,S63.237A-S63.237D,S63.238A-S63.238D,S63.239A-S63.239D,S63.240A-S63.240D,S63.241A-S63.241D,S63.242A-S63.242D,S63.243A-S63.243D,S63.244A-S63.244D,S63.245A-S63.245D,S63.246A-S63.246D,S63.247A-S63.247D,S63.248A-S63.248D,S63.249A-S63.249D,S63.250A-S63.250D,S63.251A-S63.251D,S63.252A-S63.252D,S63.253A-S63.253D,S63.254A-S63.254D,S63.255A-S63.255D,S63.256A-S63.256D,S63.257A-S63.257D,S63.258A-S63.258D,S63.259A-S63.259D,S63.260A-S63.260D,S63.261A-S63.261D,S63.262A-S63.262D,S63.263A-S63.263D,S63.264A-S63.264D,S63.265A-S63.265D,S63.266A-S63.266D,S63.267A-S63.267D,S63.268A-S63.268D,S63.269A-S63.269D,S63.270A-S63.270D,S63.271A-S63.271D,S63.272A-S63.272D,S63.273A-S63.273D,S63.274A-S63.274D,S63.275A-S63.275D,S63.276A-S63.276D,S63.277A-S63.277D,S63.278A-S63.278D,S63.279A-S63.279D,S63.280A-S63.280D,S63.281A-S63.281D,S63.282A-S63.282D,S63.283A-S63.283D,S63.284A-S63.284D,S63.285A-S63.285D,S63.286A-S63.286D,S63.287A-S63.287D,S63.288A-S63.288D,S63.289A-S63.289D,S63.290A-S63.290D,S63.291A-S63.291D,S63.292A-S63.292D,S63.293A-S63.293D,S63.294A-S63.294D,S63.295A-S63.295D,S63.296A-S63.296D,S63.297A-S63.297D,S63.298A-S63.298D,S63.299A-S63.299D,S93.101A-S93.101D,S93.102A-S93.102D,S93.103A-S93.103D,S93.104A-S93.104D,S93.105A-S93.105D,S93.106A-S93.106D,S93.111A-S93.111D,S93.112A-S93.112D,S93.113A-S93.113D,S93.114A-S93.114D,S93.115A-S93.115D,S93.116A-S93.116D,S93.119A-S93.119D,S93.121A-S93.121D,S93.122A-S93.122D,S93.123A-S93.123D,S93.124A-S93.124D,S93.125A-S93.125D,S93.126A-S93.126D,S93.129A-S93.129D,S93.131A-S93.131D,S93.132A-S93.132D,S93.133A-S93.133D,S93.134A-S93.134D,S93.135A-S93.135D,S93.136A-S93.136D,S93.139A-S93.139D,S93.141A-S93.141D,S93.142A-S93.142D,S93.143A-S93.143D,S93.144A-S93.144D,S93.145A-S93.145D,S93.146A-S93.146D,S93.149A-S93.149D
 CPT: 11200,20527,20690-20694,20900,20920-20924,21480,23455,23470,23520-23552,23650-23700,24000,24006,24101,24102,24300,24332,24343,24345,24346,24600-24640,25001,25101-25109,25259,25275,25320,25335,25337,25390-25394,25430,25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035,26040,26045,26060,26121-26180,26320-26341,26390,26440-26596,26641-26715,26770-26776,26820-26863,26951,27097,27100-27122,27138-27170,27179,27185,27250-27258,27265-27275,27306,27307,27350,27420-27495,27550-27598,27603-27612,27615,27618-27630,27634-27692,27698,27705,27715,27727-27742,27830-27860,28008-28035,28043-28072,28086-28092,28110-28118,28126-28160,28220-28280,28288,28289,28300-28305,28307-28341,28360,28540-28760,29049-29105,29126-29131,29305-29515,29700-29720,29750,29806-29819,29828,29834,29861-29863,29873,29874,29881,29882,29891,29892,29894,29904-29907,64702,64704,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7810-D7830,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2115
- Line: 392**
 Condition: ANOGENITAL VIRAL WARTS (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: A63.0
 CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 393**
 Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F93.0
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S9484,T1005,T1016

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- Line: 394**
 Condition: ACUTE OTITIS MEDIA (See Guideline Notes 29,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: H65.00-H65.07,H65.111-H65.199,H66.001-H66.019,H66.40-H66.93,H67.1-H67.9,H68.011-H68.019,H69.90-H69.93,H73.001-H73.099,H73.20-H73.23,T70.0xxA-T70.0xxD
 CPT: 69210,69420-69436,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 395**
 Condition: INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES (See Guideline Notes 1,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: E72.52-E72.53,E74.10,E74.31-E74.39
 CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 396**
 Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F40.00-F40.02,F41.0
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 397**
 Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
 ICD-10: J04.10-J04.2,J04.31,J05.0,J05.10-J05.11
 CPT: 31600-31605,31820-31830,94640,94664,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 398**
 Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN (See Guideline Notes 64,65,76,165)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: E70.310-E70.329,H02.521-H02.529,H04.531-H04.539,H49.13,H50.00,H50.011-H50.89,H51.0,H51.11-H51.8,H53.2,H53.30-H53.34,H55.00-H55.01,H55.03,H55.09,Q10.0-Q10.7,Q11.0-Q11.3,Q13.0-Q13.2,Q13.4-Q13.5,Q13.89-Q13.9,Q14.0-Q14.9,Q15.8
 CPT: 65778-65782,66820-66986,67311-67345,67901-67909,68135,68320-68328,68335,68340,68371,68810-68840,92002-92065,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 399**
 Condition: ANAL FISTULA (See Guideline Notes 1,64,65,76)
 Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
 ICD-10: K60.3-K60.5
 CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46700,46706,46707,46940,46942,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 400**
 Condition: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Notes 1,39,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: N80.0-N80.9
 CPT: 49203-49205,49322,58145-58150,58260-58263,58290-58292,58550-58554,58570-58573,58660-58662,58740,58940,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9560

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- Line: 401**
 Condition: ACUTE MYELOID LEUKEMIA (See Guideline Notes 7,11,12,76)
 Treatment: BONE MARROW TRANSPLANT AND MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLIDE THERAPY
 ICD-10: D61.810
 CPT: 32553,38100,38120,38232,38243,38760,49411,62350-62370,77014,77261-77295,77300,77305-77321,77331-77370,77401-77427,77469,86828-86835,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 402**
 Condition: MYELOID DISORDERS (See Guideline Notes 7,11,12,76)
 Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C92.10-C92.12,C92.50-C92.A2,C93.00-C93.12,C94.00-C94.02,C94.40-C94.6,D45,D61.810
 CPT: 32553,38100,38120,38760,49411,62350-62370,77014,77261-77295,77300,77305-77321,77331-77370,77401-77427,77469,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 403**
 Condition: INFLUENZA (See Guideline Notes 64,65,87)
 Treatment: MEDICAL THERAPY
 ICD-10: C91.10-C91.92,C92.30-C92.32,C92.Z0-C92.92,C93.30-C93.Z1,C93.90-C93.92,C94.20-C94.32,C95.10-C95.92,J09.x1-J09.x9,J10.00-J10.89,J11.00-J11.89
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 404**
 Condition: CHRONIC MYELOID LEUKEMIA (See Guideline Note 76)
 Treatment: BONE MARROW TRANSPLANT
 ICD-10: D61.810
 CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537
- Line: 405**
 Condition: LYMPHADENITIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: I88.0-I88.8,L04.0-L04.9
 CPT: 10060,10061,38300-38308,38542,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 406**
 Condition: UTERINE LEIOMYOMA AND POLYPS (See Guideline Notes 40,64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: D25.0-D25.9,D26.0-D26.9,D39.0,N84.0,N84.8-N84.9,N85.2-N85.3
 CPT: 37210,58120-58180,58260-58263,58290-58292,58541-58554,58559,58561,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9560
- Line: 407**
 Condition: APHAKIA AND OTHER DISORDERS OF LENS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL THERAPY
 ICD-10: H27.00-H27.03,H27.111-H27.8
 CPT: 65750,65765,65767,66825,66985-66990,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 408**
 Condition: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING (See Guideline Notes 64,65,76)
 Treatment: RECONSTRUCT OF EAR CANAL
 ICD-10: Q16.0-Q16.1,Q16.3-Q16.9,Z01.12
 CPT: 15040,15110-15120,15130-15157,69310,69320,69631-69637,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274
- Line: 409**
 Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F44.0-F44.2,F44.81-F44.89,F48.1-F48.2
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 410**
 Condition: EPIDERMOLYSIS BULLOSA (See Guideline Notes 1,6,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: Q81.0-Q81.9,Q82.8-Q82.9
 CPT: 11000,11001,96150-96154,96900-96913,96921,96922,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 411**
 Condition: DELIRIUM DUE TO MEDICAL CAUSES (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: F05
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 412**
 Condition: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 1,6,41,64,65,76,100,105)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: M40.00-M40.05,M40.202-M40.47,M41.00-M41.08,M41.112-M41.35,M41.80-M41.9,M42.00-M42.09,M43.8x1-M43.8x8,M43.9,M47.011-M47.18,M48.00-M48.27,M96.2-M96.5,M99.20-M99.79,Q67.5,Q68.0,Q76.0-Q76.1,Q76.3,Q76.411-Q76.49,Q76.6-Q76.9,Q77.2
 CPT: 20930-20938,21720,21725,22206-22226,22532-22855,29000-29046,29710-29720,62287,63001-63091,63170,63180-63200,63295-63610,63650,63655,63685,77014,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 413**
 Condition: GENDER DYSPHORIA (See Guideline Note 158)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F64.1-F64.9
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S0270-S0274,S9484,T1016
- Line: 414**
 Condition: MIGRAINE HEADACHES (See Guideline Notes 1,64,65,92)
 Treatment: MEDICAL THERAPY
 ICD-10: G43.001-G43.719,G43.B0-G43.C1,G43.801-G43.919,G44.001-G44.1
 CPT: 92002-92014,92081-92083,96150-96154,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 415**
 Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
 Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
 HCPCS: D3320,D3332
- Line: 416**
 Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F21
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 417**
 Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: N47.2,N47.6,N48.1,N48.5
 CPT: 53431,54000-54015,54110-54112,54200,54205,54230-54250,54450,74445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 418**
 Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F41.1-F41.9
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 419**
 Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
 ICD-10: G45.0-G45.3,G45.8-G45.9,G46.0-G46.2,H34.00-H34.03,H93.011-H93.019,I65.01-I65.9,I66.01-I66.9,Z86.73
 CPT: 34001,35301,35390,37202,37215,37216,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 420**
 Condition: PERIPHERAL NERVE ENTRAPMENT; PALMAR FASCIAL FIBROMATOSIS (See Guideline Notes 6,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: G56.00-G56.02,G56.20-G56.22,G57.30-G57.52,M53.1,M72.0
 CPT: 20526,25109,25111,25118,25447,26035,26060,26121-26180,26320,26440-26498,28035,29105,29515,29848,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,97001-97004,97012,97022,97110-97124,97140-97530,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 421**
 Condition: MENIERE'S DISEASE (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: H81.01-H81.09
 CPT: 69666,69667,69801-69806,69915,69950,92531-92542,92544-92548,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 422**
Condition: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 3 THROUGH 6 (See Guideline Notes 6,64,65,76,97)
Treatment: REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-10: M24.011-M24.019,M24.111-M24.119,M24.311-M24.319,M24.611-M24.619,M24.811-M24.819,M25.211-M25.219,M25.311-M25.319,M25.711-M25.719,M66.211-M66.219,M66.811-M66.819,M75.00-M75.02,M75.100-M75.122,M75.30-M75.92,S43.401A-S43.401D,S43.402A-S43.402D,S43.409A-S43.409D,S43.411A-S43.411D,S43.412A-S43.412D,S43.419A-S43.419D,S43.421A-S43.421D,S43.422A-S43.422D,S43.429A-S43.429D,S43.431A-S43.431D,S43.432A-S43.432D,S43.439A-S43.439D,S43.491A-S43.491D,S43.492A-S43.492D,S43.499A-S43.499D,S43.50xA-S43.50xD,S43.51xA-S43.51xD,S43.52xA-S43.52xD,S43.60xA-S43.60xD,S43.61xA-S43.61xD,S43.62xA-S43.62xD,S43.80xA-S43.80xD,S43.81xA-S43.81xD,S43.82xA-S43.82xD,S43.90xA-S43.90xD,S43.91xA-S43.91xD,S43.92xA-S43.92xD,S46.011A-S46.011D,S46.012A-S46.012D,S46.019A-S46.019D,S46.111A-S46.111D,S46.112A-S46.112D,S46.119A-S46.119D,S46.211A-S46.211D,S46.212A-S46.212D,S46.219A-S46.219D,S46.311A-S46.311D,S46.312A-S46.312D,S46.319A-S46.319D,S46.811A-S46.811D,S46.812A-S46.812D,S46.819A-S46.819D,S46.911A-S46.911D,S46.912A-S46.912D,S46.919A-S46.919D,Z47.31
CPT: 20550,20600-20610,20615,23000,23020,23105-23130,23190,23195,23395,23410-23466,23490,23491,23700,29806-29828,97001-97004,97012,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 423**
Condition: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 1,49,76)
Treatment: COCHLEAR IMPLANT
ICD-10: H90.3,H90.41-H90.5,Z01.12,Z45.320-Z45.328
CPT: 69717,69718,69930,92562-92565,92571-92577,92590,92591,92601-92604,92626-92630,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 424**
Condition: CHRONIC LEUKEMIAS WITH POOR PROGNOSIS (See Guideline Notes 7,11,12,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C90.10,C91.00-C91.62,C91.90-C91.92,C92.00-C92.02,C92.A0-C92.92,C93.00-C93.32,C93.Z2-C93.92,C94.00-C94.82,C95.00-C95.92,D61.810
CPT: 32553,49411,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,79101,90284,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 425**
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 42,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 426**
Condition: MENSTRUAL BLEEDING DISORDERS (See Guideline Notes 1,44,64,65,76,88)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N85.01,N85.5,N92.0-N92.6,Q51.5
CPT: 57800,58120,58150,58180,58260,58262,58290,58291,58300,58301,58353,58356,58541-58544,58550-58554,58561-58563,58570-58573,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 427**
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Notes 6,43,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D78.81-D78.89,E36.8,E89.810-E89.89,G89.22,G96.11,G97.1,G97.41,H59.011-H59.099,H59.811-H59.89,H95.811-H95.89,I97.2-I97.3,J95.00,K91.61-K91.62,K91.840-K91.858,K94.00,K94.03-K94.10,K94.13-K94.20,K94.23-K94.30,K94.32-K94.39,K95.09-K95.89,L27.0,L76.01-L76.02,L76.21-L76.82,M96.810-M96.811,M96.830-M96.89,N98.1-N98.9,N99.110-N99.114,N99.61-N99.62,N99.820-N99.821,T66.xxxA-T66.xxxD,T80.1xA-T80.1xD,T80.30xA-T80.30xD,T80.310A-T80.310D,T80.311A-T80.311D,T80.319A-T80.319D,T80.39xA-T80.39xD,T80.40xA-T80.40xD,T80.410A-T80.410D,T80.411A-T80.411D,T80.419A-T80.419D,T80.49xA-T80.49xD,T80.A0xA-T80.A0xD,T80.A10A-T80.A10D,T80.A11A-T80.A11D,T80.A19A-T80.A19D,T80.A9xA-T80.A9xD,T80.61xA-T80.61xD,T80.62xA-T80.62xD,T80.69xA-T80.69xD,T81.500A-T81.500D,T81.501A-T81.501D,T81.502A-T81.502D,T81.503A-T81.503D,T81.504A-T81.504D,T81.505A-T81.505D,T81.506A-T81.506D,T81.507A-T81.507D,T81.508A-T81.508D,T81.509A-T81.509D,T81.510A-T81.510D,T81.511A-T81.511D,T81.512A-T81.512D,T81.513A-T81.513D,T81.514A-T81.514D,T81.515A-T81.515D,T81.516A-T81.516D,T81.517A-T81.517D,T81.518A-T81.518D,T81.519A-T81.519D,T81.527A-T81.527D,T81.528A-T81.528D,T81.529A-T81.529D,T81.530A-T81.530D,T81.531A-T81.531D,T81.532A-T81.532D,T81.533A-T81.533D,T81.534A-T81.534D,T81.535A-T81.535D,T81.536A-T81.536D,T81.537A-T81.537D,T81.538A-T81.538D,T81.539A-T81.539D,T81.590A-T81.590D,T81.591A-T81.591D,T81.592A-T81.592D,T81.593A-T81.593D,T81.594A-T81.594D,T81.595A-T81.595D,T81.596A-T81.596D,T81.597A-T81.597D,T81.598A-T81.598D,T81.599A-T81.599D,T81.60xA-T81.60xD,T81.61xA-T81.61xD,T81.69xA-T81.69xD,T81.89xA-T81.89xD,T83.018A-T83.018D,T83.028A-T83.028D,T83.038A-T83.038D,T83.098A-T83.098D,T83.31xA-T83.31xD,T83.32xA-T83.32xD,T83.39xA-T83.39xD,T83.711A-T83.711D,T83.718A-T83.718D,T83.721A-T83.721D,T83.728A-T83.728D,T85.21xA-T85.21xD,T85.22xA-T85.22xD,T85.29xA-T85.29xD,T85.310A-T85.310D,T85.311A-T85.311D,T85.318A-T85.318D,T85.320A-T85.320D,T85.321A-T85.321D,T85.328A-T85.328D,T85.390A-T85.390D,T85.391A-T85.391D,T85.398A-T85.398D,T85.41xA-T85.41xD,T85.42xA-T85.42xD,T85.43xA-T85.43xD,T85.44xA-T85.44xD,T85.49xA-T85.49xD,T85.510A-T85.510D,T85.511A-T85.511D,T85.518A-T85.518D,T85.520A-T85.520D,T85.521A-T85.521D,T85.528A-T85.528D,T85.590A-T85.590D,T85.591A-T85.591D,T85.598A-T85.598D,T85.610A-T85.610D,T85.612A-T85.612D,T85.613A-T85.613D,T85.614A-T85.614D,T85.618A-T85.618D,T85.620A-T85.620D,T85.622A-T85.622D,T85.623A-T85.623D,T85.624A-T85.624D,T85.628A-T85.628D,T85.630A-T85.630D,T85.633A-T85.633D,T85.638A-T85.638D,T85.690A-T85.690D,T85.692A-T85.692D,T85.693A-T85.693D,T85.694A-T85.694D,T85.698A-T85.698D,T86.820-T86.829,T87.30-T87.34,T87.81-T87.9,T88.52xA-T88.52xD,T88.59xA-T88.59xD,Z45.42
CPT: 10140,10160,11042-11047,11976,11982,11983,13160-14001,15002-15040,15100-15116,15130-15157,19328,19330,19371,19380,20661,20680,20694,21120,21501,22849,22850,22852,22855,24160,24164,25250,25251,25449,25909,26320,27090,27091,27132-27138,27265,27266,27301,27486-27488,27570,27704,27884,27886,29582-29584,31613,31614,31630,31631,31636-31638,31641,31750-31781,31800-31830,33922,35875,35876,35901-35905,36860,36861,37224,37228,43269,43772-43774,43848,43870,44227,44312,44314,44340-44346,44620-44626,47525,47530,49422,49429,53442,53446-53449,57295,57296,58301,62273,63661-63664,63688,63707,63709,64595,64788,65150-65175,65920,66985,66986,67036,67121,67560,69710,69711,75984,92002-92014,92506-92508,92526,92607-92609,92633,97001-97004,97012,97022,97036,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152
- Line: 428**
Condition: ADRENOGENITAL DISORDERS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E25.0-E25.9,Q56.0-Q56.4
CPT: 50700,54690,56800-56810,57335,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 429**
Condition: SEVERE INFLAMMATORY SKIN DISEASE (See Guideline Notes 21,166)
Treatment: MEDICAL THERAPY
ICD-10: H01.121-H01.129,L20.89-L20.9,L40.0-L40.4,L40.50-L40.9,L41.0-L41.9,L43.0-L43.9,L44.0,L93.0,Q82.8
CPT: 96150-96154,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 430**
 Condition: ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY (See Guideline Notes 76,164)
 Treatment: SURGICAL THERAPY
 ICD-10: G57.20-G57.22,S74.00xA-S74.00xD,S74.01xA-S74.01xD,S74.02xA-S74.02xD,S74.10xA-S74.10xD,S74.11xA-S74.11xD,S74.12xA-S74.12xD
 CPT: 20550-20553,20600-20610,21032,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26596,26820-26863,27060,27062,27097,27100-27122,27140-27165,27175-27185,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274
- Line: 431**
 Condition: NON-MALIGNANT OTITIS EXTERNA (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: B37.84,H60.311-H60.399
 CPT: 69020,69210,92633,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 432**
 Condition: VAGINITIS AND CERVICITIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: A56.02,A59.00-A59.9,B37.3,N72,N76.0-N76.3,N77.1,N89.8
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 433**
 Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; GONADAL DYSGENESIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: D27.0-D27.9,D28.2,N83.0-N83.1,N83.20-N83.29,N83.4,N83.7,Q50.01-Q50.39
 CPT: 49322,58559,58561,58562,58660-58662,58700-58740,58800,58805,58900-58943,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 434**
 Condition: URETHRAL FISTULA (See Guideline Notes 64,65,76)
 Treatment: EXCISION, MEDICAL THERAPY
 ICD-10: N36.0-N36.1
 CPT: 45820,53230-53250,53520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 435**
 Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,76,98,104)
 Treatment: REPAIR, MEDICAL THERAPY
 ICD-10: E50.5,M22.2x1-M22.3x9,M22.8x1-M22.8x9,M23.011-M23.205,M23.211-M23.305,M23.311-M23.8x9,M24.171-M24.176,M24.661-M24.669,M66.261-M66.269,S83.200A-S83.200D,S83.201A-S83.201D,S83.202A-S83.202D,S83.203A-S83.203D,S83.204A-S83.204D,S83.205A-S83.205D,S83.206A-S83.206D,S83.207A-S83.207D,S83.209A-S83.209D,S83.211A-S83.211D,S83.212A-S83.212D,S83.219A-S83.219D,S83.221A-S83.221D,S83.222A-S83.222D,S83.229A-S83.229D,S83.231A-S83.231D,S83.232A-S83.232D,S83.239A-S83.239D,S83.241A-S83.241D,S83.242A-S83.242D,S83.249A-S83.249D,S83.251A-S83.251D,S83.252A-S83.252D,S83.259A-S83.259D,S83.261A-S83.261D,S83.262A-S83.262D,S83.269A-S83.269D,S83.271A-S83.271D,S83.272A-S83.272D,S83.279A-S83.279D,S83.281A-S83.281D,S83.282A-S83.282D,S83.289A-S83.289D,S83.30xA-S83.30xD,S83.31xA-S83.31xD,S83.32xA-S83.32xD,S83.401A-S83.401D,S83.402A-S83.402D,S83.409A-S83.409D,S83.411A-S83.411D,S83.412A-S83.412D,S83.419A-S83.419D,S83.421A-S83.421D,S83.422A-S83.422D,S83.429A-S83.429D,S83.501A-S83.501D,S83.502A-S83.502D,S83.509A-S83.509D,S83.511A-S83.511D,S83.512A-S83.512D,S83.519A-S83.519D,S83.521A-S83.521D,S83.522A-S83.522D,S83.529A-S83.529D,S83.60xA-S83.60xD,S83.61xA-S83.61xD,S83.62xA-S83.62xD,S83.8x1A-S83.8x1D,S83.8x2A-S83.8x2D,S83.8x9A-S83.8x9D,S83.90xA-S83.90xD,S83.91xA-S83.91xD,S83.92xA-S83.92xD,S86.111A-S86.111D,S86.112A-S86.112D,S86.119A-S86.119D,S86.211A-S86.211D,S86.212A-S86.212D,S86.219A-S86.219D,S86.311A-S86.311D,S86.312A-S86.312D,S86.319A-S86.319D,S86.811A-S86.811D,S86.812A-S86.812D,S86.819A-S86.819D,S86.911A-S86.911D,S86.912A-S86.912D,S86.919A-S86.919D
 CPT: 20610,27332-27335,27340,27350,27380,27381,27403-27416,27420-27430,29345-29445,29505,29530,29705,29871-29889,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 436**
 Condition: OPEN WOUND OF EAR DRUM (See Guideline Note 76)
 Treatment: TYMPANOPLASTY
 ICD-10: H72.00-H72.13,H72.2x1-H72.93,S09.20xA-S09.20xD,S09.21xA-S09.21xD,S09.22xA-S09.22xD
 CPT: 69450,69610-69643,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 437**
 Condition: CHRONIC DEPRESSION (DYSTHYMIA) (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F34.1
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S9480,S9484,T1016
- Line: 438**
 Condition: HYPOSPADIAS AND EPISPADIAS (See Guideline Notes 64,65,73,76,89)
 Treatment: REPAIR
 ICD-10: Q54.0-Q54.9,Q55.5,Q55.61,Q55.63-Q55.69,Q64.0,S39.840A-S39.840D
 CPT: 51715,53431,54230-54390,54420,54430,54440,55175,55180,74445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 439**
 Condition: CANCER OF GALLBLADDER AND OTHER BILIARY (See Guideline Notes 1,7,11,12,33,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: C23,C24.0-C24.9,D01.5,D61.810,Z51.11
 CPT: 32553,43260-43273,47510-47525,47564,47570,47600-47620,47711,47712,47741,47785,48145-48155,49327,49411,49412,60540,77014,77261-77295,77300,77305-77327,77331-77370,77402-77417,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

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- Line: 440**
Condition: PRECANCEROUS VULVAR CONDITIONS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: L90.0,N90.0-N90.1,N90.4-N90.5
CPT: 56501,56515,56620,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 441**
Condition: RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65,76)
Treatment: ANTERIAL STROMAL PUNCTURE, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-10: D61.810,H18.831-H18.839
CPT: 65430,65435,65600,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 442**
Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F98.4
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0023,H0032,H0034-H0039,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9125,S9480,S9484,T1016
- Line: 443**
Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: T19.2xxA-T19.2xxD,T19.3xxA-T19.3xxD
CPT: 57415,58120,58562,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 444**
Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE (See Guideline Note 76)
Treatment: REMOVAL
ICD-10: H02.811-H02.819,M79.5
CPT: 10120,10121,20520,20525,23330,24200,24201,25248,27086,27087,27372,28190-28193,40804,41805,55120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 445**
Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,65,76)
Treatment: LASER SURGERY, MEDICAL THERAPY INCLUDING INJECTION
ICD-10: H34.811-H34.819,H34.831-H34.9
CPT: 67028,67228,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 446**
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-10: G50.0-G50.9,G52.0-G52.9,G53.Z45.42
CPT: 32553,49411,61450,61458,61790-61800,64568-64570,64600-64610,64716,77014,77261-77295,77300,77301,77336-77372,77402-77406,77417-77432,77469,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 447**
 Condition: MALUNION AND NONUNION OF FRACTURE (See Guideline Notes 6,64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: M80.00xK-M80.00xP,M80.011K-M80.011P,M80.012K-M80.012P,M80.019K-M80.019P,M80.021K-M80.021P,
 M80.022K-M80.022P,M80.029K-M80.029P,M80.031K-M80.031P,M80.032K-M80 CPT: 20690-20694,
 20900,20902,20955-20975,21244,21462,21750,21825,23472-23485,24130,24140,24400,24410,24430,24435,
 25259,25400-25440,25628,26185,26546,26565,26841,27125,27130,27165,27170,27217,27465-27472,27656,
 27720-27726,27824-27829,27880-27888,28315-28322,28485,28725,29075,29345,29425,29825,29826,29904-
 29907,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,
 99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,
 99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 448**
 Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
 Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
 HCPCS: D3330,D3332
- Line: 449**
 Condition: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Notes 45,64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F43.20-F43.29,Z71.89
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,
 99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2012,
 H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- ICD-10-CM codes Z71.89, Other specified counseling, and Z63.4 Disappearance and death of family member are only included in this line when identified as secondary diagnoses with a primary diagnosis of F43.8, Other Specified Adjustment Reactions.
- Line: 450**
 Condition: HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
 ICD-10: H83.3x1-H83.3x9,H90.0,H90.11-H90.8,H91.01-H91.3,H91.8x1-H91.93,H93.091-H93.249,H93.291-H93.3x9,
 H94.00-H94.03,Z01.12,Z46.1
 CPT: 69210,69714,69715,92562-92565,92571-92577,92590-92595,92597,96150-96154,98966-98969,99051,99060,
 99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-
 99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 451**
 Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 1,64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F95.0-F95.9
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,98966-98969,99051,99060,99070,99078,
 99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-
 99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0038,H2010-
 H2014,H2021,H2022,H2027,H2032,S0270-S0274,S9484,T1016
- Line: 452**
 Condition: ATHEROSCLEROSIS, AORTIC AND RENAL (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: I70.0-I70.1
 CPT: 35450,35471,35501-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35654,
 35663,35697,35820,35840,35875,35876,35905,35907,37184-37186,37205-37208,37211,37213,37214,96150-
 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-
 99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 453**
 Condition: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65,76)
 Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
 ICD-10: H31.101-H31.20,H31.22-H31.29,H31.301-H31.319,H35.30-H35.33,H35.341-H35.389,H35.81,H44.20-H44.23
 CPT: 66990,67028,67041-67043,67210,67221,67225,67515,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 454**
 Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F94.1-F94.2
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 455**
 Condition: DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: H52.00-H52.13,H52.201-H52.7,H53.10-H53.11,H53.16-H53.19,H53.50-H53.69,Z46.0
 CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 456**
 Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Notes 64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: H05.20,H05.211-H05.359,H05.811-H05.819,H21.311-H21.329,H21.341-H21.359,H21.81,H21.89
 CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 457**
 Condition: DENTAL CONDITIONS (EG. MISSING TEETH, PROSTHESIS FAILURE) (See Guideline Note 62)
 Treatment: REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES)
 ICD-10: K00.0,K08.101-K08.122,K08.124-K08.199,K08.401-K08.499
 HCPCS: D5110-D5212,D5520-D5761,D5820,D5821
- Line: 458**
 Condition: RECTAL PROLAPSE (See Guideline Notes 64,65,76)
 Treatment: SURGICAL TREATMENT
 ICD-10: K62.2-K62.4
 CPT: 44139-44144,44204-44208,44213,44701,45130,45135,45303,45400,45402,45505-45541,45900,46500,46604,46700,46705,46750,46751,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 459**
 Condition: URINARY INCONTINENCE (See Guideline Notes 1,6,47,64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: N36.41-N36.43,N39.3,N39.41,N39.46,N39.490,R39.81
 CPT: 20922,51840-51845,51990,51992,53446,53448,57160,57220,57260,57267,57280-57289,57423,57425,90911,96150-96154,97001,97002,97110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 460**
Condition: DISORDERS OF PLASMA PROTEIN METABOLISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D89.0-D89.2,E88.01-E88.09
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 461**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3346,D3410,D3430
- Line: 462**
Condition: FACTITIOUS DISORDERS (See Guideline Notes 64,65)
Treatment: CONSULTATION
ICD-10: F68.10-F68.13
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0023,H0032-H0037,H2010,H2011,H2013,H2021,H2022,H2033,S0270-S0274,S9484,T1016
- Line: 463**
Condition: SIMPLE AND SOCIAL PHOBIAS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.10-F40.11,F40.210-F40.8
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S9484,T1016
- Line: 464**
Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: B25.0,J20.0-J20.9,J21.0-J21.9,J98.01
CPT: 31600-31603,31820,31825,94640,94664,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 465**
Condition: CENTRAL PTERYGIUM AFFECTING VISION (See Guideline Notes 64,65,76)
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-10: H11.021-H11.029
CPT: 32553,49411,65420,65426,77326,77336-77370,77402-77406,77424-77427,77469,77789,79005-79445,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 466**
Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX (See Guideline Notes 64,65,76)
Treatment: EXCISION, MEDICAL THERAPY
ICD-10: J39.2,K09.0-K09.1,Q18.0-Q18.2,Q89.2
CPT: 38550,38555,42808,42810,42815,60000,60280,60281,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 467**
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F42
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9480,S9484,T1005,T1016

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- Line: 468**
Condition: OSTEoarthritis AND ALLIED DISORDERS (See Guideline Notes 1,6,64,65,76,92,104)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-10: M12.10,M12.111-M12.19,M12.40,M12.411-M12.59,M13.80,M13.811-M13.89,M15.0-M15.9,M16.0,M16.10-M16.9,M17.0,M17.10-M17.9,M18.0,M18.10-M18.9,M19.011-M19.93,M20.20-M20.22,M24.671-M24.673,M48.8x1-M48.8x9
CPT: 11042,11045,20600-20610,25000,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 469**
Condition: ATELECTASIS (COLLAPSE OF LUNG) (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: J18.2,J98.11-J98.19
CPT: 31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 470**
Condition: CHRONIC SINUSITIS (See Guideline Notes 35,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J32.0-J32.9
CPT: 30000,30020,30110-30140,30200-30930,31000-31230,31237-31297,42830,42835,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 471**
Condition: UTERINE PROLAPSE; CYSTOCELE (See Guideline Notes 50,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N81.0,N81.10-N81.9,N99.3
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220-57289,57423,57425,57545,57555,57556,58150,58152,58260-58280,58290-58294,58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 472**
Condition: BRACHIAL PLEXUS LESIONS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: G54.0
CPT: 21615,21616,21700,21705,97001-97004,97022,97024,97110,97112,97116,97124,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 473**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: ADVANCED RESTORATIVE (I.E. BASIC CROWNS)
HCPCS: D2710,D2712,D2751,D2752
- Line: 474**
Condition: GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT (See Guideline Notes 64,65,74,76,88)
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
ICD-10: E28.1-E28.2,E28.310-E28.9,E29.0-E29.9,E30.0,E34.50-E34.52,E89.40-E89.5,N50.0,N83.31-N83.33,N95.0-N95.9,N98.1,Q50.01-Q50.39,Q55.4,Q96.0-Q96.8,Q98.0-Q98.4
CPT: 54520,54690,58300,58301,58660-58662,58740,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9558

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Line: 475
 Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F98.1
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: 476
 Condition: ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT (See Guideline Notes 64,65,76,161)
 Treatment: PTOSIS REPAIR
 ICD-10: G90.2,H02.201-H02.519,H02.531-H02.539
 CPT: 15822,15823,67710,67875,67880,67900-67912,67917,67961,67971,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

 Funding Level as of January 1, 2012

Line: 477
 Condition: KERATOCONJUNCTIVITS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: A18.52,B60.12-B60.13,H16.101-H16.229,H16.251-H16.9,H18.461-H18.469
 CPT: 67515,67880,67882,68200,68760,68761,68801-68840,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 478
 Condition: USE OF ADDICTIVE SUBSTANCES
 Treatment: MEDICAL THERAPY
 ICD-10: F10.181,F10.188,F10.281,F10.288,F10.981,F10.988,F11.181,F11.188,F11.281,F11.288,F11.90,F11.981,F11.988,F12.188,F12.288,F12.90,F12.988,F13.181,F13.188,F13.281,F13.288,F13.90,F13.981,F14.181,F14.188,F14.281,F14.288,F14.90,F14.981,F14.988,F15.181,F15.188,F15.281,F15.288,F15.90,F15.981,F15.988,F16.188,F16.288,F16.90,F16.988,F18.188,F18.288,F18.90,F18.988,F19.181,F19.188,F19.281,F19.288,F19.90,F19.981,F19.988
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004-H0006,H0010-H0016,H0020,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,S0270-S0274,T1006,T1007,T1502

Line: 479
 Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F94.0
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S9484,T1016

Line: 480
 Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Notes 64,65,76)
 Treatment: HEMORRHOIDECTOMY, INCISION
 ICD-10: K64.3,K64.5
 CPT: 44391,45317,45320,45334,45335,45339,45381,45382,46083,46220,46221,46250-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 481**
 Condition: CHRONIC OTITIS MEDIA (See Guideline Notes 51,64,65,76)
 Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
 ICD-10: H61.301-H61.399,H65.20-H65.33,H65.411-H65.93,H66.10-H66.23,H66.3x1-H66.3x9,H68.001-H68.009,H68.021-H68.139,H69.00-H69.03,H70.10-H70.13,H70.90-H70.93,H73.10-H73.13,H73.811-H73.93,H74.01-H74.09,H74.40-H74.43,H74.8x1-H74.93,H95.111-H95.119,H95.131-H95.199
 CPT: 42830-42836,69210-69222,69310,69400-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 482**
 Condition: OTOSCLEROSIS (See Guideline Notes 64,65,76)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: H80.00-H80.93
 CPT: 69650-69662,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 483**
 Condition: FOREIGN BODY IN EAR AND NOSE (See Guideline Notes 64,65,76)
 Treatment: REMOVAL OF FOREIGN BODY
 ICD-10: T16.1xxA-T16.1xxD,T16.2xxA-T16.2xxD,T16.9xxA-T16.9xxD,T17.0xxA-T17.0xxD,T17.1xxA-T17.1xxD
 CPT: 30300-30320,69200,69205,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 484**
 Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT NEUROLOGIC INJURY OR STRUCTURAL INSTABILITY (See Guideline Notes 6,64,65,76,100,109,167,168)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: D16.6,M48.50xA,M48.53xA,M48.54xA,M48.55xA,M48.56xA,M48.57xA,M48.58xA,M80.08xA,M80.88xA,M84.58xA,M84.68xA,M99.14-M99.15,S22.000A,S22.000D-S22.000G,S22.001A,S22.001D-S22.001G,S22.002A,S22.002D-S22.002G,S22.008A,S22.008D-S22.008G,S22.009A,S22.009D-S22.009G,S22.010A,S22.010D-S22.010G,S22.011A,S22.011D-S22.011G,S22.012A,S22.012D-S22.012G,S22.018A,S22.018D-S22.018G,S22.019A,S22.019D-S22.019G,S22.020A,S22.020D-S22.020G,S22.021A,S22.021D-S22.021G,S22.022A,S22.022D-S22.022G,S22.028A,S22.028D-S22.028G,S22.029A,S22.029D-S22.029G,S22.030A,S22.030D-S22.030G,S22.031A,S22.031D-S22.031G,S22.032A,S22.032D-S22.032G,S22.038A,S22.038D-S22.038G,S22.039A,S22.039D-S22.039G,S22.040A,S22.040D-S22.040G,S22.041A,S22.041D-S22.041G,S22.042A,S22.042D-S22.042G,S22.048A,S22.048D-S22.048G,S22.049A,S22.049D-S22.049G,S22.050A,S22.050D-S22.050G,S22.051A,S22.051D-S22.051G,S22.052A,S22.052D-S22.052G,S22.058A,S22.058D-S22.058G,S22.059A,S22.059D-S22.059G,S22.060A,S22.060D-S22.060G,S22.061A,S22.061D-S22.061G,S22.062A,S22.062D-S22.062G,S22.068A,S22.068D-S22.068G,S22.069A,S22.069D-S22.069G,S22.070A,S22.070D-S22.070G,S22.071A,S22.071D-S22.071G,S22.072A,S22.072D-S22.072G,S22.078A,S22.078D-S22.078G,S22.079A,S22.079D-S22.079G,S22.080A,S22.080D-S22.080G,S22.081A,S22.081D-S22.081G,S22.082A,S22.082D-S22.082G,S22.088A,S22.088D-S22.088G,S22.089A,S22.089D-S22.089G,S22.9xxA,S23.20xA-S23.20xD,S23.29xA-S23.29xD,S32.000A,S32.000D-S32.000G,S32.001A,S32.001D-S32.001G,S32.002A,S32.002D-S32.002G,S32.008A,S32.008D-S32.008G,S32.009A,S32.009D-S32.009G,S32.010A,S32.010D-S32.010G,S32.011A,S32.011D-S32.011G,S32.012A,S32.012D-S32.012G,S32.018A,S32.018D-S32.018G,S32.019A,S32.019D-S32.019G,S32.020A,S32.020D-S32.020G,S32.021A,S32.021D-S32.021G,S32.022A,S32.022D-S32.022G,S32.028A,S32.028D-S32.028G,S32.029A,S32.029D-S32.029G,S32.030A,S32.030D-S32.030G,S32.031A,S32.031D-S32.031G,S32.032A,S32.032D-S32.032G,S32.038A,S32.038D-S32.038G,S32.039A,S32.039D-S32.039G,S32.040A,S32.040D-S32.040G,S32.041A,S32.041D-S32.041G,S32.042A,S32.042D-S32.042G,S32.048A,S32.048D-S32.048G,S32.049A,S32.049D-S32.049G,S32.050A,S32.050D-S32.050G,S32.051A,S32.051D-S32.051G,S32.052A,S32.052D-S32.052G,S32.058A,S32.058D-S32.058G,S32.059A,S32.059D-S32.059G,S32.10xA,S32.10xD-S32.10xG,S32.110A,S32.110D-S32.110G,S32.111A,S32.111D-S32.111G,S32.112A,S32.112D-S32.112G,S32.119A,S32.119D-S32.119G,S32.120A,S32.120D-S32.120G,S32.121A,S32.121D-S32.121G,S32.122A,S32.122D-S32.122G,S32.129A,S32.129D-S32.129G,S32.130A,S32.130D-S32.130G,S32.131A,S32.131D-S32.131G,S32.132A,S32.132D-S32.132G,S32.139A,S32.139D-S32.139G,S32.14xA,S32.14xD-S32.14xG,S32.15xA,S32.15xD-S32.15xG,S32.16xA,S32.16xD-S32.16xG,S32.17xA,S32.17xD-S32.17xG,S32.19xA,S32.19xD-S32.19xG,S33.2xxA-S33.2xxD,S33.39xA-S33.39xD,Z47.2
 CPT: 20930-20938,22305,22310,22325-22328,22520-22819,22840-22855,27216,27218,29035-29046,29700,29710,29720,63001-63011,72291,72292,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 485**
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.0-F91.2,F91.8-F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 486**
Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N60.01-N60.99,N61,N64.0,N64.89
CPT: 19000,19001,19110-19126,19295,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 487**
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Notes 64,65,76)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: N75.0,N75.8-N75.9,N76.5-N76.6,N76.81-N76.89,N77.0
CPT: 10060,10061,11004,56440,56501,56515,56740,57135,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 488**
Condition: LICHEN PLANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L43.0-L43.9,L44.1-L44.3,L66.1
CPT: 11900,11901,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 489**
Condition: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-10: M66.0,M71.20-M71.22
CPT: 27345,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 490**
Condition: ENOPHTHALMOS (See Guideline Notes 64,65)
Treatment: ORBITAL IMPLANT
ICD-10: H05.401-H05.429,H11.241-H11.249
CPT: 20902,21076,21077,67550,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: D5915,D5928,D5992,D5993,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 491**
Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS (See Guideline Notes 64,65,164)
Treatment: TARSORRHAPHY
ICD-10: G51.0-G51.9,H02.59,H02.89,H16.211-H16.219,I69.092,I69.292,I69.392,I69.892
CPT: 15840-15842,64864-64870,67875-67882,67911,67917,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 492**
Condition: PERIPHERAL ENTHESEPATHIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M25.70,M25.721-M25.749,M25.761-M25.776,M46.00-M46.09,M60.10,M60.111-M60.19,M70.10-M70.52,M75.20-M75.22,M76.40-M76.72,M76.811-M76.9,M77.00-M77.9,Z45.42
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 493**
Condition: ANGIOEDEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D81.810,T78.3xxA-T78.3xxD
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 494**
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A81.89-A81.9,A83.0-A83.9,A84.0-A84.9,A85.0-A85.1,A85.8,A86,K44.9,S92.401A,S92.402A,S92.403A,S92.404A,S92.405A,S92.406A,S92.411A,S92.412A,S92.413A,S92.414A,S92.415A,S92.416A,S92.421A,S92.422A,S92.423A,S92.424A,S92.425A,S92.426A,S92.491A,S92.492A,S92.499A,S92.501A,S92.501D-S92.501G,S92.502A,S92.502D-S92.502G,S92.503A,S92.503D-S92.503G,S92.504A,S92.504D-S92.504G,S92.505A,S92.505D-S92.505G,S92.506A,S92.506D-S92.506G,S92.511A,S92.511D-S92.511G,S92.512A,S92.512D-S92.512G,S92.513A,S92.513D-S92.513G,S92.514A,S92.514D-S92.514G,S92.515A,S92.515D-S92.515G,S92.516A,S92.516D-S92.516G,S92.521A,S92.521D-S92.521G,S92.522A,S92.522D-S92.522G,S92.523A,S92.523D-S92.523G,S92.524A,S92.524D-S92.524G,S92.525A,S92.525D-S92.525G,S92.526A,S92.526D-S92.526G,S92.531A,S92.531D-S92.531G,S92.532A,S92.532D-S92.532G,S92.533A,S92.533D-S92.533G,S92.534A,S92.534D-S92.534G,S92.535A,S92.535D-S92.535G,S92.536A,S92.536D-S92.536G,S92.591A,S92.591D-S92.591G,S92.592A,S92.592D-S92.592G,S92.599A,S92.599D-S92.599G,S92.901G,S92.902G,S92.909G,S92.911A,S92.911G,S92.912A,S92.912G,S92.919A
CPT: 28510,28515,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 495**
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: B35.0-B35.9,B36.1-B36.9,B47.9,L08.1
CPT: 11720-11732,11750,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 496**
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX (See Guideline Notes 64,65,76,168)
Treatment: MEDICAL THERAPY
ICD-10: M84.38xD-M84.38xG,M84.48xD-M84.48xG,M84.550D-M84.550G,M84.68xD-M84.68xG,S22.20xA,S22.20xD-S22.20xG,S22.21xA,S22.21xD-S22.21xG,S22.22xA,S22.22xD-S22.22xG,S22.23xA,S22.23xD-S22.23xG,S22.24xA,S22.24xD-S22.24xG,S22.31xA,S22.31xD-S22.31xG,S22.32xA,S22.32xD-S22.32xG,S22.39xA,S22.39xD-S22.39xG,S22.41xA,S22.41xD-S22.41xG,S22.42xA,S22.42xD-S22.42xG,S22.43xA,S22.43xD-S22.43xG,S22.49xA,S22.49xD-S22.49xG,S22.5xxA,S22.5xxD-S22.5xxG,S22.9xxD-S22.9xxG,S32.2xxA-S32.2xxG
CPT: 21800,21820,27200,29200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 497**
 Condition: SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, CONVERSION DISORDER (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F44.4-F44.7,F44.9,F45.0-F45.1,F45.20-F45.9,F52.5
 CPT: 90846,90849,90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S9484,T1016
- Line: 498**
 Condition: SPASTIC DIPLEGIA
 Treatment: RHIZOTOMY
 ICD-10: G80.1
 CPT: 21720,21725,62350-62370,63185,63190,63295,95990,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 499**
 Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)
 Treatment: ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING)
 HCPCS: D4240-D4245,D4260,D4261,D4268-D4321,D4381,D5982
- Line: 500**
 Condition: HEPATORENAL SYNDROME (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: K76.7
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 501**
 Condition: PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F65.0-F65.4,F65.51-F65.9,F66,Z87.890
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S0270-S0274,S9484,T1016
- Line: 502**
 Condition: ECTROPION AND BENIGN NEOPLASM OF EYE
 Treatment: ECTROPION REPAIR
 ICD-10: D22.10-D22.12,D23.10-D23.12,D31.00-D31.92,H02.101-H02.149,H02.871-H02.879,H11.231-H11.239
 CPT: 21280,21282,67343,67700-67808,67820-67850,67880,67882,67914-67924,67950-67975,68110-68135,68320-68340,68362,68705,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 503**
 Condition: RAYNAUD'S SYNDROME (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: I73.00,I73.89-I73.9
 CPT: 64821-64823,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 504**
 Condition: CALCIUM PYROPHOSPHATE DEPOSITION DISEASE (CPPD) AND HYDROXYAPETITE DEPOSITION DISEASE (See Guideline Notes 6,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: M11.20,M11.211-M11.29
 CPT: 14060,14301,14302,15732,20900,21079,21080,21082,21083,30460,30462,30600,40500-40520,40650-40761,40810-40845,42145,42200-42281,92506-92508,92526,92607-92609,92633,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D5932,D5933,D5954-D5960,D5987,D5992,D5993,D7111-D7210,D7250,D7260,D7340,D7350,D7912,D8010-D8693,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152
- Line: 505**
 Condition: PHIMOSIS
 Treatment: SURGICAL TREATMENT
 ICD-10: N47.0-N47.1,N47.5
 CPT: 54150-54161,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 506**
 Condition: CERUMEN IMPACTION (See Guideline Notes 64,65)
 Treatment: REMOVAL OF EAR WAX
 ICD-10: H61.20-H61.23
 CPT: 69210,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 507**
 Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,65,159)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: K11.5-K11.9,R68.2
 CPT: 40810-40816,42300,42305,42330-42340,42408-42425,42440-42510,42600-42665,64611,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7980-D7982,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 508**
 Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: H02.721-H02.729,H10.401-H10.409,H10.421-H10.44,H10.501-H10.9,H11.141-H11.149,H11.421-H11.429,H16.261-H16.269
 CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 509**
 Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: M65.20,M65.221-M65.29,M66.10,M66.20,M66.9,M67.90,M67.911-M67.99,M70.031-M70.12,M70.31-M70.32,M70.41-M70.42,M71.10,M71.111-M71.19,M71.40,M71.421-M71.58,M71.9,M85.30,M85.311-M85.39,M89.00,M89.011-M89.09,M94.0,Q77.0-Q77.1,Q77.4-Q77.5,Q77.7-Q77.9,Q78.4,Q78.8-Q78.9
 CPT: 20550-20553,20600,20610,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 510**
Condition: ERYTHEMATOUS CONDITIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H01.121-H01.129,L00,L26,L30.4,L49.0-L49.9,L51.0,L51.8-L51.9,L52,L53.0-L53.9,L54,L71.0-L71.9,L92.0,L93.0-L93.2,L95.1,L98.2,S92.919G
CPT: 17340,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 511**
Condition: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
ICD-10: M25.70,M25.721-M25.749,M25.761-M25.776,M46.00-M46.09,M70.10-M70.52,M75.20-M75.22,M76.40-M76.72,M76.811-M76.9,M77.00-M77.9
CPT: 20550-20553,20600-20610,21032,23931,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26596,26820-26863,27060,27062,27097,27100-27122,27140-27185,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 512**
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J33.0-J33.9,J34.1,J34.81-J34.9,T70.1xxA-T70.1xxD
CPT: 30000,30020,30110-30140,30200-30930,31000-31230,31237-31297,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 513**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3347,D3421,D3426-D3450
- Line: 514**
Condition: CIRCUMSCRIBED SCLERODERMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L94.0-L94.1,L94.3
CPT: 11900,11901,17000-17004,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 515**
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Notes 6,64,65,164)
Treatment: MEDICAL THERAPY
ICD-10: E08.41,E08.44,E09.41,E09.44,E10.40-E10.42,E10.44-E10.49,E11.40-E11.42,E11.44-E11.49,E13.40-E13.42,E13.44-E13.49,G54.0-G54.9,G55,G56.10-G56.12,G56.30-G56.92,G57.00-G57.22,G57.70-G57.92,G58.0-G58.9,G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,M53.0
CPT: 90284,97001-97004,97022,97024,97110,97112,97116,97124,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 516**
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION (See Guideline Notes 64,65,165)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H04.001-H04.9,M35.00,P39.1,S01.159A-S01.159D
CPT: 67880,67882,68420,68520,68530,68720-68840,92002-92060,92071,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 517**
Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 64,65,96)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D17.71,D30.00-D30.9,D3A.093
CPT: 50542,50543,50545,50546,50562,52224,52282,53260,53265,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 518**
Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H81.10-H81.23,H81.311-H81.93,H83.11-H83.19,H83.2x1-H83.2x9,H83.8x1-H83.93,T75.3xxA-T75.3xxD
CPT: 69666,69667,69805,69806,69915,69950,92531-92542,92544-92548,95992,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 519**
Condition: ESOPHAGITIS AND GERD; ESOPHAGEAL SPASM; ASYMPTOMATIC DIAPHRAGMATIC HERNIA (See Guideline Notes 1,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: K20.0-K20.9,K21.0-K21.9,K22.10,K22.5,K22.70,K22.710-K22.719,T17.218A-T17.218D,T17.318A-T17.318D,T18.118A-T18.118D
CPT: 43228,43248,43249,43255,43256,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 520**
Condition: HIDRADENITIS SUPPURATIVA; DISSECTING CELLULITIS OF THE SCALP
Treatment: MEDICAL THERAPY
ICD-10: L66.3,L73.2
CPT: 11000,11001,11450-11471,11900,11901,64650,64653,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 521**
Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: N41.1,N41.3,N41.9,N42.0-N42.3,N42.81-N42.9
CPT: 55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 522**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Notes 64,65,164)
Treatment: MEDICAL THERAPY
ICD-10: I80.00-I80.03,I80.3-I80.9,I82.711-I82.719,I82.811-I82.819,I83.10-I83.12,I87.021-I87.029,I87.321-I87.329,Z79.01
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 523**
Condition: DISORDERS OF SWEAT GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L30.1,L74.0-L74.4,L74.510-L74.9,L75.0-L75.9,R61
CPT: 11450-11471,64650,64653,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 524**
 Condition: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,65)
 Treatment: INCISION/EXCISION/ENDOSCOPY
 ICD-10: J38.00-J38.02
 CPT: 31582,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 525**
 Condition: POSTTHROMBOTIC SYNDROME
 Treatment: MEDICAL THERAPY
 ICD-10: I87.001-I87.009,I87.021-I87.029,I87.091-I87.099
 CPT: 29582-29584,36468-36479,37700-37761,37766-37790,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 526**
 Condition: FOREIGN BODY IN GASTROINTESTINAL TRACT WITHOUT RISK OF PERFORATION OR OBSTRUCTION (See Guideline Note 76)
 Treatment: MEDICAL THERAPY
 ICD-10: T18.2xxA-T18.2xxD,T18.3xxA-T18.3xxD,T18.4xxA-T18.4xxD,T18.5xxA-T18.5xxD,T18.8xxA-T18.8xxD,T18.9xxA-T18.9xxD
 CPT: 43247,44363,44383,44390,45307,45332,45378,45379,45915,46608,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 527**
 Condition: PANNICULITIS (See Guideline Notes 1,64,65,76)
 Treatment: MEDICAL THERAPY
 ICD-10: M35.6,M79.3
 CPT: 68760,68761,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 528**
 Condition: ROSACEA; ACNE (See Guideline Notes 64,65)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: L70.0-L70.9,L73.0
 CPT: 10040-10061,11450-11471,11900,11901,17000,17340,17360,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 529**
 Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)
 Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
 ICD-10: F52.0-F52.1,F52.21-F52.4,F52.6-F52.9,N52.01-N52.9,N53.11,N53.13-N53.19,R37
 CPT: 54400-54417,90785,90832-90840,90846-90853,90882,90887,93980,93981,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0035,H0038,H2011,H2014,H2027,H2032,S0270-S0274,S9484,T1016
- Line: 530**
 Condition: UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA) (See Guideline Notes 64,65)
 Treatment: REPAIR
 ICD-10: K40.20-K40.21,K40.90-K40.91,K41.20-K41.21,K41.90-K41.91,K42.9,K43.2,K43.5,K43.9,K45.8,K46.9
 CPT: 44050,49250,49505,49520,49525-49550,49555,49560,49565,49568,49570,49580,49585,49590,49650-49659,55540,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 531**
 Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
 Treatment: EXCISION, RECONSTRUCTION
 ICD-10: D14.0
 CPT: 30117-30150,30520,31020,31032,31201,69145,69501-69554,69960,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 532**
 Condition: CHRONIC ANAL FISSURE (See Guideline Notes 1,52,64,65,76)
 Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
 ICD-10: K60.1-K60.2
 CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46700,46706,46707,46940,46942,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 533**
 Condition: BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,7,11,64,65,100,168)
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 ICD-10: D16.00-D16.9,D21.0,D21.10-D21.9,D36.10-D36.17,D61.810,M12.20,M12.211-M12.29,M27.1,M27.40-M27.49,M27.8,M85.00,M85.011-M85.09,M85.40,M85.411-M85.69
 CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20610,20615,20900,20930-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600,21930-21936,22532-22819,22851,23071-23076,23101,23140-23156,23200,24071-24079,24105-24126,24420,24498,25000,25071,25073,25110-25136,25170-25240,25295-25301,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27337,27339,27355-27358,27365,27465-27468,27495,27630-27638,27645-27647,27656,27745,28039-28045,28100-28108,28122,28124,28171-28175,28820,28825,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,96405,96406,96420-96440,96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 534**
 Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,65)
 Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
 ICD-10: M20.001-M20.019,M20.091-M20.099,M21.00,M21.021-M21.079,M21.121-M21.169,M21.20,M21.211-M21.279,M21.371-M21.379,M21.519-M21.529,M21.6x1-M21.739,M21.80,M21.821-M21.959,M23.50,M24.031-M24.059,M24.121-M24.159,M24.621-M24.659,M24.7,M24.821-M24.859,M25.111-M25.18,M25.221-M25.269,M25.321-M25.369,M25.811-M25.879,M42.10-M42.9,M72.1,M72.4,M85.9,M89.121-M89.18,M89.9,M92.00-M92.12,M92.201-M92.32,M92.8-M92.9,M93.1,M93.80,M93.811-M93.99,M94.9,M95.5-M95.8,M99.85-M99.87,M99.89,Q65.9,Q67.6-Q67.8,Q68.1-Q68.5,Q68.8,Q72.70,Q74.0-Q74.9,Q79.6-Q79.8
 CPT: 11042,11045,14040,14041,14301,14302,15040,15110-15120,15130-15261,20150,20690-20694,20900,20920-20924,21740-21743,24000,24006,24101,24102,25101-25109,25320,25335,25337,25390-25393,25441-25492,25810-25830,26035,26055,26060,26121-26180,26320,26390,26432,26440-26596,26820-26863,27097,27100-27122,27140,27185,27306,27307,27435,27448-27455,27465-27468,27475-27485,27590,27656,27676,27685-27690,27705,27715,27727-27742,28300,29075,29130,29345,29861-29863,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 535**
 Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65,76,157)
 Treatment: MEDICAL AND SURGICAL THERAPY
 ICD-10: D78.02,E08.43,E09.43,E13.43,G43.A0-G43.A1,G43.D0-G43.D1,K30,K31.0,K31.2,K31.4,K31.83-K31.9,K58.0-K58.9,K59.00-K59.1,K59.4-K59.9,K91.0-K91.1,K91.89,P78.0-P78.3,P78.82-P78.9,R15.0,R15.2-R15.9
 CPT: 44141-44144,44188,44206,44208,44320-44346,44604,44605,45110,45395,45397,45805,45825,46761,50810,57307,88304,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99505,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 536**
 Condition: CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Notes 55,64,65,110)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: N70.11-N70.93,N71.1-N71.9,N73.1-N73.2,N73.4-N73.9,N74,N83.8,N94.0-N94.2,N94.810-N94.89,R10.2
 CPT: 49322,58150,58180,58260,58262,58290,58291,58400,58410,58541-58544,58550-58554,58562,58570-58573,58660-58662,58700-58740,58805,58925,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 537**
 Condition: ATOPIC DERMATITIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: L20.0,L20.81-L20.82,L20.84-L20.89
 CPT: 86486,95004,95018-95180,96900-96913,96921,96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 538**
 Condition: CONTACT DERMATITIS AND OTHER ECZEMA (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: H60.501-H60.93,L23.0-L23.7,L23.81-L23.9,L24.0-L24.7,L24.81-L24.9,L25.0-L25.9,L30.0,L30.2,L30.8-L30.9,L56.0-L56.4,L56.8-L56.9,L57.1,L57.5-L57.9,L58.0-L58.9,L59.0-L59.9
 CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 539**
 Condition: HYPOTENSION (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: G90.01,I95.0-I95.3,I95.81-I95.9
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 540**
 Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Guideline Notes 61,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: B01.11-B01.12,B05.0,B06.00-B06.09,B06.82,G04.81-G04.91,G37.4
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 541**
 Condition: PERIPHERAL NERVE DISORDERS (See Guideline Note 164)
 Treatment: SURGICAL TREATMENT
 ICD-10: E08.41,E09.41,E10.40-E10.42,E10.49,E11.40-E11.42,E11.49,E13.40-E13.42,E13.49,G54.0-G54.4,G54.6-G54.9,G55,G56.10-G56.12,G56.30-G56.92,G57.00-G57.22,G57.70-G57.92,G58.0-G58.9,M53.0
 CPT: 23397,64702-64719,64722-64727,64774-64792,64820,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 542**
 Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
 Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
 HCPCS: D3331,D3333,D3348,D3425-D3450

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- Line: 543**
Condition: ICHTHYOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: Q80.0-Q80.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 544**
Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXCISION
ICD-10: G57.60-G57.62,M72.2
CPT: 20550,20605,28008,28060,28080,29893,64455,64632,64726,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 545**
Condition: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 1,6,56,64,65,72,92,94,101,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M24.08,M25.78,M43.20-M43.28,M43.8x9,M46.1,M46.40-M46.49,M47.811-M47.9,M48.30-M48.38,M48.9,M50.20-M50.93,M51.24-M51.9,M53.2x7-M53.2x8,M53.3,M53.80-M53.9,M54.00-M54.09,M54.2,M54.5-M54.6,M54.81-M54.9,M62.830,M96.1,M99.00-M99.09,M99.12-M99.13,S13.0xxA-S13.0xxD,S13.4xxA-S13.4xxD,S13.8xxA-S13.8xxD,S13.9xxA-S13.9xxD,S16.1xxA-S16.1xxD,S23.0xxA-S23.0xxD,S23.100A-S23.100D,S23.101A-S23.101D,S23.110A-S23.110D,S23.111A-S23.111D,S23.120A-S23.120D,S23.121A-S23.121D,S23.122A-S23.122D,S23.123A-S23.123D,S23.130A-S23.130D,S23.131A-S23.131D,S23.132A-S23.132D,S23.133A-S23.133D,S23.140A-S23.140D,S23.141A-S23.141D,S23.142A-S23.142D,S23.143A-S23.143D,S23.150A-S23.150D,S23.151A-S23.151D,S23.152A-S23.152D,S23.153A-S23.153D,S23.160A-S23.160D,S23.161A-S23.161D,S23.162A-S23.162D,S23.163A-S23.163D,S23.170A-S23.170D,S23.171A-S23.171D,S23.3xxA-S23.3xxD,S23.8xxA-S23.8xxD,S23.9xxA-S23.9xxD,S33.0xxA-S33.0xxD,S33.100A-S33.100D,S33.101A-S33.101D,S33.110A-S33.110D,S33.111A-S33.111D,S33.120A-S33.120D,S33.121A-S33.121D,S33.130A-S33.130D,S33.131A-S33.131D,S33.140A-S33.140D,S33.141A-S33.141D,S33.5xxA-S33.5xxD,S33.9xxA-S33.9xxD,S39.092A-S39.092D,S39.82xA-S39.82xD,S39.92xA-S39.92xD
CPT: 20550,20660,20661,20665,22856-22865,27035,62367-62370,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 546**
Condition: TENSION HEADACHES (See Guideline Notes 64,65,92)
Treatment: MEDICAL THERAPY
ICD-10: G44.201-G44.89,R51
CPT: 97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 547**
Condition: MILD PSORIASIS ; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED (See Guideline Notes 57,64,65)
Treatment: MEDICAL THERAPY
ICD-10: B35.0,B35.2,B35.4-B35.5,B35.8,L41.0-L41.9,L44.0,L94.5
CPT: 11900,11901,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 548**
Condition: DEFORMITIES OF FOOT (See Guideline Notes 64,65)
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-10: M20.10-M20.12,M20.30-M20.42,M20.5x1-M20.62,M21.171-M21.172,M21.539-M21.549,M21.961-M21.969,M24.674-M24.676,M24.871-M24.876,M25.271-M25.279,M25.371-M25.376,M92.60-M92.72,Q66.50-Q66.52,Q66.80-Q66.9,Q72.70,Q74.2
CPT: 20920-20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160,28220-28341,28360,28705-28760,29405,29425,29450,29750,29904-29907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 549**
 Condition: FOREIGN BODY GRANULOMA OF MUSCLE, SKIN AND SUBCUTANEOUS TISSUE (See Guideline Notes 64,65,76)
 Treatment: REMOVAL OF GRANULOMA
 ICD-10: L92.3,M60.20,M60.211-M60.28
 CPT: 21011-21014,21552-21556,21930-21933,22901-22903,23071-23076,24071-24076,25071-25076,26111-26116,27043-27048,27327,27328,27337,27339,27618,27619,27632,27634,28039-28045,28192,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 550**
 Condition: HYDROCELE (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY, EXCISION
 ICD-10: N43.3,N43.40-N43.42,N50.8,N94.89,P83.5
 CPT: 54840,55000-55060,55500,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 551**
 Condition: SYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: L50.0-L50.1,L50.5-L50.8,T78.1xxA-T78.1xxD
 CPT: 96900-96913,96921,96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 552**
 Condition: IMPULSE DISORDERS (See Guideline Notes 58,64,65)
 Treatment: MEDICAL/PSYCHOTHERAPY
 ICD-10: F63.1-F63.3,F63.81-F63.89
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 553**
 Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,65)
 Treatment: VENOUS INJECTION, VASCULAR SURGERY
 ICD-10: I86.0-I86.2
 CPT: 36470,55530,55535,55550,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 554**
 Condition: ASEPTIC MENINGITIS (See Guideline Notes 61,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: A87.0-A87.9,A88.0,A88.8,A89,B01.0,B05.1,G03.2
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 555**
 Condition: TMJ DISORDER (See Guideline Notes 64,65)
 Treatment: TMJ SPLINTS
 ICD-10: M26.60-M26.69,S03.4xxA-S03.4xxD
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7880,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 556**
 Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 36,64,65)
 Treatment: TONSILLECTOMY AND ADENOIDECTOMY
 ICD-10: J35.01-J35.9
 CPT: 42820-42836,42860,42870,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 557**
 Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Guideline Notes 61,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: K52.1-K52.2,K52.81-K52.9
 CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 558**
 Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR (See Guideline Notes 64,65)
 Treatment: DRAINAGE
 ICD-10: H61.101-H61.199,H61.811-H61.899,M95.10-M95.12
 CPT: 10140,69000-69020,69140,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 559**
 Condition: MILD ECZEMATOUS AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: H01.111-H01.119,H01.131-H01.149,L11.0,L11.8-L11.9,L20.83,L21.0-L21.9,L28.0-L28.2,L29.0-L29.9,L30.3,L57.2,L57.4,L66.4,L83,L85.0-L85.2,L85.8-L85.9,L86,L87.0-L87.9,L90.1-L90.4,L90.6-L90.9,L91.8-L91.9,L92.2,L94.8-L94.9,L98.1,L98.5-L98.6
 CPT: 11000-11057,11200,11201,11401-11406,11900,11950-11954,17000-17004,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 560**
 Condition: CHONDROMALACIA (See Guideline Notes 6,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: M94.20,M94.211-M94.29
 CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 561**
 Condition: CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: N28.1
 CPT: 50390,50541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 562**
 Condition: DYSMENORRHEA (See Guideline Notes 59,64,65)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: N94.3-N94.6
 CPT: 58150,58180,58260,58290,58541-58544,58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 563**
Condition: OPEN WOUND OF EAR DRUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H72.00-H72.13,H72.2x1-H72.93,S09.20xA-S09.20xD,S09.21xA-S09.21xD,S09.22xA-S09.22xD
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 564**
Condition: SPASTIC DYSPHONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: R49.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2340,S2341
- Line: 565**
Condition: MACROMASTIA
Treatment: BREAST REDUCTION
ICD-10: N62
CPT: 19318,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 566**
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H10.011-H10.239,H10.411-H10.419,H10.45,H11.111-H11.129,J30.0-J30.5,J30.81-J30.9,J31.0-J31.2,T78.40xA-T78.40xD,T78.49xA-T78.49xD
CPT: 30420,86486,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 567**
Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS
Treatment: LIVER TRANSPLANT
ICD-10: C22.0-C22.8,T86.40-T86.49,Z51.11,Z52.6
CPT: 47133-47147,86825-86835,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 568**
Condition: BENIGN NEOPLASM AND CONDITIONS OF EXTERNAL FEMALE GENITAL ORGANS (See Guideline Note 76)
Treatment: EXCISION
ICD-10: D28.0-D28.1,D28.7-D28.9,I86.3,N89.9
CPT: 56440,56441,56501,57130,57135,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 569**
Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: H00.011-H00.029,H00.11-H00.19,H02.70,H02.79,H02.821-H02.829,H02.861-H02.869
CPT: 67700,67800-67808,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 570**
Condition: CONDUCTIVE HEARING LOSS
Treatment: AUDIANT BONE CONDUCTORS
ICD-10: H90.0,H90.11-H90.2,H90.6,H90.71-H90.8,Z01.12
CPT: 69710,69711,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 571**
Condition: ACUTE ANAL FISSURE (See Guideline Notes 64,65)
Treatment: FISSURECTOMY, MEDICAL THERAPY
ICD-10: K60.0
CPT: 46200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 572**
Condition: PLEURISY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J92.0-J92.9,J94.1,J94.8-J94.9,R09.1
CPT: 32200,32215-32310,32550,32552,32560-32562,32650-32652,32655,32664,32665,32940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 573**
Condition: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-10: K66.0,K66.8-K66.9,K68.9,N99.4
CPT: 44005,44180,44603,44604,49423,49424,58660-58662,58740,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 574**
Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L27.1-L27.9
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 575**
Condition: BLEPHARITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H01.001-H01.029,H01.8-H01.9,H02.831-H02.839
CPT: 92002-92060,92071,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 576**
Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: N40.0,N40.2-N40.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 577**
Condition: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,43,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H18.821-H18.829,T81.82xA-T81.82xD,T81.9xA-T81.9xD
CPT: 38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 578**
Condition: ANEMIAS DUE TO DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D61.811,D63.0-D63.8,D64.81,D64.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 579**
Condition: LYMPHEDEMA (See Guideline Notes 6,43,64,65)
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-10: I89.0-I89.9,Q82.0
CPT: 29581-29584,38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97110,97124,97140,97530,97760,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 580**
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.0-F60.2,F60.4-F60.7,F60.81-F60.9,F68.8,F69
CPT: 90846,90849,90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9484,T1005,T1016
- Line: 581**
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H83.01-H83.09
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 582**
Condition: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT (See Guideline Notes 64,65)
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-10: J34.2-J34.3,M95.0,Q67.4,S02.2xxA
CPT: 14060,14301,14302,20912,21325-21335,30115,30117,30124-30430,30465,30520,30580,30620,30630,31020-31200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: D7260,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 583**
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: E08.638,E09.638,K12.1,K12.30-K12.39,K13.1,K13.4,K13.6,K13.70-K13.79,K14.0
CPT: 40650,40805,40810-40816,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 584**
Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, ORTHOTIC
ICD-10: M21.40-M21.42,Q69.2-Q69.9,Q70.20-Q70.9
CPT: 11200,26951,28344,28345,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 585**
Condition: INFECTIOUS MONONUCLEOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B27.00-B27.99
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 586**
Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: N34.2-N34.3,N36.2,N36.8-N36.9,N39.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 587**
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: Q50.01-Q50.6,Q51.0,Q51.10-Q51.4,Q51.6,Q51.810-Q51.818,Q51.9,Q52.4
CPT: 57135,57720,58400,58540,58559-58562,58660-58662,58700-58740,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 588**
Condition: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Notes 6,60,64,65,100,105)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-10: M40.00-M40.05,M40.202-M40.57,M41.00-M41.08,M41.112-M41.35,M41.80-M41.9,M43.00-M43.19,M43.8x1-M43.8x8,M43.9,M48.00-M48.27,M96.2-M96.5,M99.20-M99.79,M99.83-M99.84,Q67.5,Q68.0,Q76.0-Q76.3,Q76.411-Q76.49,Q76.6-Q76.9,Q77.2
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,63050,63051,97001-97004,97010,97012,97022,97110-97124,97140-97530,97535,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 589**
Condition: THROMBOTIC DISORDERS
Treatment: MEDICAL THERAPY
ICD-10: D68.51-D68.69
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9345
- Line: 590**
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B37.0,B37.2,B37.83,B37.9,K13.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 591**
 Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMISS (See Guideline Notes 64,65)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: D29.1,D29.20-D29.32,D29.8-D29.9
 CPT: 54231,54512,54522,54900,54901,55200,55600-55680,55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 592**
 Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
 Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
 ICD-10: K08.20-K08.26
 CPT: 15574,20902,21210,21215,21244-21249,40840,40842,40845,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7340,D7350,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 593**
 Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: L21.9,L60.1-L60.9,L62,L63.0-L63.9,L64.0-L64.9,L65.0-L65.9,L66.0,L66.2-L66.3,L66.8-L66.9,L67.0-L67.9,L68.0-L68.9,L73.1,L73.8-L73.9,Q84.0-Q84.6
 CPT: 11000,11001,11720-11765,11900,11901,17380,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 594**
 Condition: OBESITY (ADULT BMI \geq 30, CHILDHOOD BMI \geq 95 PERCENTILE) (See Guideline Notes 8,64,65)
 Treatment: NON-INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; BARIATRIC SURGERY FOR OBESITY WITH A SIGNIFICANT COMORBIDITY OTHER THAN TYPE II DIABETES & BMI \geq 35 OR BMI \geq 40 WITHOUT A SIGNIFICANT COMORBIDITY
 ICD-10: E66.01-E66.2,E66.8-E66.9,Z71.3
 CPT: 43644,43645,43770-43775,43846-43848,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0447,S0270-S0274
- Line: 595**
 Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: J03.80-J03.91
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 596**
 Condition: CORNS AND CALLUSES (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: L84
 CPT: 11055-11057,17000-17004,17110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S0390
- Line: 597**
 Condition: SYNOVITIS AND TENOSYNOVITIS (See Guideline Notes 6,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: M65.10,M65.111-M65.19,M65.30,M65.311-M65.9,M67.30,M67.311-M67.39
 CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 598**
Condition: PROLAPSED URETHRAL MUCOSA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: N36.2,N36.8
CPT: 51840,51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,77321,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 599**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS,ONLAYS,GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS: D2410-D2544,D2720-D2750,D2780-D2794,D2929,D2952,D2953,D2971,D2981,D2982,D4249,D5213,D5214,D5281,D5810,D5811,D5862-D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790,D6793-D6920,D6940,D6950,D9950
- Line: 600**
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: C26.1-C26.9,C45.7-C45.9,C7A.1-C7A.8,C7B.00-C7B.8,C76.1-C76.3,C76.40-C76.8,C77.0-C77.9,C78.00-C78.6,C78.80-C78.89,C79.81-C79.9,C80.0-C80.1,D44.9,Z85.020,Z85.030,Z85.040,Z85.060,Z85.110,Z85.230,Z85.520,Z85.821,Z85.858
CPT: 11600-11646,32553,36260-36262,36522,38720,38724,38745,41110-41114,41130,42120,42842-42845,43216-43228,43248-43250,47420,47425,47610,47741,47785,49411,58951,60600-60650,61500,61510,61517-61521,61546,61548,61586,77014,77261-77295,77300-77370,77401-77432,77469,77470,77761-77790,79005-79445,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537
- Line: 601**
Condition: GANGLION (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-10: M67.40,M67.411-M67.49,M71.30,M71.311-M71.39
CPT: 10140,10160,20551-20553,20600-20612,25111,25112,26160,28090,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 602**
Condition: EPISCLERITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H15.101-H15.129
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 603**
Condition: DIAPER RASH (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L22
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 604**
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE
ICD-10: Q38.1-Q38.3
CPT: 40806,40819,41010,41115,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 605**
 Condition: INCONSEQUENTIAL CYSTS OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
 Treatment: INCISION AND DRAINAGE
 ICD-10: K09.8-K09.9,K11.1,K13.5
 CPT: 40800,41005-41009,41015-41018,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7460,D7461,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 606**
 Condition: CONGENITAL DEFORMITIES OF KNEE (See Guideline Notes 64,65)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: M67.50-M67.52,Q68.2,Q74.1
 CPT: 27403-27416,27420-27429,27435,27465-27468,27656,29871-29889,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 607**
 Condition: CHRONIC PANCREATITIS
 Treatment: SURGICAL TREATMENT
 ICD-10: K86.0-K86.1
 CPT: 48020,48120,48548,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 608**
 Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: B00.1,B00.9,B10.81-B10.89
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 609**
 Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
 Treatment: COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)
 HCPCS: D5860,D5861,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6975
- Line: 610**
 Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
 Treatment: OTOPLASTY, REPAIR AND AMPUTATION
 ICD-10: Q16.2,Q17.0-Q17.9,Z01.12
 CPT: 21086,21089,69110,69300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D5914,D5927,D5992,D5993,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 611**
 Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE (See Guideline Note 12)
 Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
 ICD-10: L91.0,L92.9
 CPT: 11200-11446,11900,11901,12032,17000-17004,32553,49411,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 612**
 Condition: DISORDERS OF SOFT TISSUE (See Guideline Notes 64,65,72)
 Treatment: MEDICAL THERAPY
 ICD-10: G90.50,M43.6,M60.80,M60.81-M60.9,M70.80,M70.81-M70.99,M72.9,M79.0-M79.2,M79.4,M79.601-M79.7,M79.81-M79.9,S16.8xxA-S16.8xxD,S16.9xxA-S16.9xxD,Z45.42
 CPT: 11042,11045,14040,14041,14301,14302,20550,20600-20610,62367-62370,95990,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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Line: 613
Condition: MINOR BURNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY

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ICD-10: L55.0-L55.1, L55.9, T20.00xA-T20.00xD, T20.011A-T20.011D, T20.012A-T20.012D, T20.019A-T20.019D, T20.02xA-T20.02xD, T20.03xA-T20.03xD, T20.04xA-T20.04xD, T20.05xA-T20.05xD, T20.06xA-T20.06xD, T20.07xA-T20.07xD, T20.09xA-T20.09xD, T20.10xA-T20.10xD, T20.111A-T20.111D, T20.112A-T20.112D, T20.119A-T20.119D, T20.12xA-T20.12xD, T20.13xA-T20.13xD, T20.14xA-T20.14xD, T20.15xA-T20.15xD, T20.16xA-T20.16xD, T20.17xA-T20.17xD, T20.19xA-T20.19xD, T20.20xA-T20.20xD, T20.211A-T20.211D, T20.212A-T20.212D, T20.219A-T20.219D, T20.22xA-T20.22xD, T20.23xA-T20.23xD, T20.24xA-T20.24xD, T20.25xA-T20.25xD, T20.26xA-T20.26xD, T20.27xA-T20.27xD, T20.29xA-T20.29xD, T20.40xA-T20.40xD, T20.411A-T20.411D, T20.412A-T20.412D, T20.419A-T20.419D, T20.42xA-T20.42xD, T20.43xA-T20.43xD, T20.44xA-T20.44xD, T20.45xA-T20.45xD, T20.46xA-T20.46xD, T20.47xA-T20.47xD, T20.49xA-T20.49xD, T20.50xA-T20.50xD, T20.511A-T20.511D, T20.512A-T20.512D, T20.519A-T20.519D, T20.52xA-T20.52xD, T20.53xA-T20.53xD, T20.54xA-T20.54xD, 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HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 614

Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: F10.182,F10.282,F10.982,F11.182,F11.282,F11.982,F13.182,F13.282,F13.982,F14.182,F14.282,F14.982,F15.182,F15.282,F15.982,F19.182,F19.282,F19.982,F51.01-F51.12,F51.19-F51.8,G25.70-G25.81,G25.89,G26,G47.00-G47.09,G47.11-G47.13,G47.19-G47.29,G47.32,G47.411-G47.419,G47.50-G47.51,G47.53-G47.9

CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 615

Condition: ORAL APHTHAE (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: K12.0

CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 616
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes 6,64,65,97,98,105)
Treatment: MEDICAL THERAPY

DRAFT

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

ICD-10: M22.2x1-M22.92,M23.000-M23.92,M24.20,M24.211-M24.28,M24.661-M24.669,Q68.6,S03.8xxA-S03.8xxD,
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PRIORITIZED LIST OF HEALTH SERVICES

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 S83.501A-S83.501D,S83.502A-S83.502D,S83.509A-S83.509D,S83.511A-S83.511D,S83.512A-S83.512D,
 S83.519A-S83.519D,S83.521A-S83.521D,S83.522A-S83.522D,S83.529A-S83.529D,S83.60xA-S83.60xD,
 S83.61xA-S83.61xD,S83.62xA-S83.62xD,S83.8x1A-S83.8x1D,S83.8x2A-S83.8x2D,S83.8x9A-S83.8x9D,
 S83.90xA-S83.90xD,S83.91xA-S83.91xD,S83.92xA-S83.92xD,S86.111A-S86.111D,S86.112A-S86.112D,
 S86.119A-S86.119D,S86.211A-S86.211D,S86.212A-S86.212D,S86.219A-S86.219D,S86.311A-S86.311D,
 S86.312A-S86.312D,S86.319A-S86.319D,S86.811A-S86.811D,S86.812A-S86.812D,S86.819A-S86.819D,
 S86.911A-S86.911D,S86.912A-S86.912D,S86.919A-S86.919D,S93.401A-S93.401D,S93.402A-S93.402D,
 S93.409A-S93.409D,S93.411A-S93.411D,S93.412A-S93.412D,S93.419A-S93.419D,S93.421A-S93.421D,
 S93.422A-S93.422D,S93.429A-S93.429D,S93.431A-S93.431D,S93.432A-S93.432D,S93.439A-S93.439D,
 S93.501A-S93.501D,S93.502A-S93.502D,S93.503A-S93.503D,S93.504A-S93.504D,S93.505A-S93.505D,
 S93.506A-S93.506D,S93.509A-S93.509D,S93.511A-S93.511D,S93.512A-S93.512D,S93.513A-S93.513D,
 S93.514A-S93.514D,S93.515A-S93.515D,S93.516A-S93.516D,S93.519A-S93.519D,S93.521A-S93.521D,
 S93.522A-S93.522D,S93.523A-S93.523D,S93.524A-S93.524D,S93.525A-S93.525D,S93.526A-S93.526D,
 S93.529A-S93.529D,S93.601A-S93.601D,S93.602A-S93.602D,S93.609A-S93.609D,S93.611A-S93.611D,
 S93.612A-S93.612D,S93.619A-S93.619D,S93.621A-S93.621D,S93.622A-S93.622D,S93.629A-S93.629D,
 S93.691A-S93.691D,S93.692A-S93.692D,S93.699A-S93.699D,S96.011A-S96.011D,S96.012A-S96.012D,
 S96.019A-S96.019D,S96.111A-S96.111D,S96.112A-S96.112D,S96.119A-S96.119D,S96.211A-S96.211D,
 S96.212A-S96.212D,S96.219A-S96.219D,S96.811A-S96.811D,S96.812A-S96.812D,S96.819A-S96.819D,
 S96.911A-S96.911D,S96.912A-S96.912D,S96.919A-S96.919D

CPT: 24341,27347,27590,29240-29280,29520-29550,97001-97004,97012,97022,97110-97124,97140-97530,97535,
 97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-
 99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 617

Condition: ASYMPTOMATIC URTICARIA (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: L50.2-L50.4,L50.9

CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,
 99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 618

Condition: FINGERTIP AVULSION

Treatment: REPAIR WITHOUT PEDICLE GRAFT

ICD-10: S61.001A-S61.001D,S61.002A-S61.002D,S61.009A-S61.009D,S61.011A-S61.011D,S61.012A-S61.012D,
 S61.019A-S61.019D,S61.031A-S61.031D,S61.032A-S61.032D,S61.039A-S61.039D,S61.051A-S61.051D,
 S61.052A-S61.052D,S61.059A-S61.059D,S61.101A-S61.101D,S61.102A-S61.102D,S61.109A-S61.109D,
 S61.111A-S61.111D,S61.112A-S61.112D,S61.119A-S61.119D,S61.131A-S61.131D,S61.132A-S61.132D,
 S61.139A-S61.139D,S61.151A-S61.151D,S61.152A-S61.152D,S61.159A-S61.159D,S61.200A-S61.200D,
 S61.201A-S61.201D,S61.202A-S61.202D,S61.203A-S61.203D,S61.204A-S61.204D,S61.205A-S61.205D,
 S61.206A-S61.206D,S61.207A-S61.207D,S61.208A-S61.208D,S61.209A-S61.209D,S61.210A-S61.210D,
 S61.211A-S61.211D,S61.212A-S61.212D,S61.213A-S61.213D,S61.214A-S61.214D,S61.215A-S61.215D,
 S61.216A-S61.216D,S61.217A-S61.217D,S61.218A-S61.218D,S61.219A-S61.219D,S61.230A-S61.230D,
 S61.231A-S61.231D,S61.232A-S61.232D,S61.233A-S61.233D,S61.234A-S61.234D,S61.235A-S61.235D,
 S61.236A-S61.236D,S61.237A-S61.237D,S61.238A-S61.238D,S61.239A-S61.239D,S61.250A-S61.250D,
 S61.251A-S61.251D,S61.252A-S61.252D,S61.253A-S61.253D,S61.254A-S61.254D,S61.255A-S61.255D,
 S61.256A-S61.256D,S61.257A-S61.257D,S61.258A-S61.258D,S61.259A-S61.259D,S61.300A-S61.300D,
 S61.301A-S61.301D,S61.302A-S61.302D,S61.303A-S61.303D,S61.304A-S61.304D,S61.305A-S61.305D,
 S61.306A-S61.306D,S61.307A-S61.307D,S61.308A-S61.308D,S61.309A-S61.309D,S61.310A-S61.310D,
 S61.311A-S61.311D,S61.312A-S61.312D,S61.313A-S61.313D,S61.314A-S61.314D,S61.315A-S61.315D,
 S61.316A-S61.316D,S61.317A-S61.317D,S61.318A-S61.318D,S61.319A-S61.319D,S61.330A-S61.330D,
 S61.331A-S61.331D,S61.332A-S61.332D,S61.333A-S61.333D,S61.334A-S61.334D,S61.335A-S61.335D,
 S61.336A-S61.336D,S61.337A-S61.337D,S61.338A-S61.338D,S61.339A-S61.339D,S61.350A-S61.350D,
 S61.351A-S61.351D,S61.352A-S61.352D,S61.353A-S61.353D,S61.354A-S61.354D,S61.355A-S61.355D,
 S61.356A-S61.356D,S61.357A-S61.357D,S61.358A-S61.358D,S61.359A-S61.359D

CPT: 12001,12002,14040,14041,14301-14350,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,
 99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 619**
 Condition: ABUSE OF NONADDICTIVE SUBSTANCES
 Treatment: MEDICAL THERAPY
 ICD-10: F55.0-F55.2,F55.4-F55.8
 CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,H0004-H0006,H0015,H0016,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,S0270-S0274,T1006,T1007,T1502
- Line: 620**
 Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: S02.0xxA,S02.10xA,S02.110A,S02.111A,S02.112A,S02.113A,S02.118A,S02.119A,S02.19xA,S02.91xA,S06.0x0A-S06.0x0D,S06.2x0A-S06.2x0D,S06.300A-S06.300D,S06.310A-S06.310D,S06.320A-S06.320D,S06.330A-S06.330D,S06.370A-S06.370D
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 621**
 Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS (See Guideline Notes 64,65)
 Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
 ICD-10: B07.0-B07.9,B08.1
 CPT: 11055-11057,11420-11424,11900,11901,17000-17004,17110,17111,28039-28043,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 622**
 Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: J00,J06.0-J06.9
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 623**
 Condition: OTHER VIRAL INFECTIONS (See Guideline Notes 61,64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: A88.1,A96.0-A96.9,A98.3-A98.5,B01.81-B01.9,B04,B05.3-B05.4,B05.81-B05.9,B06.89-B06.9,B08.010-B08.011,B08.09,B08.20-B08.8,B09,B25.8-B25.9,B26.0-B26.2,B26.81,B26.83-B26.9,B33.0,B33.20-B33.3,B33.8,B34.0-B34.9,B97.0,B97.10-B97.19,B97.29-B97.89
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 624**
 Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: J02.8-J02.9,J04.0,J04.30,J37.0-J37.1,J38.2
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 625**
 Condition: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES (See Guideline Notes 64,65)
 Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
 ICD-10: M26.00-M26.20,M26.211-M26.29,M26.31,M26.33-M26.34,M26.36-M26.37,M26.4,M26.70-M26.9,Z46.4
 CPT: 21120-21127,21145-21160,21193-21198,21206-21209,21255,21295,21296,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7940-D7949,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 626**
Condition: DENTAL CONDITIONS (EG. MALOCCLUSION)
Treatment: ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
ICD-10: M26.35
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D8010-D8693
- Line: 627**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
ICD-10: M27.61-M27.69
HCPCS: D6010-D6194,D6210,D6240,D6245,D6250,D7951,D7952
- Line: 628**
Condition: BENIGN LESIONS OF TONGUE (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-10: C49.0,K13.21-K13.22,K13.3,K14.1-K14.9
CPT: 41110-41114,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 629**
Condition: UNCOMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-10: K64.0-K64.2,K64.8-K64.9
CPT: 44391,45317,45334,45335,45339,45381,45382,46083,46220-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 630**
Condition: PREVENTION SERVICES WITH LIMITED OR NO EVIDENCE OF EFFECTIVENESS (See Guideline Notes 16,64,65,76)
Treatment: MEDICAL THERAPY
ICD-10: Q92.61,Q95.0-Q95.1,Z11.2,Z12.12,Z12.39,Z12.5,Z12.81,Z12.83,Z13.6,Z22.0-Z22.2,Z22.31,Z22.321-Z22.322,Z22.338-Z22.8,Z71.3,Z71.42-Z71.52,Z79.810,Z80.41
CPT: 58940,90749,96110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0117,G0118,G0396,G0397,G0406-G0408,G0425-G0427,G0446,G0451,S0270-S0274
- Line: 631**
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Notes 64,65)
Treatment: REPAIR SOFT TISSUES
ICD-10: K08.123,M27.8,S01.502A-S01.502D,S01.512A-S01.512D,S01.532A-S01.532D,S01.552A-S01.552D,S02.5xxA-S02.5xxB
CPT: 12001-12020,12031-12057,13131-13133,13151-13153,40831,41250,41251,42180,42182,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 632**
Condition: SEBACEOUS CYST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L05.91-L05.92,L72.0,L72.11-L72.9
CPT: 10060,10061,11400-11446,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 633**
 Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Notes 64,65)
 Treatment: MEDICAL AND SURGICAL TREATMENT
 ICD-10: E08.628,E09.628,E65,L11.1,L44.8-L44.9,L82.0-L82.1,L90.5,L92.1,L94.2,L94.4,L95.0,L95.8-L95.9,L98.8-L98.9,S00.241A-S00.241D,S00.242A-S00.242D,S00.249A-S00.249D
 CPT: 11000,11042,11045,11055-11057,11300-11446,13100-14302,15040,15110-15120,15130-15261,15780-15793,15830-15839,15876-15879,17000-17108,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 634**
 Condition: REDUNDANT PREPUCE (See Guideline Notes 64,65)
 Treatment: ELECTIVE CIRCUMCISION
 ICD-10: N47.3-N47.4,N47.7-N47.8,Z41.2
 CPT: 54000,54001,54150-54164,54450,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 635**
 Condition: CONJUNCTIVAL CYST (See Guideline Notes 64,65)
 Treatment: EXCISION OF CONJUNCTIVAL CYST
 ICD-10: H11.211-H11.229,H11.30-H11.33,H11.411-H11.419,H11.431-H11.449
 CPT: 68020,68040,68110,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 636**
 Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: D10.0-D10.2,D10.30-D10.9,D11.0-D11.9,D17.0-D17.1,D17.20-D17.6,D17.72,D17.9,D18.00-D18.01,D18.1,D19.7-D19.9,D22.0,D22.10-D22.9,D23.0,D23.10-D23.9,D28.0-D28.9,D29.0,D29.4,D36.0,D36.7-D36.9,D3A.00,D3A.098-D3A.8,L08.9,L57.0,L92.8,L98.0
 CPT: 11300-11471,12031,12032,13100-13151,17000-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7450-D7460,D7981,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 637**
 Condition: DISEASE OF CAPILLARIES
 Treatment: EXCISION
 ICD-10: I78.1-I78.9
 CPT: 11400-11426,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 638**
 Condition: BENIGN CERVICAL CONDITIONS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: N84.1,N84.3,N88.1-N88.2,N88.4-N88.9,N89.8,N90.3,N90.6-N90.7,N90.89-N90.9
 CPT: 56441,56805,57061,57065,57200,57800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 639**
 Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,65)
 Treatment: SURGICAL TREATMENT
 ICD-10: E07.89-E07.9
 CPT: 60200-60225,60270,60271,60300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 640
Condition: PICA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.8,F98.3
CPT: 90785,90832-90840,90847,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 641
Condition: ACUTE VIRAL CONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B30.0-B30.9,H10.30-H10.33
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 642
Condition: MUSCULAR CALCIFICATION AND OSSIFICATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M61.00,M61.011-M61.9
CPT: 27036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

PRIORITIZED LIST OF HEALTH SERVICES

DRAFT OCTOBER 1, 2014

Line: 643
Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY

DRAFT

DRAFT OCTOBER 1, 2014

ICD-10: S00.00xA-S00.00xD,S00.01xA-S00.01xD,S00.02xA-S00.02xD,S00.03xA-S00.03xD,S00.04xA-S00.04xD,
S00.05xA-S00.05xD,S00.06xA-S00.06xD,S00.07xA-S00.07xD,S00.10xA-S00.10xD,S00.11xA-S00.11xD,
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S46.191A-S46.191D,S46.192A-S46.192D,S46.199A-S46.199D,S46.201A-S46.201D,S46.202A-S46.202D,
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PRIORITIZED LIST OF HEALTH SERVICES

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HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 644

Condition: CHRONIC BRONCHITIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: J40,J41.0,J41.8,J42

CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,
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HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 645

Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF
 THE BREAST (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: D24.1-D24.9,E50.0-E50.3,E50.6-E50.7,N64.1-N64.4,N64.81-N64.82,N64.9,Q83.0-Q83.9

CPT: 19110,19120-19126,19290-19295,19324-19396,98966-98969,99051,99060,99070,99078,99201-99239,99281-
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HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 646

Condition: BENIGN POLYPS OF VOCAL CORDS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY, STRIPPING

ICD-10: J38.1

CPT: 31540,31541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,
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HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 647

Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM (See Guideline Notes 64,65)

Treatment: SURGICAL TREATMENT

ICD-10: D13.0-D13.2,D13.30-D13.6,D13.9,D17.79,D18.03,D19.1,D20.0-D20.1,D3A.010-D3A.019,D3A.092,D3A.094-
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CPT: 43216-43228,43245,43248-43250,43256,43450,44110-44120,44139-44145,44204-44208,44213,44369,44392-
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 98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-
 99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 648

Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION (See Guideline Notes
 64,65,81)

Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY

ICD-10: I83.811-I83.93,I87.001-I87.009,I87.091-I87.309,I87.391-I87.9,I99.8-I99.9,N48.81,N50.1,R58

CPT: 29582-29584,36468-36479,37700-37761,37766-37790,98966-98969,99051,99060,99070,99078,99201-99239,
 99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 649**
 Condition: HYPERTHELIORISM OF ORBIT (See Guideline Notes 64,65)
 Treatment: ORBITOTOMY
 ICD-10: H05.89
 CPT: 67405,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 650**
 Condition: GALLSTONES WITHOUT CHOLECYSTITIS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
 ICD-10: K80.20-K80.21,K80.80,K82.4-K82.9,K91.5
 CPT: 43260-43273,47490,47564,47570,47600-47620,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 651**
 Condition: GYNECOMASTIA
 Treatment: MASTECTOMY
 ICD-10: N62
 CPT: 19300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 652**
 Condition: TMJ DISORDERS (See Guideline Notes 64,65)
 Treatment: TMJ SURGERY
 ICD-10: M26.50-M26.69
 CPT: 20910,20926,21010,21050-21073,21210-21243,21480-21490,29800,29804,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D7852-D7877,D7899,D7955,D7991,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 653**
 Condition: EDEMA AND OTHER CONDITIONS INVOLVING THE SKIN OF THE FETUS AND NEWBORN (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P83.1,P83.30-P83.4,P83.6-P83.9
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 654**
 Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS (See Guideline Notes 64,65)
 Treatment: COSMETIC DENTAL SERVICES
 ICD-10: K00.1-K00.3,K00.5,K00.8-K00.9,K03.0-K03.1,K03.7,K03.9,M26.30,M26.39
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548-D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 655**
 Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Notes 64,65)
 Treatment: ELECTIVE DENTAL SERVICES
 ICD-10: K00.7,M85.2
 CPT: 41822,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: D2391-D2394,D2799,D2955,D2990,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9940-D9942,D9952,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 656**
Condition: AGENESIS OF LUNG (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: Q33.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 657**
Condition: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-10: H34.10-H34.13,H34.211-H34.239
CPT: 67015,67500,67505,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 658**
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: F48.8,F93.8
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 659**
Condition: INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: G45.4,G46.3-G46.8,H46.00-H46.9,H47.11-H47.12,H47.311-H47.49,H47.611-H47.649,I67.81-I67.82,I67.848-I67.89,I68.0,I68.8
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 660**
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: A02.29,A80.0-A80.2,A80.30-A80.9,A82.0-A82.9,A85.2,A90-A91,A92.0-A92.2,A92.30-A92.9,A93.0-A93.8,A94,A95.0-A95.9,A98.0-A98.2,A98.8,A99,B64,B89,B99.9,L94.6,M60.009,Z86.12
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 661**
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,67)
Treatment: EVALUATION
ICD-10: E01.0-E01.2,E04.0-E04.9,E16.0-E16.2,E30.9,E32.0,E32.8-E32.9,E34.1,E34.3,E34.8-E34.9,E67.1,E70.40-E70.49,E71.30,E73.1-E73.9,E74.11,E74.9,E75.10,E75.21-E75.22,E75.240-E75.249,E75.3,E75.5,E76.01-E76.1,E76.210-E76.9,E77.0,E77.8-E77.9,E78.71-E78.79,E85.0,E88.89,Q89.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9357
- Line: 662**
Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: I51.7,I51.89,I73.1,Q28.9
CPT: 33620,33621,75557,75565,75573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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- Line: 663**
 Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,162)
 Treatment: EVALUATION
 ICD-10: H02.711-H02.719,H02.731-H02.739,H02.841-H02.859,H02.89-H02.9,H05.00,H05.20,H05.821-H05.9,H11.001-H11.019,H11.031-H11.10,H11.131-H11.139,H11.151-H11.159,H11.811-H11.9,H17.811-H17.89,H18.20,H18.211-H18.219,H18.231-H18.339,H18.411-H18.419,H18.461-H18.469,H18.811-H18.819,H18.891-H18.9,H21.211-H21.309,H21.9,H31.001-H31.099,H31.321-H31.329,H33.111-H33.119,H34.821-H34.829,H35.40,H35.411-H35.469,H35.721-H35.739,H35.82-H35.9,H43.391-H43.399,H43.89-H43.9,H44.40,H44.411-H44.419,H44.431-H44.449,H47.011-H47.099,H47.13,H47.20,H47.211-H47.299,H47.511-H47.539,H53.53-H53.55,H54.40-H54.62,H55.02,H55.04,H55.81-H55.89,H57.00-H57.04,H57.051-H57.09,H57.8-H57.9,H59.40-H59.43,H61.90-H61.93,H69.80-H69.83
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 664**
 Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
 Treatment: EVALUATION
 ICD-10: F07.9,G24.4,G25.82-G25.89,G31.84,G60.9,G61.9,G62.9,M05.50,M05.511-M05.59
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 665**
 Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,113)
 Treatment: EVALUATION
 ICD-10: B36.0,D69.2,D69.8-D69.9,E88.1,H02.60-H02.66,I73.81,L30.5,L42,L44.0,L44.4,L57.3,L80,L81.0-L81.9,L85.3,Q81.0-Q81.9,Q82.1-Q82.9,Q84.8-Q84.9
 CPT: 29581,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0429,S0270-S0274
- Line: 666**
 Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
 Treatment: EVALUATION
 ICD-10: J22,J98.5,J98.8-J98.9,P24.10,P24.20,P24.30,Q33.1,Q33.5,Q33.8-Q33.9,Q34.9
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274
- Line: 667**
 Condition: GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
 Treatment: EVALUATION
 ICD-10: D30.8-D30.9,E28.0,K64.4,N28.81,N28.83,N28.89,N32.89-N32.9,N39.8,N42.3,N48.6,N48.82-N48.9,N50.8-N50.9,N83.6,N83.9,N85.4,N85.6,N85.8-N85.9,N90.810-N90.818,N93.9,N96,N99.83,Q54.0,Q54.9,Q55.0-Q55.1,Q55.20-Q55.22,Q55.29,Q55.61-Q55.63,Q55.7-Q55.9,Q60.3,Q62.4-Q62.5,Q62.60-Q62.62,Q63.0-Q63.9,Q64.11,Q64.70,Q64.72,Q64.75,Q64.8-Q64.9,R39.81,R80.2
 CPT: 51860,51865,53080,53085,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

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Line: 668
 Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
 Treatment: EVALUATION
 ICD-10: E08.618,E09.618,E78.81-E78.89,E88.2,M06.30,M07.60,M07.611-M07.69,M11.10,M11.111-M11.19,M11.80,M11.811-M11.9,M12.30,M12.311-M12.39,M12.80,M12.811-M12.9,M13.0,M13.10,M13.111-M13.179,M21.10,M21.179,M24.00,M24.10,M24.60,M24.80,M24.9,M25.20,M25.30,M35.5,M35.7,M53.2x9,M62.00,M62.011-M62.08,M62.81,M62.9,M63.80,M63.811-M63.89,M84.38xD-M84.38xG,M89.40,M89.411-M89.49,M95.3-M95.4,M95.9,M99.81-M99.82,M99.88,M99.9,Q18.3-Q18.9,Q30.1-Q30.9,Q67.0-Q67.4,Q76.5,Q79.9,R29.4,T73.3xxA-T73.3xxD
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 669
 Condition: GASTROINTESTINAL CONDITIONS AND OTHER MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
 Treatment: EVALUATION
 ICD-10: K11.0,K22.4,K22.9,K62.81,K62.89,K63.9,K75.9,K76.9,K83.5-K83.9,K86.9,K92.9
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

*STATEMENTS OF INTENT FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES***STATEMENT OF INTENT 1: PALLIATIVE CARE**

It is the intent of the Commission that palliative care services be covered for patients with a life-threatening illness or severe advanced illness expected to progress toward dying, regardless of the goals for medical treatment and with services available according to the patient's expected length of life (see examples below).

Palliative care is comprehensive, specialized care ideally provided by an interdisciplinary team (which may include but is not limited to physicians, nurses, social workers, etc.) where care is particularly focused on alleviating suffering and promoting quality of life. Such interdisciplinary care should include assessment, care planning, and care coordination, emotional and psychosocial counseling for patients and families, assistance accessing services from other needed community resources, and should reflect the patient and family's values and goals.

Some examples of palliative care services that should be available to patients with a life-threatening/limiting illness,

- A) without regard to a patient's expected length of life:
 - Inpatient palliative care consultation; and,
 - Outpatient palliative care consultation, office visits.
- B) with an expected median survival of less than one year, as supported by the best available published evidence:
 - Home-based palliative care services (to be defined by DMAP), with the expectation that the patient will move to home hospice care.
- C) with an expected median survival of six months or less, as supported by peer-reviewed literature:
 - Home hospice care, where the primary goal of care is quality of life (hospice services to be defined by DMAP).

It is the intent of the Commission that certain palliative care treatments be covered when these treatments carry the primary goal to alleviate symptoms and improve quality of life, without intending to alter the trajectory of the underlying disease.

Some examples of covered palliative care treatments include:

- A) Radiation therapy for painful bone metastases with the intent to relieve pain and improve quality of life.
- B) Surgical decompression for malignant bowel obstruction.
- C) Medication therapy such as chemotherapy with low toxicity/low side effect agents with the goal to decrease pain from bulky disease or other identified complications. Cost of chemotherapy and alternative medication(s) should also be considered.
- D) Medical equipment and supplies (such as non-motorized wheelchairs, walkers, bandages, and catheters) determined to be medically appropriate for completion of basic activities of daily living, for management of symptomatic complications or as required for symptom control.
- E) Acupuncture with intent to relieve nausea.

Cancer treatment with intent to palliate is not a covered service when the same palliation can be achieved with pain medications or other non-chemotherapy agents.

It is NOT the intent of the Commission that coverage for palliative care encompasses those treatments that seek to prolong life despite substantial burdens of treatment and limited chance of benefit. See Guideline Note 12: TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE.

STATEMENT OF INTENT 2: DEATH WITH DIGNITY ACT

It is the intent of the Commission that services under ORS 127.800-127.897 (Oregon Death with Dignity Act) be covered for those that wish to avail themselves to those services. Such services include but are not limited to attending physician visits, consulting physician confirmation, mental health evaluation and counseling, and prescription medications.

STATEMENT OF INTENT 3: INTEGRATED CARE

Recognizing that many individuals with mental health disorders receive care predominantly from mental health care providers, and recognizing that integrating mental and physical health services for such individuals promotes patient-centered care, the Health Evidence Review Commission endorses the incorporation of chronic disease health management support within mental health service systems. Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they should report these services using 99407 for individual counseling and S9453 for classes.

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PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST
OF HEALTH SERVICES

PREVENTION TABLES

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DIAGNOSTIC GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

ANCILLARY GUIDELINE A1, NEGATIVE PRESSURE WOUND THERAPY

Negative pressure wound therapy (97605, 97606) is a covered benefit only for patients who:

Have wounds that are refractory to or have failed standard therapies;

Are not suitable candidates for surgical wound closure; or,

Are at high risk for delayed or non-healing wounds due to factors such as compromised blood flow, diabetic complications, wounds with high risk of fecal contamination, extremely exudative wounds, and similar situations.

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure C.1 unless otherwise specified below.

- A) 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.
- 1) Services are provided according to the Comprehensive Cancer Network Guidelines.
 - a) Lynch syndrome (hereditary colorectal and endometrial cancer) services (CPT 81292-81300, 81317-81319) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.2.2012 (4/27/12). www.nccn.org
 - b) BRCA1/BRCA2 testing services (CPT 81211-81217) for women without a personal history of breast and/or ovarian cancer should be provided to high risk women as defined in Guideline Note 3 or as otherwise defined by the US Preventive Services Task Force.
 - c) BRCA1/BRCA2 testing services (CPT 81211-81217) for women with a personal history of breast and/or ovarian cancer and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2011 (4/7/11). www.nccn.org
 - d) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2012 (5/2/12). www.nccn.org.
 - 2) 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.
 - a) 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.
 - 3) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 has been identified in a family, a single site mutation analysis for that mutation is covered (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81211) analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).
 - 4) Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.
- B) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:
- 1) CPT 81228, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
 - 2) CPT 81229, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities; plus cytogenetic constitutional microarray analysis for single nucleotide polymorphism (SNP) variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder; only if (a) consanguinity and recessive disease is suspected, or (b) uniparental disomy is suspected, or (c) another mechanism is suspected that is not detected by the copy number variant test alone. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
 - 3) CPT 81243, 81244, Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield of Fragile X is 3.5-10%, this is included because of additional reproductive implications.
 - 4) 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) Related to other tests with specific CPT codes:
- 1) The following tests are not covered:
 - a) CPT 81225, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)

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- b) CPT 81226, CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN).
 - c) CPT 81227, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
 - d) CPT 81291, MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
 - e) CPT 81330, SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
 - f) CPT 81350, UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
 - g) CPT 81355, VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)
- 2) The following tests are covered only if they meet the criteria for the Non-Prenatal Genetic Testing Algorithm AND the specified situations:
- a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
 - b) Diagnostic testing for cystic fibrosis (CF)
 - i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81223, 81222: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.
 - c) Carrier testing for cystic fibrosis
 - i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered.
 - d) CPT 81240, F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should not be covered for adults with idiopathic venous thromboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
 - e) CPT 81241, F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant: Factor V Leiden testing should not be covered for: adults with idiopathic venous thromboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
 - f) CPT 81256, HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D): Covered for diagnostic testing of patients with elevated transferrin saturation or ferritin levels. Covered for predictive testing ONLY when a first degree family member has treatable iron overload from HFE.
 - g) CPT 81332 SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea. Generic testing or the alpha-1 phenotype test is appropriate if the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.
- 3) Do not cover a more expensive genetic test (generally one with a wider scope or more detailed testing) if a cheaper (smaller scope) test is available and has, in this clinical context, a substantially similar sensitivity. For example, do not cover CFTR gene sequencing as the first test in a person of Northern European Caucasian ancestry because the gene panels are less expensive and provide substantially similar sensitivity in that context.

* 2008 Edition, Revised 3/2011 found at

http://www.acmg.net/AM/Template.cfm?Section=Laboratory_Standards_and_Guidelines&Template=/CM/ContentDisplay.cfm&ContentID=6328.

DIAGNOSTIC GUIDELINE D2, TUBERCULOSIS TESTING GUIDELINE

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.

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- 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.

DIAGNOSTIC GUIDELINE D3, ECHOCARDIOGRAMS WITH CONTRAST FOR CARDIAC CONDITIONS OTHER THAN CARDIAC ANOMALIES

Need for contrast with an echocardiogram should be assessed and, if indicated, implemented at the time of the original ECHO and not as a separate procedure.

DIAGNOSTIC GUIDELINE D4, ADVANCED IMAGING FOR LOW BACK PAIN

In patients with non-specific low back pain and no "red flag" conditions [see Table 1], imaging is not a covered service; otherwise work up is covered as shown in the table.

Electromyography (CPT 96002-4) is not covered for non-specific low back pain.

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DIAGNOSTIC GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

Table D1
Low Back Pain - Potentially Serious Conditions (“Red Flags”) and Recommendations for Initial Diagnostic Work-up

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

* Level of evidence for diagnostic evaluation is variable

** Only if patient is a potential candidate for surgery or epidural steroid injection

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

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

DIAGNOSTIC GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE

Neuroimaging is not covered in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).

Neuroimaging is covered for headache when a red flag* is present.

*The following represent red flag conditions for underlying abnormality with headache:

- A. New onset or change in headache in patients who are aged over 50
- B. Thunderclap headache: rapid time to peak headache intensity (seconds to 5 minutes)
- C. Focal neurological symptoms (e.g. limb weakness, lack of coordination, numbness or tingling)
- D. Non-focal neurological symptoms (e.g altered mental status, dizziness)
- E. Abnormal neurological examination
- F. Headache that changes with posture
- G. Headache wakening the patient up (NB migraine is the most frequent cause of morning headache)
- H. Headache precipitated by physical exertion or valsalva maneuver (e.g. coughing, laughing, straining)
- I. Patients with risk factors for cerebral venous sinus thrombosis
- J. Jaw claudication
- K. Nuchal rigidity
- L. New onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
- M. New onset headache in a patient with a history of cancer
- N. Cluster headache, paroxysmal hemicrania, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA)

DIAGNOSTIC GUIDELINE D6, MRI FOR BREAST CANCER SCREENING

Breast MRI is not covered for screening for breast cancer.

DIAGNOSTIC GUIDELINE D7, NEUROIMAGING IN DEMENTIA

Neuroimaging is covered:

- A) To rule out reversible causes of dementia (tumors, normal pressure hydrocephalus and chronic subdural hematoma) via structural neuroimaging only

Neuroimaging is not covered:

- A) For screening of asymptomatic patients for dementia
- B) To predict progression of the risk of developing dementia in patients with mild cognitive impairment
- C) For screening, diagnosis, or monitoring of dementia, with functional neuroimaging (PET, SPECT or fMRI)

DIAGNOSTIC GUIDELINE D8, MRI FOR BREAST CANCER DIAGNOSIS

In women with recently diagnosed breast cancer, preoperative or contralateral MRI of the breast is not a covered service.

DIAGNOSTIC GUIDELINE D9, OBSTRUCTIVE SLEEP APNEA (OSA) IN ADULTS

Type I PSG is covered when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility.

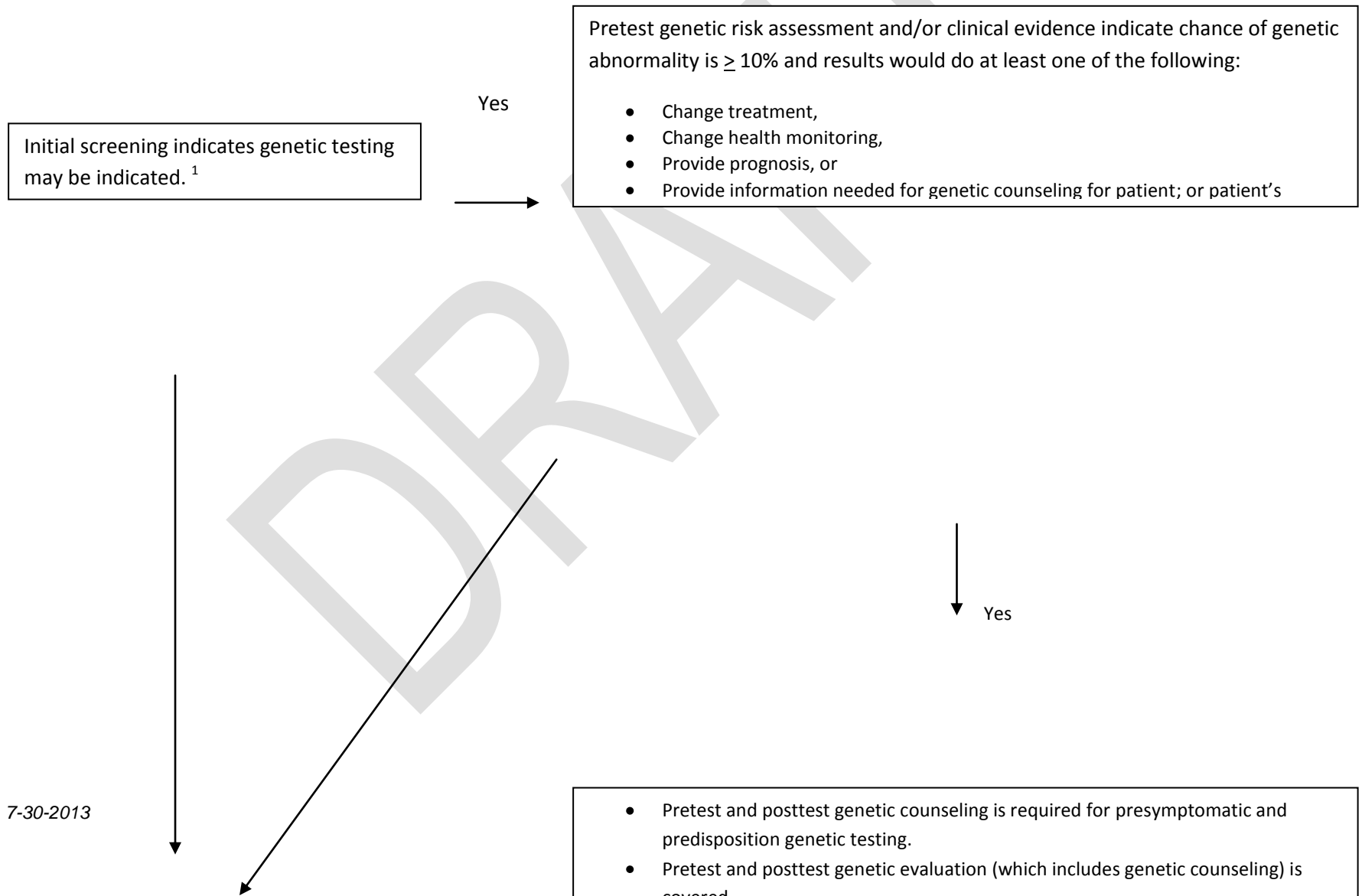
OHP clients should have access to least one of the alternatives listed below:

1. Type II or Type III sleep testing devices when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
2. Type IV sleep testing devices measuring three or more channels, one of which is airflow, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
3. Sleep testing devices measuring three or more channels that include actigraphy, oximetry, and peripheral arterial tone, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

CPAP titration should be performed as part of the diagnostic study, if possible.

FIGURE C.1

NON-PRENATAL GENETIC TESTING ALGORITHM (See Guideline Note D1)



No

No

Genetic Test is not covered

1. Examples of initial screening: physical exam, medical history, family history, laboratory studies, imaging studies.

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PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST
OF HEALTH SERVICES

PREVENTION TABLES

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GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 1, HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

Lines 1,5,8-15,17,18,20,23,24,27,30-34,36,37,39-41,44,45,48,50-52,54,56,60,61,63,64,67,69,71,73,76,78,80,81,83,88,89,91,93,95-97,99,102-105,107,109,113,115-117,127,130,131,133,134,137,139-141,143-145,154,159-162,164-166,170,176,178,179,182,183,188,189,191,193-195,197,199,200,202-204,206,212,214,218,219,223-228,233,235,238,239,242-245,252-255,258-263,265-267,272,274-276,279,280,286,288,291-293,299,306,310,312,318-322,325,333,334,338,343,346,350,351,353,368,374,381,383,392,395,399,400,410,412,414,421,423,426,439,446,450-452,459,468,519,527,532,545

Health and behavior assessment and interventions (CPT codes 96150-96154) are included on these lines when provided subject to the Centers for Medicare and Medicaid (CMS) guidelines dated 2/1/06 located at:

http://downloads.cms.gov/medicare-coverage-database/lcd_attachments/30514_1/L30514_031610_cbg.pdf

In addition, Managed Care Organizations may authorize employees of organizations holding certificates or letters of approval from DHS and a Medicaid vendor number to deliver these services (i.e., not delivering services as an independent practitioner).

GUIDELINE NOTE 2, FETOSCOPIC SURGERY

Line 1

Fetal surgery is only covered for the following conditions: repair of urinary tract obstructions via placement of a urethral shunt, repair of congenital cystic adenomatoid malformation, repair of extralobal pulmonary sequestration, repair of sacrococcygeal teratoma, and therapy for twin-twin transfusion syndrome.

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt. Fetal surgery for cystic adenomatoid malformation of the lung, extralobal pulmonary sequestration and sacrococcygeal teratoma must show evidence of developing hydrops fetalis.

Certification of laboratory required (76813-76814).

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

Line 195

Bilateral prophylactic breast removal is included on Line 195 for women without a personal history of invasive breast cancer who are at high risk for breast cancer. Prior to surgery, women without a personal history of breast cancer must have a genetics consultation. High risk is defined as:

- A) Having a BRCA1/BRCA2 mutation;
- B) Having a strong family history of breast cancer, defined as one of the following:
 - 1) 2 first-degree or second degree relatives diagnosed with breast cancer at younger than an average age of 50 years (at least one must be a first-degree relative);
 - 2) 3 first-degree or second-degree relatives diagnosed with breast cancer at younger than an average age of 60 years (at least one must be a first-degree relative);
 - 3) 4 relatives diagnosed with breast cancer at any age (at least one must be a first-degree relative);
 - 4) 1 relative with ovarian cancer at any age and, on the same side of the family, either 1 first-degree relative (including the relative with ovarian cancer) or second-degree relative diagnosed with breast cancer at younger than age 50 years, or 2 first-degree or second-degree relatives diagnosed with breast cancer at younger than an average age of 60 years, or another ovarian cancer at any age;
 - 5) 1 first-degree relative with cancer diagnosed in both breasts at younger than an average age of 50 years;
 - 6) 1 first-degree or second-degree relative diagnosed with bilateral breast cancer and one first-degree or second-degree relative diagnosed with breast cancer at younger than an average age of 60 years; or,
 - 7) a male relative with breast cancer at any age and on the same side of the family at least 1 first-degree or second-degree relative diagnosed with breast cancer at younger than age 50 years, or 2 first-degree or second-degree relatives diagnosed with breast cancer at younger than an average age of 60 years.
- C) A history of LCIS with a family history of breast cancer; or,
- D) A history of treatment with thoracic radiation between ages 10 and 30.

Contralateral prophylactic mastectomy is included on Line 195 for women with a personal history of breast cancer and any of the high risk categories listed above. In addition, contralateral prophylactic mastectomy of the unaffected breast is indicated for women with invasive lobular carcinoma.

Prophylactic oophorectomy is included on Line 195 for women who have the BRCA1/BRCA2 mutation.

GUIDELINE NOTE 4, TOBACCO DEPENDENCE

Line 5

Persons are eligible for tobacco dependence counseling if a documented quit date has been established.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 5, OBESITY*Line 325*

Medical treatment of obesity is limited to accepted intensive counseling on nutrition and exercise, provided by health care professionals. Intensive counseling is defined as face to face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling visits (once every 1-2 weeks) are covered for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period. Pharmacological treatments are not intended to be included as services on this line.

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

Lines 34,50,61,72,75,76,78,85,95,96,135,136,140,154,157,164,182,187,188,199,200,204,205,211,258,260,275,290,292,297,305,306,315,322,345,349,351,358,359,362,374,380,381,391,410,412,420,422,427,435,447,459,468,472,484,492,504,515,533,545,560,577,579,588,597,616

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical appropriateness, for up to 3 months immediately following stabilization from an acute event.

Following the 3 month stabilization after an acute event, or, in the absence of an acute event, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical appropriateness:

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

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

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

Whenever there is a change in status, regardless of age, such as surgery, botox injection, rapid growth, an acute exacerbation or for evaluation/training for an assistive communication device, the following additional visits are allowed:

- 6 visits of speech therapy and/or
- 6 visits of physical or occupational therapy

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, ERYTHROPOIESIS-STIMULATING AGENT (ESA) GUIDELINE

Lines 12,63,97,99,116-120,130,137,139,161,162,165,167,183,195,203,204,212,214,218,219,221,233,238,241,242,262-266,274,279,291-293,299,319-321,333,401,402,424,439,533,600

- A) Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy given within the previous 8 weeks or in the setting of myelodysplasia.
 - 1) Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, ESAs should be discontinued once the hemoglobin level reaches 10, unless a lower hemoglobin level is sufficient to avoid the need for red blood cell (RBC) transfusion.
- B) Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.
 - 1) An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.
 - 2) Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl.
- C) Indicated for anemia (Hgb < 10 gm/dl or HCT <30%) associated with chronic renal failure, with or without dialysis.
 - 1) Reassessment should be made after 12 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl. In those not on dialysis, the Hgb level should not exceed 10gm/dl.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 8, BARIATRIC SURGERY*Lines 30,594*

Bariatric surgery for obesity is included on Line 30 TYPE II DIABETES MELLITUS, and Line 594 OBESITY (ADULT BMI \geq 30, CHILDHOOD BMI \geq 95 PERCENTILE) under the following criteria:

- A) Age \geq 18
- B) For inclusion on Line 30: BMI \geq 35 with co-morbid type II diabetes. For inclusion on Line 594: BMI \geq 35 with at least one significant co-morbidity other than type II diabetes (e.g., obstructive sleep apnea, hyperlipidemia, hypertension) or BMI \geq 40 without a significant co-morbidity.
- C) No prior history of Roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, unless they resulted in failure due to complications of the original surgery.
- D) Participate in the following four evaluations and meet criteria as described.
 - 1) Psychosocial evaluation: (Conducted by a licensed mental health professional)
 - a) Evaluation to assess potential compliance with post-operative requirements.
 - b) Must remain free of abuse of or dependence on alcohol during the six-month period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.
 - c) No mental or behavioral disorder that may interfere with postoperative outcomes¹.
 - d) Patient with previous psychiatric illness must be stable for at least 6 months.
 - 2) Medical evaluation: (Conducted by OHP primary care provider)
 - a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
 - b) Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
 - c) 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.
 - 3) Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program²)
 - a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery while continuously enrolled on OHP.
 - b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure³ and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
 - 4) Dietician evaluation: (Conducted by licensed dietician)
 - a) Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
 - b) Counseling in dietary lifestyle changes
- E) Participate in additional evaluations:
 - 1) 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 Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

² All surgical services must be provided by a program with current certification by the American College of Surgeons (ACS) or the American Society for Metabolic and Bariatric Surgery (ASMBS), or in active pursuit of such certification with all of the following: a dedicated, comprehensive, multidisciplinary, pathway-directed bariatric program in place; hospital to have performed bariatrics > 1 year and > 25 cases the previous 12 months; trained and credentialed bariatric surgeon performing at least 50 cases in past 24 months; qualified bariatric call coverage 24/7/365; appropriate bariatric-grade equipment in outpatient and inpatient facilities; appropriate medical specialty services to complement surgeons' care for patients; and quality improvement program with prospective documentation of surgical outcomes. If the program is still pursuing ACS or ASMBS certification, it must also restrict care to lower-risk OHP patients including: age < 65 years; BMI < 70; no major elective revisional surgery; and, no extreme medical comorbidities (such as wheel-chair bound, severe cardiopulmonary compromise, or other excessive risk). All programs must agree to yearly submission of outcomes data to Division of Medicaid Assistance Programs (DMAP).

³ Only Roux-en-Y gastric bypass, laparoscopic adjustable gastric banding and sleeve gastrectomy are approved for inclusion.

⁴ The patient must meet criteria #1, #2, and #3, and be referred by the OHP primary care provider as a medically appropriate candidate, to be approved for evaluation at a qualified bariatric surgery program.

GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY*Lines 32,60*

- A) Wireless capsule endoscopy is included on these lines for diagnosis of:
 - 1) Obscure GI bleeding suspected to be of small bowel origin with iron deficiency anemia or documented GI blood loss
 - 2) Suspected Crohn's disease with prior negative work up
- B) Wireless capsule endoscopy is not included on these lines for:
 - 1) Colorectal cancer screening
 - 2) Confirmation of lesions of pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)
- C) Wireless capsule endoscopy is only included on these lines when the following conditions have been met:
 - 1) Prior studies must have been performed and been non-diagnostic

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GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY (CONT'D)

- a) GI bleeding: upper and lower endoscopy
- b) Suspected Crohn's disease: upper and lower endoscopy, small bowel follow through
- 2) Radiological evidence of lack of stricture
- 3) Only covered once during any episode of illness
- 4) FDA approved devices must be used
- 5) Patency capsule should not be used prior to procedure

GUIDELINE NOTE 10, CENTRAL SEROUS CHORIORETINOPATHY AND POSTERIOR CYCLITIS

Line 387

Central serous chorioretinopathy (H35.71x) is included on this line only for treatment when the condition has been present for 3 months or longer. Posterior Cyclitis (H30.2x) should only be treated in patients with 20/40 or worse vision..

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES

Lines 97,99,116-120,130,137,139,161,162,165,167,183,195,203,204,212,214,218,219,221,233,238,241,242,262-266,274,279,291-293,299,319-321,333,401,402,424,439,533,600

- A) CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is known to produce febrile neutropenia at least 20% of the time. CSF should be considered when the primary chemotherapeutic regimen is known to produce febrile neutropenia 10-20% of the time; however, if the risk is due to the chemotherapy regimen, other alternatives such as the use of less myelosuppressive chemotherapy or dose reduction should be explored in this situation.
- B) 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.
- C) CSF are not indicated in patients who are acutely neutropenic but afebrile.
- D) CSF are not indicated in the treatment of febrile neutropenia except in patients who received prophylactic filgrastim or sargramostim or in high risk patients who did not receive prophylactic CSF. High risk patients include those age >65 years or with sepsis, severe neutropenia with absolute neutrophil count <100/mcl, neutropenia expected to be more than 10 days in duration, pneumonia, invasive fungal infection, other clinically documented infections, hospitalization at time of fever, or prior episode of febrile neutropenia.
- E) 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.
- F) CSF (other than pegfilgrastim) are indicated in the setting of autologous progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
- G) CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.
- H) 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.
- I) CSF is indicated for treatment of cyclic, congenital and idiopathic neutropenia.

GUIDELINE NOTE 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE

Lines 97,116-120,129,133,137,139,161,162,167,183,195,203,204,212,214,218,219,221,233,238,241,242,262-266,274,279,291,292,299,319-321,333,376,401,402,424,439,600,611

This guideline only applies to patients with advanced cancer who have less than 24 months median survival with treatment.

All patients receiving end of life care, either with the intent to prolong survival or with the intent to palliate symptoms, should have/be engaged with palliative care providers (for example, have a palliative care consult or be enrolled in a palliative care program).

Treatment with intent to prolong survival is not a covered service for patients with any of the following:

- Median survival of less than 6 months with or without treatment, as supported by the best available published evidence
- Median survival with treatment of 6-12 months when the treatment is expected to improve median survival by less than 50%, as supported by the best available published evidence
- Median survival with treatment of more than 12 months when the treatment is expected to improve median survival by less than 30%, as supported by the best available published evidence
- Poor prognosis with treatment, due to limited physical reserve or the ability to withstand treatment regimen, as indicated by low performance status.

Unpublished evidence may be taken into consideration in the case of rare cancers which are universally fatal within six months without treatment.

The Health Evidence Review Commission is reluctant to place a strict \$/QALY (quality adjusted life-year) or \$/LYS (life-year saved) requirement on end-of-life treatments, as such measurements are only approximations and cannot take into account all of the merits of an individual case. However, cost must be taken into consideration when considering treatment options near the end of life. For

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GUIDELINE NOTE 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE (CONT'D)

example, in no instance can it be justified to spend \$100,000 in public resources to increase an individual's expected survival by three months when hundreds of thousands of Oregonians are without any form of health insurance.

Treatment with the goal to palliate is addressed in Statement of Intent 1, Palliative Care.

GUIDELINE NOTE 13, HEMANGIOMAS, COMPLICATED

Line 326

Hemangiomas are covered on this line when they are ulcerated, infected, recurrently hemorrhaging, or function-threatening (e.g. eyelid hemangioma).

GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS

Lines 99,118,120,134,167,183,221,264,293

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma.

GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION

Lines 85,359

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 16, CYSTIC FIBROSIS CARRIER SCREENING

Lines 1,630

Cystic fibrosis carrier testing is covered for 1) non-pregnant adults if indicated in the genetic testing algorithm or 2) pregnant women.

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Line 57

Dental cleaning and fluoride treatments are limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120, D1203, D1204, D1206). More frequent dental cleanings and/or fluoride treatments may be required for certain higher risk populations. Additionally, assessment (D0191) may be performed once per 12 months for adults and twice per 12 months for children up to age 19.

GUIDELINE NOTE 18, VENTRICULAR ASSIST DEVICES

Lines 102,267

Ventricular assist devices are covered only in the following circumstances:

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

Ventricular assist devices are not covered for destination therapy.

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

Long-term VADs are covered for indications 1 and 2. Long-term VADs are defined as a VAD that is implanted in a patient with the intent for the patient to be supported for greater than a month with the potential for discharge from the hospital with the device. Temporary or short term VADs are covered for indications 1 and 3. Short-term VADs are defined as a VAD that is implanted in a patient with the intent for the patient to be supported for days or weeks with no potential for discharge from the hospital with the device.

GUIDELINE NOTE 19, PET SCAN GUIDELINES

Lines 120,137,139,161,162,167,178,203,204,214,233,263,266,279,292,319

PET Scans are covered for diagnosis of the following cancers only:

- Solitary pulmonary nodules and non-small cell lung cancer

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

- Evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor.

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.

PET scans are covered for the initial staging of the following cancers:

- Cervical cancer only when initial MRI or CT is negative for extra-pelvic metastasis
- Head and neck cancer when initial MRI or CT is equivocal
- Colon cancer
- Esophageal cancer
- Solitary pulmonary nodule
- Non-small cell lung cancer
- Lymphoma
- Melanoma

For staging, PET is covered when clinical management of the patient will differ depending on the stage of the cancer identified and either:

- A) the stage of the cancer remains in doubt after standard diagnostic work up, OR
- B) PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient.

Restaging is covered only for cancers for which staging is covered and for thyroid cancer if recurrence is suspected and I131 scintigraphy is negative. For restaging, PET is covered after completion of treatment for the purpose of detecting residual disease, for detecting suspected recurrence or to determine the extent of a known recurrence. PET is not covered to monitor tumor response during the planned course of therapy. PET scans are NOT indicated for routine follow up of cancer treatment or routine surveillance in asymptomatic patients.

PET scans are also indicated for preoperative evaluation of the brain in patients who have intractable seizures and are candidates for focal surgery. PET scans are NOT indicated for cardiac evaluation.

GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER

Line 126

When using F90.9, Attention-deficit hyperactivity disorder, unspecified type, 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 F90.3 for children age five and younger is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Medication management: 90832-90838, 99201-99215
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE 21, MODERATE/SEVERE PSORIASIS

Line 429

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.

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GUIDELINE NOTE 22, PLANNED CESAREAN DELIVERY*Line 1*

Cesarean delivery on maternal request without medical or obstetrical indication is not included on this line (or the list). Planned cesarean delivery is also not included on this line (or the list) for: small for gestational age; suspected cephalopelvic disproportion; maternal Hepatitis B infection; or maternal Hepatitis C infection.

GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE*Line 161*

- A) History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.
- B) CEA testing should be performed every 2-3 months after colon resection for at least two years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated
- C) Colonoscopy is indicated every 3 to 5 years.
- D) No other surveillance testing is indicated.

GUIDELINE NOTE 24, COMPLICATED HERNIAS*Line 172*

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

GUIDELINE NOTE 25, MENTAL HEALTH PROBLEMS IN CHILDREN AGE FIVE AND UNDER RELATED TO NEGLECT OR ABUSE*Line 177*

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

The codes T74.02xA, T74.02xD, T74.02XA, T74.02XD, T74.22xA, T74.22xD, T76.22xA, T76.22xD, T76.12xA, T76.12xD, 74.12xA or T74.12xD may be used in children age five and younger and, in these instances only, is limited to pairings with the following procedure codes:

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

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE*Line 195*

- A) 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.
- B) 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.
- C) No other surveillance testing is indicated.

GUIDELINE NOTE 27, SLEEP APNEA*Line 206*

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

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES**GUIDELINE NOTE 28, MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER***Line 207*

The use of ICD-10-CM code F39 Unspecified Mood [Affective] Disorder, is appropriate only for children 18 years old and under who have functional impairment caused by significant difficulty with emotional regulation.

Use of F39 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90785, 90832-90838, 99201-99215, H0004
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Medication management: 99201-99215
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA*Line 394*

Tympanostomy tubes (69436) are only included on this line as treatment for 1) recurrent acute otitis media (three or more episodes in six months or four or more episodes in one year) that fail appropriate medical management, 2) for patients who fail medical treatment secondary to multiple drug allergies or who fail two or more consecutive courses of antibiotics, or 3) complicating conditions (immunocompromised host, meningitis by lumbar puncture, acute mastoiditis, sigmoid sinus/jugular vein thrombosis by CT/MRI/MRA, cranial nerve paralysis, sudden onset dizziness/vertigo, need for middle ear culture, labyrinthitis, or brain abscess). Patients with craniofacial anomalies, Down's syndrome, cleft palate, and patients with speech and language delay may be considered for tympanostomy if unresponsive to appropriate medical treatment or having recurring infections (without needing to meet the strict "recurrent" definition above).

GUIDELINE NOTE 30, TESTICULAR CANCER*Line 221*

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 NOTE 31, COCHLEAR IMPLANTATION, AGE 5 AND UNDER*Line 283*

Children will be considered candidates for cochlear implants if the following criteria are met:

- A) Profound sensorineural hearing loss in both ears(defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
- 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)

Bilateral cochlear implants are covered. Simultaneous implantation appears to be more cost-effective than sequential implantation.

GUIDELINE NOTE 32, CATARACT*Line 301*

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 that affect activities of daily living (ADLs). Cataract removal must be likely to restore vision and allow the patient to resume activities of daily living. There are rare instances where cataract removal is medically necessary even if visual improvement is not the primary goal: 1) hypermature cataract causing inflammation and glaucoma, 2) to see the back of the eye to treat posterior segment conditions that could not be monitored due to the poor view and very dense lens opacity (i.e. diabetic retinopathy, glaucoma); 3) Significant anisometropia causing aniseikonia.

GUIDELINE NOTE 33, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY*Lines 319-321,439*

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the category of treatment of cancer with little or no benefit provided near the end of life. See Guideline Note 12.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 34, ORAL SURGERY*Line 348*

Treatment only for symptomatic dental pain, infection, bleeding or swelling (D7220, D7230, D7240, D7241, D7250). To be used in conjunction with making a prosthesis (D7970).

GUIDELINE NOTE 35, SINUS SURGERY*Lines 366,470*

Sinus surgery indicated in the following circumstances:

- A) 4 or more episodes of acute rhinosinusitis in one year
- OR
- B) 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
- C) Nasal polyposis causing or contributing to sinusitis
- OR
- D) Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis
- OR
- E) Invasive or allergic fungal sinusitis
- OR
- F) Tumor of nasal cavity or sinuses
- OR
- G) CSF rhinorrhea

GUIDELINE NOTE 36, TONSILLECTOMY*Lines 47,51,69,206,292,370,556*

Tonsillectomy is an appropriate treatment in a case with:

- A) Five documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in each of two consecutive years where an attack is considered a positive culture/screen and where an appropriate course of antibiotic therapy has been completed;
- B) Peritonsillar abscess requiring surgical drainage;
- C) Moderate or severe obstructive sleep apnea (OSA) in children 18 and younger, or mild OSA in children with daytime symptoms and/or other indications for surgery. For children 3 and younger or for children with significant co-morbidities, OSA must be diagnosed by nocturnal polysomnography. For children older than 3 who are otherwise healthy, OSA must be diagnosed by either nocturnal polysomnography, use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), or consultation with a sleep medicine specialist; or,
- D) Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT*Line 374*

For the purpose of treatment coverage on Line 374, neurologic impairment or radioculopathy is defined as:

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

Otherwise, disorders of spine not meeting these criteria (e.g. pain alone) fall on Line 545.

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GUIDELINE NOTE 38, SUBTALAR ARTHROEREISIS*Line 381*

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

GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS*Line 400*

- 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 (i or ii):
 - i) Oral contraceptive pills or patches, progesteronecontaining IUDs, injectable hormone therapy, or similar
 - ii) 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 (i or ii):
 - i) Oral contraceptive pills or patches, progesteronecontaining IUDs, injectable hormone therapy, or similar
 - ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b) Nonsteroidal anti-inflammatory drugs
 - 3) One of the following (a or b):
 - a) Endovaginal ultrasound suspicious for adenomyosis (presence of abnormal hypoechoic myometrial echogenicity or presence of small myometrial cysts)
 - b) MRI showing thickening of the junctional zone > 12mm
 - 4) Nonmalignant cervical cytology, if cervix is present
 - 5) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 40, UTERINE LEIOMYOMA*Line 406*

Hysterectomy, myomectomy, or uterine artery embolization for leiomyomata may be indicated when all of the following are documented (A-D):

- A) One of the following (1 or 2):
- 1) Patient history of 2 out of 3 of the following (a, b and c):
 - a. Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
 - b. 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
 - c. Rapid enlargement causing concern for sarcomatous changes of malignancy
 - 2) Leiomyomata as probable cause of excessive uterine bleeding evidenced by (a, b, c and d):
 - a. Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - b. Anemia due to acute or chronic blood loss (hemoglobin less than 10 or hemoglobin less than 11 g/dL if use of iron is documented)
 - c. Documentation of mass by sonography
 - d. Bleeding causes major impairment or interferes with quality of life
- B) Nonmalignant cervical cytology, if cervix is present
- C) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- D) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 41, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT*Line 412*

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 central or foraminal spinal

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 41, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (CONT'D)

stenosis in addition to a history of neurogenic claudication, or objective evidence of neurologic impairment consistent with MRI findings (see Guideline Note 37).

GUIDELINE NOTE 42, DISRUPTIVE BEHAVIOR DISORDERS IN CHILDREN AGE FIVE AND UNDER

Line 425

The use of F91.9 Conduct disorder, unspecified, 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 F91.9 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90785, 90832-90838, 99201-99215, H0004
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 43, LYMPHEDEMA

Lines 427,577,579

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

GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS

Line 426

Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (A-C):

- A) Patient history of (1, 2, 3, 4, and 5):
 - 1) Excessive uterine bleeding evidence by (a, b and c):
 - a) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - b) Anemia due to acute or chronic blood loss (hemoglobin less than 10 g/dL or hemoglobin less than 11 g/dL if use of iron is documented)
 - c) Bleeding causes major impairment or interferes with quality of life
 - 2) Failure of hormonal treatment for a six-month trial period or contraindication to hormone use (oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar)
 - 3) No current medication use that may cause bleeding, or contraindication to stopping those medications
 - 4) Endometrial sampling performed
 - 5) No evidence of treatable intrauterine conditions or lesions by (a, b or c):
 - a) Sonohysterography
 - b) Hysteroscopy
 - c) Hysterosalpingography
- B) Negative preoperative pregnancy test result unless patient has been previously sterilized
- C) Nonmalignant cervical cytology, if cervix is present

GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER

Line 449

ICD-10-CM code F43.2x can be used for individuals of any age. However, when using it for children five years of age or younger, who have experienced abuse or neglect, the following must apply:

- A) The child must demonstrate 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.
- B) F43.2x is limited to pairings with the following procedure codes:
 - Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
 - Group Therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
 - Family Interventions and Supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER (CONT'D)

- Case Management: 90882, T1016
- Interpreter Service: T1013
- Individual Counseling and Therapy: 90785, 90832-90838, 99201-99215
- Medication Management is not indicated for this condition in children five years of age or younger.

Note: 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, parental guidance around enhancing safety and stability in the child's environment, and therapeutic support for the parents.

Codes Z62.82x (Parent-child conflict) and Z63.4 (Disappearance and death of family member), may only be used as secondary diagnoses to the primary diagnosis of F43.2x, and only for children five years of age or younger.

- A) When using codes Z62.82x, the following must apply:
- 1) Service provision will have a clinically significant impact on the child.
 - 2) A rating of 40 or lower has been assessed on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).
 - 3) The same limitations in pairings to CPT and HCPCS codes as given for ICD-10-CM code F43.2x apply, with the only exception being that 90785 cannot be used.
- B) When using Z63.4 (Disappearance and death of family member), the following must apply:
- 1) The child exhibits a change in functioning subsequent to the loss of a primary caregiver;
 - 2) The child exhibits at least three of the following eight symptoms:
 - a) Crying, calling and/or searching for the absent primary caregiver,
 - b) Refusing attempts of others to provide comfort,
 - c) Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria,
 - d) Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood,
 - e) Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions,
 - f) Constricted range of affect not attributable to a mood disorder or PTSD,
 - g) Detachment, seeming indifference toward, or selective "forgetting" of the lost caregiver and/or of reminders of the lost caregiver,
 - h) 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;
 - 3) The symptoms in B(2) above are exhibited for most of the day and for more days than not, for at least 2 weeks.
 - 4) The same limitations in pairings to CPT and HCPCS codes as given for ICD-10-CM code F43.2x apply.

Note: Intervention should include persons significantly involved in the child's care and include psychoeducation and developmentally-specific guidance.

GUIDELINE NOTE 46, AGE-RELATED MACULAR DEGENERATION

Line 453

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

GUIDELINE NOTE 47, URINARY INCONTINENCE

Line 459

Surgery for genuine stress urinary incontinence may be indicated when all of the following are documented (A-G):

- A) Patient history of (1, 2, and 3):
 - 1) Involuntary loss of urine with exertion
 - 2) 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)
 - 3) Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
- B) Patient's voiding habits
- C) Physical or laboratory examination evidence of either (1 or 2):
 - 1) Urethral hypermobility
 - 2) Intrinsic sphincter deficiency
- D) Diagnostic workup to rule out urgency incontinence
- E) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
- F) Nonmalignant cervical cytology, if cervix is present
- G) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY*Line 348*

Frenulectomy/frenulotomy (D7960) is included on this line for the following situations:

- 1) When deemed to cause gingival recession
- 2) When deemed to cause movement of the gingival margin when frenum is placed under tension.
- 3) Maxillary labial frenulectomy not covered until age 12 and above.

GUIDELINE NOTE 49, COCHLEAR IMPLANTS, OVER AGE 5*Line 423*

Children will be considered candidates for cochlear implants if the following criteria are met:

- 1) Profound sensorineural hearing loss in both ears (defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
- 2) Receive little or no useful benefit from hearing aids
- 3) No medical contraindications
- 4) 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:

- 1) Severe to profound sensorineural hearing loss in both ears (defined as 71dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
- 2) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
- 3) 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
- 4) No medical contraindications

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- 1) Profound sensorineural hearing loss in both ears (defined as 91dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
- 2) Hearing loss acquired before learning oral speech and language development (prelinguistic hearing loss)
- 3) Receive no benefit from hearing aids
- 4) No medical contraindications
- 5) A desire to be a part of the hearing world

Bilateral cochlear implants are covered. Simultaneous implantation appears to be more cost-effective than sequential implantation.

GUIDELINE NOTE 50, UTERINE PROLAPSE*Line 471*

Hysterectomy for pelvic organ prolapse may be indicated when all of the following are documented (A-E):

- A) Patient history of symptoms of pelvic prolapse such as:
 - 1) Complaints of the pelvic organs prolapsing at least to the introitus
 - 2) Low back discomfort or pelvic pressure
 - 3) Difficulty in defecating
 - 4) Difficulty in voiding
- B) Nonmalignant cervical cytology, if cervix is present
- C) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- D) 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
- E) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION*Line 481*

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

There should be a 3 to 6 month watchful waiting period after diagnosis of otitis media with effusion, and if documented hearing loss is greater than or equal to 25dB in the better hearing ear, tympanostomy surgery may be indicated given short but not long-term improvement in hearing. Formal audiometry is indicated for children with chronic OME present for 3 months or longer. Children with language delay, learning problems, or significant hearing loss should have hearing testing upon diagnosis. Children with chronic OME who are not at risk for language or developmental delay should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION (CONT'D)

For the child who has had chronic OME and who has a hearing deficiency in the better-hearing ear of 25 dB or greater, myringotomy with tube insertion is recommended after a total of 4 to 6 months of effusion with a documented hearing deficit.

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

Tube insertion should be covered for patients with craniofacial anomalies, Down's syndrome, cleft palate and patients with speech and language delay along with co-morbid hearing loss.

GUIDELINE NOTE 52, CHRONIC ANAL FISSURE

Line 532

Surgery for chronic anal fissure K60.1 is included in this line with one or more of the following:

- A) Condition unresponsive to six to eight weeks of continuous treatment;
- B) Condition progresses in spite of six to eight weeks of treatment;
- C) Presence of pectenosis; and/or,
- D) Fissures that have previously healed but have recurred three or more times.

GUIDELINE NOTE 53, BASIC PERIODONTICS

Line 222

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211, D4212). Payable only when there are pockets of 5 mm or greater (D4341).

GUIDELINE NOTE 54, CONDUCT DISORDER

Line 485

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 55, PELVIC PAIN SYNDROME

Line 536

- 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 (i or ii):
 - i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
 - ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b) Nonsteroidal anti-inflammatory drugs
 - 3) 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 39.
- 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 treatable conditions or lesions found on laporoscopic 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 (i or ii):
 - i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
 - ii) 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

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 55, PELVIC PAIN SYNDROME (CONT'D)

- 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 56, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Line 545

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 Guideline Note 37 is not available.

GUIDELINE NOTE 57, MILD PSORIASIS

Line 547

Mild psoriasis is defined as uncomplicated, having:

- No functional impairment; and/or,
- Involving less than 10% of body surface area and no involvement of the, foot, or mucous membranes.

GUIDELINE NOTE 58, IMPULSE DISORDERS

Line 552

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 59, DYSMENORRHEA

Line 562

Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (A-G):

- A) Patient history of:
 - 1) No treatable conditions or lesions found on laposcopic examination
 - 2) Pain for more than 6 months with negative effect on patient's quality of life
- B) Failure of a six-month therapeutic trial with both of the following (1 and 2), unless there are contraindications to use:
 - 1) Hormonal therapy (a or b):
 - a) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
 - b) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - 2) Nonsteroidal anti-inflammatory drugs
- C) Evaluation of the following systems as possible sources of pelvic pain:
 - 1) Urinary
 - 2) Gastrointestinal
 - 3) Musculoskeletal
- D) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
- E) Nonmalignant cervical cytology, if cervix is present
- F) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- G) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 60, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Line 588

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 61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS

Lines 144,540,554,557,623

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as 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

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS (CONT'D)

of respiratory failure. Since the diagnosis 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 150 and any necessary outpatient or inpatient services would be covered.

Reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the diseases identified on the following four lines.

Line: 575
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY

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.

Line: 556
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY

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.

Line: 571
Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY

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.

Line: 643
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY

Line: 644
Condition: OTHER VIRAL INFECTIONS
Treatment: MEDICAL THERAPY

Line: 683
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION

Treatment of acute infectious disease that is associated with respiratory failure, obtundation/altered mental status, or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

GUIDELINE NOTE 62, REMOVEABLE PROSTHODONTICS

Line 457

Must have one or more anterior teeth missing or four or more posterior teeth missing per arch with resulting space equivalent to that loss demonstrating inability to masticate; third molars are not a consideration when counting missing teeth (D5211, D5212).

GUIDELINE NOTE 63, HYDROCELE REPAIR

Line 172

Excision of hydrocele is only covered for children with hydroceles which persist after 18 months of age.

GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT

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

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

- 1) A current and unrestricted license to practice as a pharmacist in Oregon.
- 2) Services must be provided based on referral from a physician or licensed provider or health plan.
- 3) Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS

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

Telephone and email consultations must meet the following criteria:

- 1) Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.
- 2) E-visits must be provided by a physician or licensed provider within their scope of practice.
- 3) Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.
- 4) Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.
- 5) Telephone and email consultations must meet HIPAA standards for privacy.
- 6) There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.

Examples of reimbursable telephone and email consultations include but are not limited to:

- 1) Extended counseling when person-to-person contact would involve an unwise delay.
- 2) Treatment of relapses that require significant investment of provider time and judgment.
- 3) Counseling and education for patients with complex chronic conditions.

Examples of non-reimbursable telephone and email consultations include but are not limited to:

- 1) Prescription renewal.
- 2) Scheduling a test.
- 3) Scheduling an appointment.
- 4) Reporting normal test results.
- 5) Requesting a referral.
- 6) Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
- 7) Brief discussion to confirm stability of chronic problem and continuity of present management.

GUIDELINE NOTE 66, CERVICAL DYSPLASIA

Line 28

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

GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY

Lines 151,661

Enzyme replacement therapy for infantile Pompe's disease is included on Line 151. All other enzyme replacement therapies are included on Line 661.

GUIDELINE NOTE 68, HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION

Line 6

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

Hysterosalpingography (58340, 74740) is covered only for the follow-up testing after placement of permanent implants in the fallopian tubes to induce bilateral occlusion.

GUIDELINE NOTE 69, SYNAGIS

Line 3

CPT code 90378, Synagis (palivizumab), is covered for infants meeting one of the criteria given below (A-E), according to the treatment guidelines for each criterion:

- A) Infants younger than 24 months who have congenital heart disease (CHD) or chronic lung disease of prematurity (CLD, formerly called bronchopulmonary dysplasia) AND require medical therapy
 - 1) Therapy is initiated within 6 months before the start of the RSV season
 - 2) Maximum 5 doses
- B) Infants younger than 12 months with congenital abnormalities of the airway or neuromuscular disease
 - 1) Maximum 5 doses
- C) Had a gestation age of 28 weeks or less
 - 1) Initiated during the RSV season before the infant reaches 12 months
 - 2) Maximum 5 doses

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 69, SYNAGIS (CONT'D)

- D) Had a gestation age of 29 weeks and 0 days to 31 weeks and 6 days
 - 1) Initiated during the RSV season before the infant reaches 6 months
 - 2) Maximum 5 doses
- E) Had a gestational age of 32 weeks 0 days to 34 weeks 6 days
 - 1) Born within 3 months before the start of RSV season or at any time throughout the RSV season
 - 2) Have at least 1 of these 2 risk factors
 - a) Infant attends child care; or
 - b) One or more siblings or other children younger than 5 years live permanently in the child's household.
 - 3) Should receive prophylaxis only until they reach 90 days of age or a maximum of 3 doses (whichever comes first).

GUIDELINE NOTE 70, HEART-KIDNEY TRANSPLANTS*Line 267*

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

GUIDELINE NOTE 71, HIP RESURFACING*Line 359*

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

The following criteria are required to be met for coverage of this procedure:

- A) The diagnosis of osteoarthritis or inflammatory arthritis
- B) Failure of nonsurgical management
- C) The device must be FDA approved

Patients who are candidates for hip resurfacing must not be:

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

GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS*Lines 374,545,612*

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

GUIDELINE NOTE 73, CONGENITAL CHORDEE*Line 438*

Congenital chordee Q54.4 is included on Line 438 only for severe cases (35 degrees of curvature or greater) and for all cases associated with hypospadias.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT*Lines 44,390,474*

Treatment with growth hormone is included only for children with: pituitary dwarfism, Turner's syndrome, Prader-Willi-syndrome, Noonan's syndrome, short stature homeobox-containing gene (SHOX), chronic kidney disease (stages 3, 4, 5 or 6) and those with renal

GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT (CONT'D)

transplant. Treatment with growth hormone should continue only until adult height as determined by bone age is achieved. Treatment is not included for isolated deficiency of human growth hormone or other conditions in adults.

GUIDELINE NOTE 75, AUTISM SPECTRUM DISORDERS*Lines 10,313*

There is limited evidence of the effectiveness of treatment (e.g., Applied Behavioral Analysis) for Autism Spectrum Disorders (ASD). However, effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions, that condition, not an ASD diagnosis, should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with an ASD diagnosis are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 75, 297, 349 and 381). Treatment for associated behaviors, such as agitation, that do not meet the criteria for co-morbid mental health diagnoses should be limited in frequency to a maximum of 8 hours of behavioral health service per month, subject to utilization management review by the mental health organization (MHO) or other relevant payer.

GUIDELINE NOTE 76, NERVE BLOCKS

Lines 1,3,6,8,9,11,20,24,25,28,30,32,37-41,46-55,59-63,65,67,69-76,81-100,102-105,107,109-112,115-121,123-125,129-132,134-145,147,148,154,156-164,166-170,172-175,178,180,183-195,197-201,203,204,206,208,209,211-214,216-221,223,225-228,230,232-239,241-251,253-255,257-267,269,273-275,277-280,283-286,289-294,297-306,308-312,314-317,319-324,327,328,330-335,337-341,343,344,346,349,350,352,354-360,362-370,372,374-376,378-384,386,389,391,392,394,397-402,404-408,410,412,417,419-424,426-428,430-436,438-441,443-447,450,452,453,456,458,459,464-466,468-472,474,476,477,480-484,486,487,496,504,519,526,527,532,535,549,568,630

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

GUIDELINE NOTE 77, TIPS PROCEDURE*Lines 60,220,285,338*

TIPS procedure (CPT code 37182, 37183) is included on these lines for patients who:

- 1) Have failed sclerotherapy and have acute bleeding from varices; or
- 2) Have failed sclerotherapy and have had 2 or more episodes of re-bleeding requiring a transfusion during a 2-week period; or
- 3) Requires bleeding control from varices and surgery is contraindicated; or
- 4) Are liver transplant candidates who require bleeding control from varices; or
- 5) Have severe debilitating ascites or hepatic hydrothorax refractory to medical management (e.g., oral diuretics and repeated large-volume paracentesis).

GUIDELINE NOTE 78, HEPATIC METASTASES*Line 320*

C78.7 Hepatic metastases are covered in this line only when:

- 1) Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12 TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE;
- 2) There are no other extrahepatic metastases; and,
- 3) The only treatment covered is hepatectomy/resection of liver (CPT codes 47120, 47122,47125 or 47130).

GUIDELINE NOTE 79, BREAST RECONSTRUCTION*Line 195*

Breast reconstruction (which may include contralateral reduction mammoplasty) is only covered after mastectomy as a treatment for breast cancer or as prophylactic treatment for the prevention of breast cancer in a woman who qualifies under Guideline Note 3, and must be completed within 5 years of initial mastectomy.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES**GUIDELINE NOTE 80, REPAIR OF NOSE TIP***Line 305*

Nose tip repair is included on this line only to be used in conjunction with codes 40700, 40701, 40702, or 40720 or subsequent correction of physical functioning.

GUIDELINE NOTE 81, RECONSTRUCTION OF THE NOSE*Lines 260,648*

ICD-10-CM codes Q30.1, Q30.2 and Q30.8 are on this line only for reconstruction of absence of the nose and other severe nasal anomalies which significantly impair physical functioning.

GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS*Lines 26,29,281*

These lines include "early intervention for psychosis," a multidisciplinary specialty team-based intervention that includes:

- 1) Psychiatric medication management
- 2) Individual counseling
- 3) Family group therapy
- 4) Family individual therapy

The goal of the early intervention is to minimize harms of a first outbreak of psychosis and improve long-term functioning.

GUIDELINE NOTE 83, HIP CORE DECOMPRESSION*Line 359*

Hip Core Decompression (S2325) is covered only for early/pre-collapse (stage I or II; before X-ray changes are evident) avascular necrosis of the hip (femoral head and/or neck).

GUIDELINE NOTE 84, MEDICAL NUTRITION THERAPY FOR EPILEPSY*Line 33*

Medical Nutrition Therapy (CPT 97802-97804) is included on this line only for training in the ketogenic diet for children with epilepsy in cases where the child has failed or not tolerated conventional therapy.

GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR*Line 1*

Induction of labor is covered for:

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis
- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥6)

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

Induction of labor is not covered for the following:

- Macrosomia (in the absence of maternal diabetes)
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with an unfavorable cervix (for example, a Bishop score <6)
- Elective purposes <39 weeks (without a medical or obstetrical indication)
- Intrauterine growth restriction/Small for gestational age, preterm (without other evidence of fetal compromise)

GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS

Line 205

There is limited evidence of the effectiveness of mental health treatment of organic mental disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with organic mental disorder are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 75, 297, 349 and 381).

GUIDELINE NOTE 87, INFLUENZA

Line 403

Treatment and post-exposure prophylaxis of influenza should comply with state and national public health recommendations.

GUIDELINE NOTE 88, USE OF PROGESTERONE CONTAINING IUDS FOR NON-CONTRACEPTIVE INDICATIONS

Lines 195,426,474

Intrauterine device (IUD) insertion and removal (CPT 58300 and 58301) are included on these lines for use only with progesterone-containing IUDs. These CPT codes are covered only for 1) menorrhagia (ICD-10-CM N92.0-N92.2 and N92.4) ; 2) for uterine protection in women taking estrogen replacement therapy after premature ovarian failure (ICD-10-CM E28.310, E28.319, E28.39, E28.8, E28.9) or menopause (ICD-10-CM N95.1) ; and 3) for uterine protection in women taking selective estrogen receptor modulators (SERMs).

GUIDELINE NOTE 89, REPAIR OF HIDDEN PENIS

Line 438

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

GUIDELINE NOTE 90, COGNITIVE REHABILITATION

Lines 96,182,199,205,290,322,349,381

Once physical stabilization from acute brain injury has occurred, as determined by an attending physician, cognitive rehabilitation is covered for three months. Whenever there is a major change in status as evidenced by significantly improved prognosis, for up to 3 years following the acute event, 6 additional visits of cognitive rehabilitation are covered. Cognitive rehabilitation is not covered for those in a vegetative state or for those who are unable or unwilling to participate in therapy.

GUIDELINE NOTE 91, SILVER COMPOUNDS FOR DENTAL CARIES

Lines 57,347,348,473,599

Silver compounds for dental caries prevention and treatment are not included on these or any lines on the Prioritized List for coverage consideration.

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,207,374,414,468,545,546

Line 1 PREGNANCY

Acupuncture pairs on Line 1 for the following conditions and codes.

Hyperemesis gravidarum

ICD-10-CM code: O21.0, O21.1

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

Acupuncture pairs with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 2 sessions of acupuncture/acupressure.

Breech presentation

ICD-10-CM code: O32.1xx0, O32.8xx0

Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 2 visits.

Back and pelvic pain of pregnancy

ICD-10-CM code: O33.0

GUIDELINE NOTE 92, ACUPUNCTURE (CONT'D)

Acupuncture is paired with back and pelvic pain of pregnancy when referred by maternity care provider/primary care provider for up to 12 sessions.

Line 207 DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE

Acupuncture is paired with the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time and limited to 15 total sessions, with documentation of meaningful improvement.

Line 374 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Acupuncture is included on Line 374 only for pairing with disorders of the spine with myelopathy and/or radiculopathy represented by the diagnosis codes G83.4, M47.1x, M47.2x, M50.0x, M50.1x, M51.1x, M54.1x, with referral, for up to 12 sessions.

Line 414 MIGRAINE HEADACHES

Acupuncture pairs on Line 414 for ICD-10-CM code G43.9 Migraine, when referred, for up to 12 sessions.

Line 468 OSTEOARTHRITIS AND ALLIED DISORDERS

Acupuncture pairs on Line 468 for osteoarthritis of the knee only **NO CODES?**, when referred, for up to 12 sessions.

Line 545 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Acupuncture pairs on Line 545 with the low back diagnoses G83.4, M47.1x, M47.2x, M50.0x, M50.1x, M51.1x, M54.1x, when referred, for up to 12 sessions. Acupuncture pairs with chronic (>90 days) neck pain diagnoses (), when referred, for up to 12 sessions.

Line 546 TENSION HEADACHES

Acupuncture is included on Line 546 for treatment of tension headaches G44.2x, when referred, for up to 12 sessions.

GUIDELINE NOTE 93, IMPLANTABLE GnRH ANALOG THERAPY*Line 191*

Use of drug delivery implant therapy for GnRH analogue therapy (such as histrelin) (CPT 11981-11983) is covered only when injectable depot medications (such as Lupron) are contraindicated or after such medications have been tried and complications preclude further use.

GUIDELINE NOTE 94, EVALUATION AND MANAGEMENT OF LOW BACK PAIN*Lines 374,545*

Procedures for the evaluation and management of low back pain are included on these lines when provided subject to the State of Oregon Evidence-based Clinical Guidelines dated 10/2011 located at:
<http://www.oregon.gov/oha/OHPR/pages/herc/evidence-based-guidelines.aspx>.

GUIDELINE NOTE 95, IMMUNE MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS*Line 255*

Once a diagnosis of primary progressive or secondary progressive multiple sclerosis is reached, immune modifying therapies are no longer covered.

GUIDELINE NOTE 96, TREATMENT OF BENIGN NEOPLASM OF URINARY ORGANS*Lines 218,517*

Treatment of benign urinary system tumors (ICD-10-CM D30.00-D30.02) are included on Line 218 with evidence of bleeding or urinary obstruction. Treatment of 1) oncocytoma which is >5 cm in size or symptomatic and 2) angiomyolipoma (AML) which is >5cm in women of child bearing age or in symptomatic men or women is covered. Otherwise, these diagnoses are included on Line 517.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 97, MANAGEMENT OF ACROMIOCLAVICULAR JOINT SPRAIN*Lines 422,616*

Sprain of acromioclavicular joint (ICD-10-CM S43.50-S43.52, and S43.60-S43.62) is only included on Line 422 for Grade 4-6 sprains. Surgical management of these injuries is covered only after a trial of conservative therapy. Grade 1-3 acromioclavicular joint sprains are included only on Line 616.

GUIDELINE NOTE 98, SIGNIFICANT INJURIES TO LIGAMENTS AND TENDONS*Lines 380,435,616*

Significant injuries to ligaments and/or tendons are those that result in clinically demonstrable joint instability or mechanical interference with motion. Significant injuries are covered on Line 380 or Line 435; non-significant injuries are included on Line 616.

GUIDELINE NOTE 99, ROUTINE PRENATAL ULTRASOUND*Lines 1,39,41,67*

Routine ultrasound for the average risk pregnant woman is included on these lines for:

- A) One ultrasound in the first trimester for the purpose of identifying fetal aneuploidy or anomaly (between 11 and 13 weeks of gestation) and /or dating confirmation. In some instances, if a patient's LMP is truly unknown, a dating ultrasound may be indicated prior to an aneuploidy screen
- B) One ultrasound for the purpose of anatomy screening after 18 weeks gestation

Only one type of routine prenatal ultrasound should be covered in a single day (i.e., transvaginal or abdominal).

GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION*Lines 51,154,204,258,374,412,484,533,588*

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking for 6 months prior to the planned procedure, as shown by three negative urine cotinine tests including testing on the day of surgery. Patients should be given access to appropriate smoking cessation therapy.

GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT*Lines 374,545*

Artificial disc replacement (CPT 22856-22865) is included on these lines as an alternative to fusion only when all of the following criteria are met:

Lumbar artificial disc replacement

- 1) Patients must first complete a structured, intensive, multi-disciplinary program for management of pain, if covered by the agency;
- 2) Patients must be 60 years or under;
- 3) Patients must meet FDA approved indications for use and not have any contraindications. FDA approval is device specific but includes:
 - Failure of at least six months of conservative treatment
 - Skeletally mature patient
 - Replacement of a single disc for degenerative disc disease at one level confirmed by patient history and imaging

Cervical artificial disc replacement

- 1) Patients must meet FDA approved indications for use and not have any contraindications. FDA approval is device specific but includes:
 - Skeletally mature patient
 - Reconstruction of a single disc following single level discectomy for intractable symptomatic cervical disc disease (radiculopathy or myelopathy) confirmed by patient findings and imaging.

GUIDELINE NOTE 102, NON-PHARMACOLOGIC INTERVENTIONS FOR TREATMENT-RESISTANT DEPRESSION*Line 7*

Repetitive transcranial magnetic stimulation (CPT 90867-90868) and electroconvulsive therapy (CPT 90870) are covered only after failure of at least two antidepressants.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 103, CHEMODENERVATION OF THE BLADDER*Line 331*

Chemodeneration of the bladder (CPT 52287) is included on this line only for treatment of overactive bladder caused by spinal cord injury, multiple sclerosis and other spinal cord diseases in patients in whom appropriate pharmacologic therapy has proven to be ineffective or poorly tolerated.

GUIDELINE NOTE 104, VISCOSUPPLEMENTATION OF THE KNEE*Lines 359,435,468*

Viscosupplementation of the knee (CPT 20610) is not covered for treatment of osteoarthritis of the knee.

GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS, OTHER PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN*Lines 50,374,412,545,588,616*

Epidural steroid injections (CPT 62311, 64483, 64484) are covered for patients with persistent radiculopathy due to herniated disc, where radiculopathy is as defined in Guideline Note 37 as showing evidence of one or more of the following:

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

It is recommended that shared decision-making regarding epidural steroid injection include a specific discussion about inconsistent evidence showing moderate short-term benefits, and lack of long-term benefits. If an epidural steroid injection does not offer benefit, repeated injections should not be covered. Epidural steroid injections are not covered for spinal stenosis or for patients with low back pain without radiculopathy.

The following interventions are not covered for low back pain, with or without radiculopathy:

- facet joint corticosteroid injection
- prolotherapy
- intradiscal corticosteroid injection
- local injections
- botulinum toxin injection
- intradiscal electrothermal therapy
- therapeutic medial branch block
- radiofrequency denervation
- sacroiliac joint steroid injection
- coblation nucleoplasty
- percutaneous intradiscal radiofrequency thermocoagulation
- radiofrequency denervation

GUIDELINE NOTE 106, PREVENTIVE SERVICES*Line 3*

Included on this line are the following preventive services:

1. US Preventive Services Task Force (USPSTF) "A" and "B" Recommendations (as of May 2012):
<http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>
2. American Academy of Pediatrics (AAP) Bright Futures Guidelines (published 2008):
<http://brightfutures.aap.org/pdfs/aap%20bright%20futures%20periodicity%20sched%20101107.pdf>
3. Health Resources and Services Administration (HRSA) Women's Preventive Services - Required Health Plan Coverage Guidelines: (approved with Affordable Care Act on March 23, 2010)
<http://www.hrsa.gov/womensguidelines/>
4. Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved for the Oregon Immunization Program:
<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMAPvactable.pdf>

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 107, HYPERBARIC OXYGEN*Lines 336,373*

Hyperbaric oxygen is a covered service only under the following circumstances:

- when paired with ICD-10-CM code M27.2 for osteomyelitis of the jaw only
- when paired with ICD-10-CM codes M27.8 for osteoradionecrosis of the jaw only
- when paired with ICD-10-CM codes O08.0, M60.000-M60.09 only if the infection is a necrotizing soft-tissue infection;
- when paired with ICD-10-CM codes M46.20-M46.39, M86.9 only for chronic refractory osteomyelitis unresponsive to conventional medical and surgical management;
- when paired with ICD-10-CM codes S47.9, S57.0, S57.8, S67, S77, S87, S97 only for posttraumatic crush injury of Gustilo type III B and C;
- when paired with ICD-10-CM codes T66.xxxA only for osteoradionecrosis;
- when paired with ICD-10-CM codes T82.898A, T82.898D, T82.9xxA, T82.9xxD, T83.89xA, T83.89xD, T83.9xxA, T83.9xxD, T84.89xA, T84.89xD, T84.9xxA, T84.9xxD, T85.89xA, T85.89xD, T859xxA, T859xxD only for compromised myocutaneous flaps

GUIDELINE NOTE 108, CONTINUOUS BLOOD GLUCOSE MONITORING*Line 8*

Continuous blood glucose monitoring (CPT codes 95250-95251, HCPCS codes S1030-S1031) with real-time or retrospective continuous glucose monitoring systems are only included on Line 8 for Type 1 diabetics for whom insulin pump management is being considered, initiated, or utilized and who also have one of the following:

- HbA1c levels greater than 8.0% (despite compliance with treatment), or
- a history of recurrent hypoglycemia.

Line 484

Vertebroplasty and kyphoplasty are not included on this line (or any other line) for the treatment of routine osteoporotic compression fractures.

Vertebroplasty and kyphoplasty are only included on this line for the treatment of vertebral osteoporotic compression fractures when they are considered non-routine and meet all of the following conditions:

1. The patient is hospitalized under inpatient status due to pain that is primarily related to a well-documented acute fracture, and
2. The severity of the pain prevents unassisted ambulation, and
3. The pain is not adequately controlled with oral or transcutaneous medication, and
4. The patient must have failed an appropriate trial of conservative management.

Sacroplasty is not included on these or any lines of the Prioritized List for coverage consideration.

GUIDELINE NOTE 110, CHRONIC PELVIC INFLAMMATORY CONDITIONS*Lines 55,536*

Chronic pelvic inflammatory conditions (ICD-9 614.2, 614.4, 614.5, 614.8, 614.9, 615.9) are included on the lower line only SPECIFY LINE?; acute conditions are included on the upper line SPECIFY LINE.

GUIDELINE NOTE 111, INTRA-AORTIC BALLOON PUMPS*Line 73*

Intra-aortic balloon pumps (CPT 33967-33974) are included on this line only for use in cardiogenic shock.

GUIDELINE NOTE 112, LUNG VOLUME REDUCTION SURGERY*Line 288*

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 288 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-9 492.0, 492.8) and all of the following:

1. BMI \leq 31.1 kg/m² (men) or \leq 32.3 kg/m² (women)
2. Stable with \leq 20 mg prednisone (or equivalent) dose a day
3. Pulmonary function testing showing
 - a. Forced expiratory volume in one second (FEV₁) \leq 45% predicted and, if age 70 or older, FEV₁ \geq 15% predicted value
 - b. Total lung capacity (TLC) \geq 100% predicted post-bronchodilator
 - c. Residual volume (RV) \geq 150% predicted post-bronchodilator
4. PCO₂ \leq 60 mm Hg (PCO₂ \leq 55 mm Hg if 1-mile above sea level)
5. PO₂ \geq 45 mm Hg on room air (PO₂ \geq 30 mm Hg if 1-mile above sea level)
6. Post-rehabilitation 6-min walk of \geq 140 m

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

7. Non-smoking for 6 months prior to surgery, as shown by cotinine level

The procedure must be performed at an approved facility (1) certified by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) under the LVRS Disease Specific Care Certification Program or (2) approved as Medicare lung or heart-lung transplantation hospitals. The patient must have approval for surgery by pulmonary physician, thoracic surgeon, and anesthesiologist post-rehabilitation. The patient must have approval for surgery by cardiologist if any of the following are present: unstable angina; left-ventricular ejection fraction (LVEF) cannot be estimated from the echocardiogram; LVEF <45%; dobutamine-radiionuclide cardiac scan indicates coronary artery disease or ventricular dysfunction; arrhythmia (>5 premature ventricular contractions per minute; cardiac rhythm other than sinus; premature ventricular contractions on EKG at rest).

GUIDELINE NOTE 113, DISEASES OF LIPS

Lines 209,665

ICD-9 code **528.5 (Diseases of lips)** is included on Line 209 only for treatment of abscess or cellulitis of the lips. All other sub-diagnoses under this code are included on Line 665.

GUIDELINE NOTE 157, FECAL INCONTINENCE

Lines 75,535

ICD-10-CM code R15.9 (Full incontinence of feces) is included on Line 75 only for supportive equipment (e.g. diapers, gloves). Surgical treatment for fecal incontinence is included on Line 535 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS

GUIDELINE NOTE 158, GENDER DYSPHORIA

Line 413

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

GUIDELINE NOTE 159, FOREIGN BODIES IN THE GI TRACT

Lines 46,507

ICD 10 codes T18.2xxD, T18.3xxD, T18.4xxD, T18.5xxD, T18.8xxD, T18.9xxD are included on Line 46 only when hazardous objects are involved that are likely to cause perforation (e.g. sharp objects >2 inches, neodymium magnets, button batteries) or obstruction.

GUIDELINE NOTE 160, LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS

Line 70

Laryngeal paralysis is covered on this line if associated with recurrent aspiration pneumonia (unilateral or bilateral) or airway obstruction (bilateral). Hoarseness is on Line 524. Laryngeal stenosis is included on this line only if it causes airway obstruction.

GUIDELINE NOTE 161, BLEPHAROPLASTY

Line 476

Blepharoplasty is covered when 1) visual fields demonstrate an absolute superior defect to within 15 degrees of fixation, 2) upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket, 3) essential blepharospasm or hemifacial spasm is present, OR 4) when there is significant ptosis in the downgaze reading position.

GUIDELINE NOTE 162, HYPOTONY

Lines 290,663

H44.40 (unspecified hypotony of the eye) and H44.411-H44.19 (Flat anterior chamber hypotony) are only included on Line 290 when resulting from a complication of a procedure. Non-procedure related cases are included on Line 663.

GUIDELINE NOTES FOR THE DRAFT OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

GUIDELINE NOTE 163, ACNE CONGLOBATA*Line 377*

Acne conglobata is only included on Line 377 if it involves recurrent abscesses or communicating sinuses.

GUIDELINE NOTE 164, ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY*Lines 430,491,515,522,541*

Repair of acute (< 8 weeks) peripheral nerve injuries are included on Line 430. Non-surgical medical care of these injuries are included on Line 491. Chronic nerve injuries are included on Lines 515, 522 and 541.

GUIDELINE NOTE 165, NEONATAL NASOLACRIMAL DUCT OBSTRUCTION*Lines 398,516*

Probing of nasolacrimal duct (CPT 68810-68840) is included on Line 398 only for children 12 months of age and older who have failed conservative management (e.g. topical antibiotics, Crigler massage) and for children younger than 12 months of age with multiple episodes of purulent infections.

GUIDELINE NOTE 166, SEVERE INFLAMMATORY SKIN DISEASE*Line 429*

For severe psoriasis, first line agents include topical agents, phototherapy and methotrexate. Second line agents include other systemic agents and oral retinoids and should be limited to those who fail, or have contraindications to, or do not have access to first line agents.

Biologics are only covered on this line only for the indication of severe plaque psoriasis; after documented failure of first line agents and failure of (or contraindications to) a second line agent.

GUIDELINE NOTE 167, COLLAPSED VERTEBRA*Lines 154,484*

Collapsed vertebra (ICD-10-CM M48.50xA- M48.58xA) are included on Line 154 for unstable burst fractures, a fracture that qualified for trauma system entry, or a fracture with spinal cord injury.

GUIDELINE NOTE 168, BENIGN BONE TUMORS*Lines 154,358,484,496,533*

Treatment of benign tumors of bones are included on Lines 154, 358, 484 and 496 for those neoplasms associated with pathologic fractures, at high risk of fracture, or which cause function problems including impeding joint function due to size, causing nerve compression, have malignant potential or are considered precancerous. Treatment of all other benign tumors are included on Line 533

GUIDELINE NOTE 169, OBSTRUCTIVE AND REFLUX UROPATHY*Line 25*

ICD-10-CM N13.9 (Obstructive and reflux uropathy unspecified) appears on this line for pediatric populations only.

Section 3:

Value-based Benefits Subcommittee Report

**Value-based Benefits Subcommittee Recommendations Summary
For Presentation to:
Health Evidence Review Commission on (5/9/13)**

*For specific coding recommendations and guideline wording, please see the text of the (5/9/13)
VbBS minutes.*

CODE MOVEMENT

- Cervical brachial syndrome was moved from a funded to a non-funded line
- Certain chronic pelvic inflammatory conditions were added to a non-funded line
- The procedure code for therapeutic apheresis was added to several funded lines and removed from the Ancillary File
- The procedure code for corneal pachymetry was added to several funded lines
- The procedure codes for intra-aortic balloon device insertion and removal were limited to two funded lines and a new guideline adopted
- Acupuncture procedure codes were added to the funded knee arthritis line
- Several procedure codes regarding splenectomy were added to a covered line for internal injuries
- Several procedure codes for surgical treatment of fecal incontinence were added to an unfunded line starting with the October 1, 2014 ICD-10 Prioritized List
- Nerve block procedure codes were added to a number of funded and unfunded lines and removed from the Ancillary File
- Various straightforward coding changes were made
- Several diagnostic codes for fetal death were added to the funded pregnancy line

ITEMS CONSIDERED BUT NO CHANGES MADE

- A new guideline for adenotonsillectomy for obstructive sleep apnea in children was considered; HERC staff will work with experts to revise
- There was no change made to the current noncoverage of PET scans for breast cancer

GUIDELINE CHANGES

- A new guideline was adopted to define when certain pelvic inflammatory conditions are included on the upper, funded line and when on the lower, non-funded line
- A new guideline was adopted to limit coverage of intra-aortic balloon device on the acute myocardial infarction line to patients with cardiogenic shock
- The acupuncture guideline was modified to include knee arthritis
- A new guideline was adopted restricting which patients qualify for lung volume reduction surgery
- A new guideline was added to clarify which treatments for fecal incontinence are included on the funded and which on the unfunded line for the ICD-10 Prioritized List effective October 1, 2014
- Guideline note 28 had modifications to make the wording clearer
- Modifications were made to the hyperbaric oxygen guideline and the addition of this guideline to the List was affirmed
- A new diagnostic guideline was adopted on the diagnosis of obstructive sleep apnea in adults
- A new guideline was adopted on continuous glucose monitoring in diabetics
- The guidelines on cochlear implants, guideline notes 31 and 49, were modified to clarify coverage intent for bilateral cochlear implants and define levels of hearing loss
- The diagnostic guideline on neuroimaging for headache was modified for clarity

- The guideline on induction of labor was modified to define when elective induction would be covered and other indications and contraindications to induction
- A new guideline on self-monitoring of blood glucose in type 2 diabetics was adopted
- A new diagnostic guideline on screening for asymptomatic carotid artery stenosis was adopted
- A new guideline on carotid endarterectomy for carotid stenosis was adopted

DRAFT

VALUE-BASED BENEFITS SUBCOMMITTEE
Wilsonville Training Center, Room 112
Wilsonville, Oregon 97070
May 9, 2013
8:30 AM – 12:30 PM

Members Present: Lisa Dodson, MD, Chair; Kevin Olson, MD, Vice-chair; James Tyack, DMD; David Pollack MD; Irene Crowell RPh (by phone until 11:30 AM); Laura Ocker, LAc; Susan Williams, MD (left at 12:30 PM).

Members Absent: Mark Gibson

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

Also Attending: Denise Taray, Wally Shaffer MD, DMAP; Jesse Little, Actuarial Services Unit; Paige Hatcher, MD, OHSU Preventive Medicine; Duncan Neilson, MD, Legacy Health; BJ Carnor, NWPEN; Mike Willett, Phizer; Joanne Rogovoy, March of Dimes; Kathy Kirk, Oregon Pain Management Commission; Cheryl Moore, ODE/AADE; Jason Parks, ACCAN; Ben Marx, LAc, OCOM; Ryan Milley, OCOM; Bill Struyk, Johnson and Johnson; Shane Jackson, Autism Society of Oregon; Mary Stumph, Lilly Oncology

Roll Call/Minutes Approval/Staff Report

The meeting was called to order at 8:30 am and roll was called. Minutes from the 3/14/13 VbBS meeting were reviewed. Ocker noted one technical correction regarding the affiliation of Ben Marx, who provided testimony at the March meeting. The amended minutes were approved. Note: HERC staff later noted that the date of presentation to the HERC at the top of the March minutes had the wrong date and this was corrected.

ACTION: HERC staff will post the approved minutes on the website as soon as possible.

Smits reported on the HERC progress on the ICD-10 Prioritized List.

Coffman shared issues with using healthy life years in the prioritization methodology. Putting more weight on treatments for children that provide many years of benefit is in conflict with the Affordable Care Act (ACA). Changing the language in the prioritization methodology to reflect the “magnitude” of the benefit (as discussed at the HERC meeting) will address this problem.

Coffman also announced that Chris Kirk has resigned from the VbBS due to a job change. The VbBS is currently actively recruiting for Dr. Kirk’s position.

NEW DISCUSSION

➤ **Topic:** Cervicobrachial syndrome

Discussion: Smits presented a summary document with recommended changes for the placement of cervicobrachial syndrome. There were questions about whether the ICD-9

code for cervicobrachial syndrome was also used for cervical radiculopathy (no, 723.4 is the correct code) or thoracic outlet syndrome (no, 353.0 is the correct code).

Actions:

- 1) Move 723.3 (cervicobrachial syndrome) from line 441 PERIPHERAL NERVE ENTRAPMENT to line 562 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

➤ **Topic:** Chronic pelvic inflammatory conditions

Discussion: Smits presented a summary document with recommended changes for the placement of chronic pelvic inflammatory conditions. There was discussion about what treatments might be covered for chronic pelvic pain. The answer was diagnostic work up, and currently medications. This coverage is similar to most other chronic pain conditions on the Prioritized List. Smits noted that abscesses of the pelvic organs would be covered on the upper line. Health plans could choose to priorauthorize treatments like hysterectomy and may deny them for chronic pelvic pain once moved to the unfunded line.

Actions:

- 1) Add 614.2, 614.4, 614.5, 614.8, 614.9, 615.9 to line 552 PELVIC PAIN SYNDROME, DYSPAREUNIA and keep on line 56 ACUTE PELVIC INFLAMMATORY DISEASE
- 2) Move 614.7 and 615.1 from line 56 to line 552
- 3) Change the name of line 552 to CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSPAREUNIA
- 4) A new guideline was adopted for line 56 and 552 as shown in Appendix A

➤ **Topic:** Therapeutic apheresis

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

Actions:

- 1) Add CPT 36514-36516 (therapeutic apheresis) to lines 100, 117, 136, 138, 140, 142, 150, 151, 157, 183, 199, 223, 225, 249, 308, 338, 366, 479
- 2) Advise DMAP to remove 36515 and 36516 from the Ancillary List

➤ **Topic:** Corneal pachymetry

Discussion: Smits reviewed the summary document. Dodson requested clarification that this procedure could not be paired with refractive diagnoses to be used prior to laser refractive surgery. This diagnosis is not located on one of the lines suggested for placement and therefore should not be paired.

Actions:

- 1) Corneal pachymetry (CPT 76514) was added to lines 149 GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE, 258 PRIMARY ANGLE-CLOSURE GLAUCOMA, 282 ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS, 308 COMPLICATIONS OF A PROCEDURE ALWAYS

REQUIRING TREATMENT, 337 CORNEAL OPACITY AND OTHER
DISORDERS OF CORNEA and 362 RUBEOSIS IRIDIS

➤ **Topic:** Intra-aortic balloon devices

Discussion: Smits reviewed the summary document. Hatcher gave additional evidence indicating that there was good data for use of intra-aortic balloon devices as a bridge to definitive treatment such as CABG, LVAD placement, etc. The group decided to limit the placement of this procedure to lines 76 (with a guideline) and 108.

Actions:

- 1) CPT 33967 was removed from line 195 CHRONIC ISCHEMIC HEART DISEASE
- 2) CPT 33968 was added to line 76 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION and 108 HEART FAILURE and DMAP was advised to remove from the Excluded List
- 3) CPT 33970 and 33971 were removed from line 195 and added to line 108
- 4) CPT 33973 and 33974 were added to line 108 and removed from lines 109, 192, 105, 237, 274, 304, 354, 376, and 385
- 5) A new guideline was adopted for line 76 as shown in Appendix A

PREVIOUS DISCUSSION ITEMS

➤ **Topic:** Acupuncture for knee osteoarthritis

Discussion: Smits reviewed the summary document. Ben Marx, LAc and Ryan Milley from OCOM gave testimony and Smits read written testimony from Deborah Ackerman from OCOM. There was testimony and discussion about how finding a true sham control for acupuncture is extremely difficult, and most experts recommend focusing on comparing acupuncture to wait list controls or usual care controls. There was discussion about the statistics used in the Vickers 2012 study. The treatment effect was considered “medium” but appeared to be less than the improvement seen with viscosupplementation for knee arthritis. It was pointed out that the Cochrane review (Mannheimer 2011) did not show any benefit to acupuncture when added to exercise as a treatment. The risks of alternative procedures (NSAIDs, narcotics, injections, surgery) were discussed. The effect size of NSAIDs on knee arthritis was pointed out to be less than that shown for acupuncture.

MOTION: To approve the addition of acupuncture to line 489 and the changes to the acupuncture guideline as presented. CARRIES 5-1.

Actions:

- 1) Add acupuncture (CPT 97810-4) to line 489 OSTEOARTHRITIS AND ALLIED DISORDERS
- 2) The acupuncture guideline was modified as shown in Appendix B

➤ **Topic:** Obstructive sleep apnea (OSA) in children

Discussion: Smits reviewed the summary document. Dr. Holger Link from OHSU Sleep Medicine gave verbal testimony.

There was discussion about whether the guideline should apply to children 12 and younger, 18 and younger, or some other age group. Dr. Link raised concerns about using 12 and younger, as some older children are physiologically more like children and other more like adults. Dodson asked whether puberty should be used as a cut-off. Dr. Link felt that age 16 might be a better cut off, as most children are done growing by this age.

There was discussion about when a formal sleep study should be required. Dr. Link felt that the physician should have leeway as to when a sleep study should be done. He was concerned about the significant regional differences in coverage of sleep studies in Oregon. Dodson raised the issues that sleep studies are difficult to obtain in many areas of Oregon. Link felt that any child with big tonsils with the right symptoms should not have to have a mandatory sleep study, that the expertise of the treating providers should be sufficient. However, if the exam does not support large tonsils, or if the history is unclear, or if the child is younger than age 2 or have complicating medical conditions (Down's etc.), then the child should have a sleep study even if it required travel. Dr. Link felt that the sleep questionnaires were useful in predicting neurological outcome/improvements in daytime function after adenotonsillectomy, although not helpful in diagnosing OSA.

There was discussion about what should constitute a positive sleep study. The OHP medical directors are requesting specific guidelines for what makes a positive study, such as a specific apnea-hypopnea index AHI cut off. Link felt that a positive study should depend on daytime symptoms. An AHI between 2-5 should require daytime symptoms, while an AHI >5 would be considered positive with or without daytime symptoms, and an AHI <2 should be considered negative. Dr. Link felt that the types of events seen during the sleep study should also be considered in determining whether the study should be considered positive. Some types of events are more serious than others. He felt that it was important to define what events should be considered. Link noted that his sleep lab is required to score sleep studies based on national criteria, and requiring specific changes to how to read the studies would result in them having to be read twice and would be burdensome.

The decision was that the general direction of the guideline was correct. HERC staff was directed to work with primary care providers, ENT providers, and sleep specialists to help to clarify 1) the age cut-off for the guideline (12 and younger, 18 and younger, or other), 2) whether children younger than age 2 should be included in the high risk group and have required sleep studies prior to adenotonsillectomy, and 3) how to define a positive sleep study.

Actions:

- 1) HERC staff to work with providers to revise the proposed adenotonsillectomy for OSA guideline and bring back to a future VBBS meeting

➤ **Topic:** Coverage guidance - Diagnosis of sleep apnea in adults

Discussion: Livingston presented the issue summary on applying the Coverage Guidance - Diagnosis of Sleep Apnea in Adults. She discussed proposed modifications from the VbBS language based on feedback from the OHP CCO Medical Directors. Shaffer clarified that across Oregon there should be access to Type 1 monitors but one of the alternatives should also be available. Questions were raised as to whether the other types of monitors provided comparable data, and what exactly were the additional non-Type IV monitors. It was clarified that this was derived from Medicare language and that all types of monitors provided relatively comparable results. Suggestions were made to cover Type 1 and at least one of the other types of monitors and to modify the language to clarify that CPAP titration should be performed at the time of the diagnostic study.

Actions:

- 1) Adopt a new diagnostic guideline on Diagnostic Testing in Sleep Apnea as shown in Appendix A

➤ **Topic:** Coverage guidance follow up - Continuous blood glucose monitoring

Discussion: Livingston presented an issue summary combining the HTAS Coverage Guidance and OHP CCO Medical Directors input. Public comment was received from Sheryl Moore, a diabetes educator, representing the Oregon Diabetes Educators Association, and American Association of Diabetes Educators. She argued that retrospective monitoring was a valuable tool for Type 2 diabetics, and also that requiring the HbA1c cutoff of greater than 8 was too limiting. Bill Stryke from Johnson & Johnson also presented testimony. There was a brief discussion about the lack of evidence demonstrating any benefit in retrospective monitors in type 2 diabetics, and the need to limit coverage in the absence of proven benefit. The guideline note was approved as presented.

MOTION: To approve the guideline note on continuous blood glucose as presented. CARRIES 6-0.

Actions:

- 1) Adopt a new guideline note on continuous blood glucose monitoring as shown in Appendix A

COVERAGE GUIDANCES FOR PRIORITIZED LIST

➤ **Topic:** Neuroimaging in headache

Discussion: Livingston presented the coverage guidance and proposed modifications to the guideline on neuroimaging in headache. There was some discussion about the language changes. There was a recommendation to add examples of dizziness, lack of coordination, numbness and tingling to the appropriate lines and to make a grammatical change.

MOTION: To approve the guideline note on neuroimaging in headache as amended. CARRIES 6-0.

Actions:

- 1) Modify DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE as shown in Appendix B.

➤ **Topic:** Induction of labor

Discussion: Livingston presented an issue summary with the revised coverage guidance and a proposed modification to GUIDELINE NOTE 85, INDUCTION OF LABOR. There was minimal discussion.

MOTION: To approve the guideline note on induction of labor as presented. CARRIES 6-0.

Actions:

- 1) Modify GUIDELINE NOTE 85, INDUCTION OF LABOR as shown in Appendix B.

➤ **Topic:** PET scan for breast cancer

Discussion: Livingston presented an issue summary. Shaffer added additional background that the coverage guidance was trying to limit unnecessary PET scans, but that the HTAS members thought that PET scans are useful in some patients with breast cancer at high risk of metastases. Data for using PET scans for any types of breast cancer is not strong. There was a discussion about the different options for either adding the guideline to the breast cancer line or not. HTAS chose not to make a positive recommendation about when PET is appropriate because of a dearth of evidence. It was concluded that there is insufficient evidence to support opening up PET scans for breast cancer.

MOTION: To approve Option 1 as presented in the meeting materials. CARRIES 6-0.

Actions:

- 1) Make no change to the PET Scan Guidelines or to Line 197
- 2) Recommend to DMAP to move code G0252 from the DMAP *Ancillary Codes File* to the *DMAP Excluded File*

➤ **Topic:** Self-monitoring of blood glucose

Discussion: Livingston presented an issue summary about applying limits to supplies for the self-monitoring of blood glucose to the Prioritized List. There was a clarification that previously many codes for group visits (such as chronic disease self-management) were not opened due to payment issues related to Federally Qualified Health Centers. DMAP is actively working to solve the issues related to payment and to alternative payment methodologies around this issue specifically.

Public comment was received from Sheryl Moore, certified nurse and diabetes educator (with no declared conflicts of interest) who stated that restricting coverage was limiting an essential tool for self-monitoring of a chronic disease. Bill Struyk from Johnson & Johnson, which makes blood glucose monitoring equipment, stated that the self-monitoring is important, and also that there would be significant administrative burden incurred from the implementation of the 9 exemptions in the guideline. BJ Cavanaugh, from the Patient Education Network and NW Collaborative Care Network argued against the limitations, stating that it will have an impact on vulnerable patients.

There were concerns raised by subcommittee members about sending the message to patients that test strips would not be covered. There was a clarification that patients who are changing regimens would have additional strips covered. Test strips are a high cost item for OHP; this is the fourth highest code in terms of costs for durable medical equipment. Given the large cost, it would be worth having a prior authorization mechanism in place.

MOTION: To approve the guideline note on self-monitoring of blood glucose as presented. CARRIES 4-2.

Actions:

- 1) Approve code recommendations as presented
- 2) Adopt a new guideline note as shown in Appendix A

➤ **Topic:** Carotid endarterectomy

Discussion: Livingston presented an issue summary applying the approved coverage guidance to the Prioritized List. There was discussion as to whether or not a screening guideline should be added to the Prioritized List. Shaffer clarified that screening was looked into by HTAS, however, there was insufficient evidence to determine if there are high risk individuals who should receive screening. It was clarified that the USPSTF recommendation against screening in the general population applied to “adults without neurological symptoms and without a history of transient ischemic attacks (TIA) or stroke.” Given this, it was felt to be appropriate to include a screening guideline.

There was also a discussion about how studies on medical management that are outdated would overestimate the effects of surgery given the improvement in medical management.

MOTION: To approve the guideline notes on the screening for carotid artery stenosis and use of carotid endarterectomy as presented. CARRIES 6-0.

Actions:

- 1) Adopt a new diagnostic guideline as shown in Appendix A
- 2) Adopt a new guideline note as shown in Appendix A

GUIDELINES

➤ **Topic:** Lung volume reduction surgery guideline

Discussion: Smits reviewed the summary document. There was a suggestion to simply link to the CMS guideline covering lung volume reduction surgery; however, staff pointed out that the Prioritized List must reference a dated document and this could become problematic if CMS changed their guideline. The guideline was adopted as presented in the materials.

Actions:

- 1) A new guideline was adopted as shown in appendix A

➤ **Topic:** Concussion guideline

Actions:

- 1) Tabled until the August HERC meeting

➤ **Topic:** Bilateral cochlear implant guideline

Discussion: Livingston presented the issue summary. There was no discussion.

Actions:

- 1) Approve proposed changes to the cochlear implant guidelines 31 and 49 as shown in Appendix B.

➤ **Topic:** Diseases of lips

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

Actions:

- 1) Add 528.5 to line 688 DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
- 2) A new guideline was adopted as shown in Appendix A

➤ **Topic:** Treatment of cancer with little or no effectiveness near the end of life

Actions:

- 1) To be discussed at that afternoon's HERC meeting, see the May HERC meeting minutes for discussion and action

ICD-10 CONVERSION

➤ **Topic:** 2013 ICD-10 codes

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

Actions:

- 1) The suggested placement for 2013 ICD-10 codes was accepted as shown in the meeting document

➤ **Topic:** ICD10 codes on no lines

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

Actions:

- 1) CPT 38100-38102 (Splenectomy), 38115 (splenorrhaphy) and 38120 (Laparoscopic splenectomy) were added to line 84 INJURY TO INTERNAL ORGANS
- 2) Various coding changes done for the ICD-10 Prioritized List as presented in meeting materials

➤ **Topic:** ICD-10 General Surgery follow up

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

Actions:

- 1) A new guideline was added to the ICD-10 Prioritized List as shown in Appendix A
- 2) The following CPT codes were added to line 551 for the ICD-10 Prioritized List: 44141, 44143, 44144, 44188, 44206, 44320, 44340, 44345, 44346, 45110, 45395

➤ **Topic:** Prioritized List changes/errata found through ICD-10 review

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

Actions:

- 1) Guideline Note 14 had a line number deleted which did not contain this treatment
- 2) CPT 64400-64455, 64505-64530 were added to all lines referenced in Guideline Note 76 regarding nerve blocks
- 3) The treatment descriptions of lines 124, 137, and 549 were modified to add chemotherapy
- 4) The treatment descriptions of lines 371, 466, and 485 were modified to remove reference to radiation therapy
- 5) The title of line 387 was changed to "Central Serous Chorioretinopathy" for the October 1, 2014 ICD-10 Prioritized List

STRAIGHTFORWARD ITEMS

➤ **Topic:** March 2013 Straightforward Table

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

Actions:

- 1) Add 32663 to line 204
- 2) Add 115.92 to line 106
- 3) Remove 115.92 from lines 147 and 354
- 4) Add 77421 to line 287
- 5) Add 57505 to line 144
- 6) Add 77301 to lines 340 and 356.
- 7) Add 253.8 to line 162
- 8) Add 67412 to lines 124 and 208
- 9) Add 52214 to lines 228 and 287
- 10) Do not add 52214 to line 291
- 11) Remove 54530 and 54535 from lines 104 and 261
- 12) Add 54520-54535 to line 275
- 13) Change treatment description for line 70 to MEDICAL / PSYCHOTHERAPY
- 14) Remove 99241-99245 from all lines on the Prioritized List. Advise DMAP to place 99241-99245 on the Excluded List
- 15) Remove 41512 from line 171. Keep 41512 on Excluded List
- 16) Add 56441 to lines 380 and 658
- 17) Add 62272 to line 320
- 18) Add 45114 and 45116 to line 35
- 19) Add 44130 to line 163
- 20) Add 59821 to line 394
- 21) Add 27707 to line 467

➤ **Topic:** May 2013 Straightforward Table

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

Actions:

- 1) Add 62160 to lines 40 and 308
- 2) Add 61322 to line 101
- 3) Add 35516 and 35616 to line 293
- 4) Add 44147 to line 84
- 5) Add 44141-44160 to line 88
- 6) Add 37183 to line 308
- 7) Add 61885 to line 308
- 8) Add 47562 and 47563 to line 459
- 9) Add 77418 to line 277
- 10) Add 569.89 to line 503
- 11) Add 62223 to line 359
- 12) Add 47010 to line 84. Remove 47010 from line 111
- 13) Add 573.8 to lines 319, 360 and 365
- 14) Add 47010 to line 319
- 15) Add 96150-96154 to line 5
- 16) Add H0018 & H0019 to line 5
- 17) Add 66680 to line 362

➤ **Topic:** Clarification for Guideline Note 28 MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER

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

Actions:

- 1) Guideline note 28 was modified as shown in Appendix B

➤ **Topic:** Hyperbaric oxygen guideline

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

Actions:

- 1) The modified guideline for hyperbaric oxygen was adopted as shown in Appendix B and placement of this guideline on the Prioritized List was affirmed

➤ **Topic:** Death code placements

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

Actions:

- 1) 656.40-656.43 were added to Line 1 Pregnancy
- 2) DMAP was advised to move V17.41 from the Ancillary File to the Diagnostic Workup File
- 3) Placement of 761.6, 768.0 and 768.1 were tabled until further review of this code series

MOTION: To approve the items included in the Guidelines, ICD-10 Conversion and Straightforward Items sections as discussed. CARRIES 6-0.

➤ **Public Comment:**

No additional public comment was received.

➤ **Issues for next meeting:**

- Follow up of Adenotonsillectomy for treatment of OSA in children
- ICD-10 Orthopedics follow up
- ICD-10 Dysfunction lines
- Sensory processing disorder
- Implantable intraocular steroids
- Advanced Imaging for Back Pain Guideline—guideline note D4
- Enzyme replacement therapy for Gaucher's disease

DRAFT

➤ **Next meeting:**

Thursday, August 8, 2013 at Meridian Park Hospital Medical Education Center.

➤ **Adjournment:**

The meeting was adjourned at 12:52 PM.

DRAFT

Appendix A

Recommended New Guidelines

New Guidelines to be added to the October 1, 2013 Prioritized List

GUIDELINE NOTE XXX CHRONIC PELVIC INFLAMMATORY CONDITIONS

Lines 56, 552

Chronic pelvic inflammatory conditions (ICD-9 614.2, 614.4, 614.5, 614.8, 614.9, 615.9) are included on the lower line only; acute conditions are included on the upper line.

GUIDELINE NOTE XXX, INTRA-AORTIC BALLOON PUMPS

Line 76

Intra-aortic balloon pumps (CPT 33967-33974) are included on this line only for use in cardiogenic shock

GUIDELINE NOTE XXX LUNG VOLUME REDUCTION SURGERY

Line 306

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on line 306 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-9 492.0, 492.8) and all of the following:

- 1) BMI ≤ 31.1 kg/m² (men) or ≤ 32.3 kg/m² (women)
- 2) Stable with ≤ 20 mg prednisone (or equivalent) dose a day
- 3) Pulmonary function testing showing
 - a. Forced expiratory volume in one second (FEV₁) $\leq 45\%$ predicted and, if age 70 or older, FEV₁ $\geq 15\%$ predicted value
 - b. Total lung capacity (TLC) $\geq 100\%$ predicted post-bronchodilator
 - c. Residual volume (RV) $\geq 150\%$ predicted post-bronchodilator
- 4) PCO₂ ≤ 60 mm Hg (PCO₂ ≤ 55 mm Hg if 1-mile above sea level)
- 5) PO₂ ≥ 45 mm Hg on room air (PO₂ ≥ 30 mm Hg if 1-mile above sea level)
- 6) Post-rehabilitation 6-min walk of ≥ 140 m
- 7) Non-smoking for 6 months prior to surgery, as shown by cotinine level

The procedure must be performed at an approved facility (1) certified by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) under the LVRS Disease Specific Care Certification Program or (2) approved as Medicare lung or heart-lung transplantation hospitals. The patient must have approval for surgery by pulmonary physician, thoracic surgeon, and anesthesiologist post-rehabilitation. The patient must have approval for surgery by cardiologist if any of the following are present: unstable angina; left-ventricular ejection fraction (LVEF) cannot be estimated from the echocardiogram; LVEF $< 45\%$; dobutamine-radionuclide cardiac scan indicates coronary artery disease or ventricular dysfunction; arrhythmia (> 5 premature ventricular contractions per minute; cardiac rhythm other than sinus; premature ventricular contractions on EKG at rest).

GUIDELINE NOTE XXX DISEASES OF LIPS

Lines 214, 688

ICD-9 code 528.5 (Diseases of lips) is included on line 214 only for treatment of abscess or cellulitis of the lips. All other sub-diagnoses under this code are included on line 688.

Appendix A

Recommended New Guidelines

DIAGNOSTIC GUIDELINE XX DIAGNOSTIC TESTING FOR OBSTRUCTIVE SLEEP APNEA (OSA) IN ADULTS

Type I PSG is covered when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility.

OHP clients should have access to least one of the alternatives listed below:

1. Type II or Type III sleep testing devices when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
2. Type IV sleep testing devices measuring three or more channels, one of which is airflow, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
3. Sleep testing devices measuring three or more channels that include actigraphy, oximetry, and peripheral arterial tone, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

CPAP titration should be performed as part of the diagnostic study, if possible.

GUIDELINE NOTE XXX CONTINUOUS BLOOD GLUCOSE MONITORING

Line 10

Continuous blood glucose monitoring (*CPT codes 95250-95251, HCPCS codes S1030-S1031*) with real-time or retrospective continuous glucose monitoring systems are only included on Line 10 for Type 1 diabetics for whom insulin pump management is being considered, initiated, or utilized and who also have one of the following:

- HbA1c levels greater than 8.0% (despite compliance with treatment), or
- a history of recurrent hypoglycemia.

GUIDELINE NOTE XX SELF-MONITORING OF BLOOD GLUCOSE

Line 33

For patients with Type 2 diabetes mellitus not requiring multiple daily injections of insulin, home blood glucose monitors and related diabetic supplies are covered only for those who have uncontrolled diabetes (defined as HbA1c levels greater than 8.0%), and in sufficient quantity to allow once a week testing.

Additional supplies for self-monitoring of blood glucose, up to 50 test strips for 90 days, are covered for patients with Type 2 diabetes who have additional complicating factors such as: changing treatment regimens, are newly diagnosed and receiving diabetes education, unexplained or new onset hyperglycemia or hypoglycemia, use of basal (once daily insulin), comorbid conditions affecting diabetic control, microvascular or macrovascular complications of diabetes, or use of systemic corticosteroid therapy.

A structured education and feedback program for self-monitoring of blood glucose is covered.

Appendix A

Recommended New Guidelines

For patients requiring multiple daily injections of insulin, home blood glucose monitors and related diabetic supplies are covered.

DIAGNOSTIC GUIDELINE XX SCREENING FOR CAROTID ARTERY STENOSIS

Screening for carotid artery stenosis (CPT 93880) in asymptomatic individuals is not a covered service.

GUIDELINE NOTE XXX CAROTID ENDARTERECTOMY

Line 440

Carotid endarterectomy is covered in patients with 70-99% carotid stenosis without near-occlusion.

For patients with 50 – 69% carotid stenosis who are symptomatic (recent transient ischemic attack or ischemic stroke), carotid endarterectomy is covered only for those who have failed optimal medical management.

Carotid endarterectomy is not covered for patients with any of the following:

- less than 50% carotid stenosis
- 50-69% stenosis who are asymptomatic
- near occlusion.

New Guidelines to be added to the October 1, 2014 (anticipated) ICD-10 Prioritized List

GUIDELINE NOTE XXX FECAL INCONTINENCE

Line 78, 551

ICD-10-CM code R15.9 (Full incontinence of feces) is included on Line 78 only for supportive equipment (e.g. diapers, gloves). Surgical treatment for fecal incontinence is included on Line 551 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS.

Appendix B

Recommended Modifications to Guideline Notes

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,212,435,489,562,563

Inclusion of acupuncture (CPT 97810-97814) on the Prioritized List has the following limitations:

Line 1 PREGNANCY

Acupuncture pairs on Line 1 for the following conditions and codes.

Hyperemesis gravidarum

ICD-9 codes: 643.00, 643.03, 643.10, 643.11, 643.13

Acupuncture is paired with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 2 sessions of acupressure/acupuncture

Breech presentation

ICD-9 codes: 652.20, 652.23

Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 2 visits.

Back and pelvic pain of pregnancy

ICD-9 codes: 648.70, 648.73

Acupuncture is paired with back and pelvic pain of pregnancy when referred by maternity care provider/primary care provider for up to 12 sessions.

Line 212 DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE

Acupuncture is paired with the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time and limited to 15 total sessions, with documentation of meaningful improvement.

Line 400 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Acupuncture is included on Line 400 only for pairing with disorders of the spine with myelopathy and/or radiculopathy represented by the diagnosis codes M47.26, M47.27, M51.06, M51.07, M51.16, M51.17, M51.26, M51.27, M54.16, M54.17 with referral for up to 12 sessions.

Line 435 MIGRAINE HEADACHES

Acupuncture pairs on Line 435 for ICD-9 346, when referred, for up to 12 sessions.

Line 489 OSTEOARTHRITIS AND ALLIED DISORDERS

Acupuncture pairs on line 489 for treatment of osteoarthritis of the knee only, when referred, for up to 12 sessions

Line 562 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Acupuncture pairs on Line 562 with the low back diagnoses (M47.816, M47.817, M47.896, M47.897, M48.36, M48.37, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M54.5, M62.830, S33.5xxA, S33.9xxA, S39.092A, S39.82xA, S39.93xA), when referred, for up to 12 sessions. Acupuncture pairs with chronic (>90 days) neck pain diagnoses (723.1, 723.8, 723.9, 847.0), when referred, for up to 12 sessions.

Line 563 TENSION HEADACHES

Acupuncture is included on Line 563 for treatment of tension headaches, when referred, for up to 12 sessions.

Appendix B

Recommended Modifications to Guideline Notes

GUIDELINE NOTE 28, MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER

Line 212

The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only ~~when the following apply: For children 18 years old and under, in the presence of~~ who have significant difficulty with emotional regulation that causes functional impairment caused by significant difficulty with emotional regulation.

Use of 296.90 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: 90804, 90806, 90810, 90812, H0004
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE XXX HYPERBARIC OXYGEN

Lines 358, 399

Hyperbaric oxygen is a covered service only under the following circumstances:

- when paired with ICD-9-CM code 526.4 for osteomyelitis of the jaw only
- when paired with ICD-9-CM codes 526.89 for osteoradionecrosis of the jaw only
- when paired with ICD-9-CM codes 639.0, 670.02, and 670.04 only if the infection is a necrotizing soft-tissue infection;
- when paired with ICD-9-CM codes 730.10-730.99 only for chronic refractory osteomyelitis unresponsive to conventional medical and surgical management;
- when paired with ICD-9-CM codes 927-929 only for posttraumatic crush injury of Gustilo type III B and C;
- when paired with ICD-9-CM codes 990 only for osteoradionecrosis;
- when paired with ICD-9-CM codes 996.7 only for compromised myocutaneous flaps

GUIDELINE NOTE 31, COCHLEAR IMPLANTATION, AGE 5 AND UNDER

Line 298

Children will be considered candidates for cochlear implants if the following criteria are met:

- A) Profound sensorineural hearing loss in both ears (defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
- 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)

Appendix B

Recommended Modifications to Guideline Notes

Bilateral cochlear implants are covered. Simultaneous implantation appears to be more cost-effective than sequential implantation.

GUIDELINE NOTE 49, COCHLEAR IMPLANTS, OVER AGE 5

Line 491

Children will be considered candidates for cochlear implants if the following criteria are met:

- 1) Profound sensorineural hearing loss in both ears (defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
- 2) Receive little or no useful benefit from hearing aids
- 3) No medical contraindications
- 4) 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:

- 1) Severe to profound sensorineural hearing loss in both ears (defined as 71dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
- 2) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
- 3) 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
- 4) No medical contraindications

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

- 1) Profound sensorineural hearing loss in both ears (defined as 91dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
- 2) Hearing loss acquired before learning oral speech and language development (prelinguistic hearing loss)
- 3) Receive no benefit from hearing aids
- 4) No medical contraindications
- 5) A desire to be a part of the hearing world

Bilateral cochlear implants are covered. Simultaneous implantation appears to be more cost-effective than sequential implantation.

DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE

Neuroimaging is not covered in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).

Neuroimaging is covered for headache when a red flag* is present.

Appendix B

Recommended Modifications to Guideline Notes

*The following represent red flag conditions for underlying abnormality with headache:

- A. New onset or change in headache in patients who are aged over 50
- B. Thunderclap headache: rapid time to peak headache intensity (seconds to 5 minutes)
- C. Focal neurological symptoms (e.g. limb weakness, lack of coordination, numbness or tingling)
- D. Non-focal neurological symptoms (e.g altered mental status, dizziness)
- E. Abnormal neurological examination
- F. Headache that changes with posture
- G. Headache wakening the patient up (NB migraine is the most frequent cause of morning headache)
- H. Headache precipitated by physical exertion or valsalva maneuver (e.g. coughing, laughing, straining)
- I. Patients with risk factors for cerebral venous sinus thrombosis
- J. Jaw claudication
- K. Nuchal rigidity
- L. New onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
- M. New onset headache in a patient with a history of cancer
- N. Cluster headache, paroxysmal hemicrania, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA)

GUIDELINE NOTE 85, INDUCTION OF LABOR

Line 1

Induction of labor is covered for:

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis
- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥ 6)

Appendix B

Recommended Modifications to Guideline Notes

Induction of labor is not covered for the following:

- Macrosomia (in the absence of maternal diabetes)
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with an unfavorable cervix (for example, a Bishop score <6)
- Elective purposes <39 weeks (without a medical or obstetrical indication)
- Intrauterine growth restriction/Small for gestational age, preterm (without other evidence of fetal compromise)

DRAFT

Value-based Benefits Subcommittee

**Issue summaries
from the meeting of
August 8, 2013**

Chronic otitis media guideline note issue summary

Question: How should the guideline note 51 be modified to capture the intent of the coverage guidance?

Question source: VBBS subcommittee, HERC staff

Issue: At the March VBBS meeting, there were a number of concerns about the language of the guideline note, and greater clarification desired to clearly indicated what would be required for coverage. Staff was instructed to work with Chair Dodson and bring back a revised version for review.

Current Prioritized List status:

Line: 383
Condition: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00,388.02-388.2,388.40-388.5,388.8,389.00-389.9,V53.2
CPT: 69424,69433,69714,69715,92590-92595,92597,98966-98969,99051,99060,99070,99078,99201-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 502
Condition: CHRONIC OTITIS MEDIA (See Guideline Notes 51,64,65,76)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 380.50-380.53,381.10-381.89,382.1-382.3,382.9,383.1,383.20-383.31,383.9,384.20-384.9
CPT: 42830-42836,69210-69222,69310,69400-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Chronic otitis media is included on line 502. Currently, guideline note 51 applies to Line 502 only. The tympanostomy codes are scheduled to be removed from Line 383.

CPT codes

Code	Description	Line Placement	
69424	Ventilating tube removal requiring general anesthesia	Line	Condition
		178	ACUTE MASTOIDITIS
		308	COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
		325	CLEFT PALATE AND/OR CLEFT LIP
		405	CHOLESTEATOMA; INFECTIONS OF THE PINNA
		418	ACUTE OTITIS MEDIA
		502	CHRONIC OTITIS MEDIA
69433	Tympanostomy (requiring insertion	Line	Condition

Code	Description	Line Placement	
	of ventilating tube), local or topical anesthesia	178	ACUTE MASTOIDITIS
		325	CLEFT PALATE AND/OR CLEFT LIP
		405	CHOLESTEATOMA; INFECTIONS OF THE PINNA
		418	ACUTE OTITIS MEDIA
		502	CHRONIC OTITIS MEDIA
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Same as 69433	

HERC Staff Recommendations

- 1) Adopt the modified Guideline Note 51:

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION

Line 383, 502

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

[Patients with specific higher risk conditions \(including craniofacial anomalies, Down's syndrome, and cleft palate, or documented speech and language delay\) along with hearing loss and chronic otitis media with effusion are intended to be included on Line 383. Otherwise hearing loss associated with chronic otitis media with effusion \(without those specific higher risk conditions\) is only included on Line 502.](#)

[For coverage to be considered on either Line 383 or 502](#), there should be a 3 to 6 month watchful waiting period after diagnosis of otitis media with effusion, and if documented hearing loss is greater than or equal to 25dB in the better hearing ear, tympanostomy surgery may be indicated, given short- but not long- term improvement in hearing. Formal audiometry is indicated for children with chronic OME present for 3 months or longer. Children with language delay, learning problems, or significant hearing loss should have hearing testing upon diagnosis. Children with chronic OME who are not at risk for language delay (such as those with hearing loss <25dB in the better hearing ear) or developmental delay (should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected).

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

2) Add tympanostomy codes (69424, 69433, 69436) to Line 383
Hearing Loss – Age 5 or Under

CG - Treatment of ADHD in Children

Question: How should the Coverage Guidance - *Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Children* be applied to the Prioritized List?

Question source: Evidence-based Guideline Subcommittee

Current Prioritized List Status

Line: 133

Condition: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED (See Guideline Notes 20,64,65)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 314.00-314.9

CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99251-99255,99366,99441-99444,99487-99496,99605-99607

HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER

Line 133

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: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Medication management: 90832-90838, 99201-99215
- Case Management: 90882, T1016
- Interpreter Service: T1013

CG - Treatment of ADHD in Children

EbGS approved 6/6/13 Draft Coverage Guidance Box

Children under Age 6

For children under 6 diagnosed with disruptive behavior disorders¹, including those at risk for ADHD, specific parent behavior training² is recommended for coverage as first-line therapy (*strong recommendation*).

Pharmacotherapy³ is recommended for coverage as a second line therapy (*weak recommendation*).

Provider consultation with teachers is recommended for coverage (*weak recommendation*).

Children Age 6 and Over

For children 6 and over who are diagnosed with ADHD¹, pharmacotherapy³ alone (*weak recommendation*) or pharmacotherapy³ with psychosocial/behavioral treatment (*strong recommendation*) are recommended for coverage.

Provider consultation with teachers is recommended for coverage (*weak recommendation*).

¹ *Children with comorbid mental health conditions may require additional or different treatments that are not addressed in this guidance.*

² *Effective studied types of parent behavior training include: Triple P (Positive Parenting of Preschoolers) Program, Incredible Years Parenting Program, Parent-Child Interaction Therapy and New Forest Parenting Program. The term "parent" refers to the child's primary care givers, regardless of biologic or adoptive relationship.*

³ *Limited to medications that are FDA-approved for the condition.*

HERC Staff Summary

For children age 5 and younger, pharmacotherapy would be covered but greater clarity needs to be added about the types of therapy (i.e. parent-behavior training) covered as first line therapy.

For children age 6 and older, no changes are necessary as pharmacotherapy would be covered as well as many cpt/hcpcs codes for various types of behavioral and psychotherapy.

Telephonic and care coordination services are on Line 133.

HERC Staff Recommendations:

CG - Treatment of ADHD in Children

1) Modify Guideline Note 20 as follows:

GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER

Line 133

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.~~

First line therapy is "parent-behavior training" (i.e. Triple P (Positive Parenting of Preschoolers) Program, Incredible Years Parenting Program, Parent-Child Interaction Therapy and New Forest Parenting Program). The term "parent" refers to the child's primary care givers, regardless of biologic or adoptive relationship.

Second line therapy is pharmacotherapy.

Use of 314.9 for children age five and younger is limited to pairings with the following procedure codes with first and second line therapy as denoted above:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Medication management: 90832-90838, 99201-99215
- Case Management: 90882, T1016
- Provider/teacher care coordination: 99366, 99367, 99368
- Interpreter Service: T1013

Intraocular steroid implant issue summary

Question: How should the intraocular steroid implants be dealt with on the Prioritized List?

Question Source:

Christina Flaxel, MD. OHSU Department of Ophthalmology; Allergan Pharmaceuticals; Pharmacy & Therapeutics Committee referral

Issue: Intravitreal injections are required for a number of eye conditions. HERC staff were approached by Dr. Flaxel to specifically cover the Retisert implant (intraocular implant for fluocinolone acetonide). Retisert is not currently open for payment for DMAP. Because this involved a specific medication, the issue was referred to the Pharmacy and Therapeutics Committee. P&T reviewed the topic in January 2013 and referred it back to HERC because a surgical operation is required, thus making its coverage relevant to the Prioritized List. Additionally, a letter was received from Allergan Pharmaceuticals requesting coverage for retinal vein occlusion and posterior segment uveitis.

From Dr. Flaxel:

The Retisert implant is a specialized device which elutes fluocinolone acetonide, a potent corticosteroid, into the eye for 30 months. It is surgically implanted by a vitreoretinal surgeon. The Retisert implant is the only FDA approved therapy for non-infectious uveitis, or intraocular inflammation. Uveitis is a potentially blinding condition without appropriate treatment, and patients in whom retisert implants are placed have usually failed therapy with standard immunosuppression and/or local corticosteroid therapy. As such, Retisert implants often represent the last hope of salvaging or maintaining useful vision in patients affected with severe uveitis. We therefore respectfully request it be added to the Prioritized List for therapy in patients in whom it is indicated.

The CMS approved CPT code for implantation is 67027 and the HCPCS for the implant is J7311. The ICD-9 codes involved are 136.1, 360.11, 360.12, 362.18, 363.00, 363.10, 363.12, 363.13, 363.20, 363.21, 363.22, 364.24, 363.54.

Current Prioritized List status:

Code	Code Description	Current Line/List placement
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	DMAP Ancillary Codes File
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	DMAP Ancillary Codes File

CPT code 67027 (Implantation of intravitreal drug delivery system (e.g., ganciclovir implant), includes concomitant removal of vitreous) is currently on 4 lines on the Prioritized List.

Line	Condition	Treatment
299	RETINAL DETACHMENT AND OTHER RETINAL DISORDERS	RETINAL REPAIR, VITRECTOMY
308	COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	MEDICAL AND SURGICAL TREATMENT
344	PURULENT ENDOPHTHALMITIS	VITRECTOMY
413	CENTRAL SEROUS RETINOPATHY	MEDICAL AND SURGICAL TREATMENT

Code	Code Description	Current Line Placement
67027	Implantation of intravitreal drug delivery system (e.g., ganciclovir implant), includes concomitant removal of vitreous	299,308,344,413
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	299,308,344,473,413

The ICD-9 codes proposed by Dr. Flaxel for pairing are located on the following lines:

ICD-9 Code	Code Description	Line
136.1	Behcet's syndrome	183 POLYARTERITIS NODOSA AND ALLIED CONDITIONS
360.11	Sympathetic uveitis	285 SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
360.12	Panuveitis	282 ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS
362.18	Retinal vasculitis	106 DIABETIC AND OTHER RETINOPATHY
363.00	Focal chorioretinitis, unspecified	106 DIABETIC AND OTHER RETINOPATHY

363.10	Disseminated chorioretinitis, unspecified	106 DIABETIC AND OTHER RETINOPATHY
363.12	Disseminated choroiditis and chorioretinitis, peripheral	106 DIABETIC AND OTHER RETINOPATHY
363.13	Disseminated choroiditis and chorioretinitis, metastatic	106 DIABETIC AND OTHER RETINOPATHY
363.20	Chorioretinitis, unspecified	106 DIABETIC AND OTHER RETINOPATHY
363.21	Pars planitis	413 CENTRAL SEROUS RETINOPATHY
363.22	Harada's disease	106 DIABETIC AND OTHER RETINOPATHY
364.24	Vogt-Koyanagi syndrome	282 ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS
363.54	Degeneration of the papillary margin	106 DIABETIC AND OTHER RETINOPATHY

The ICD-9 codes noted by Allergan as pairing with intraocular steroids appear on the following lines

ICD-9 Code	Code description	Current line(s)
362.83	Retinal edema	473 DEGENERATION OF MACULA AND POSTERIOR POLE
363.21	Pars planitis	413 CENTRAL SEROUS RETINOPATHY

The ICD-9 codes suggested for pairing with intraocular steroids by Allergan appear on the following lines:

ICD-9 Code	Code description	Current line(s)
362.30	Retinal vascular occlusion, unspecified	465 VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION
362.35	Central retinal vein occlusion	465
362.36	Venous tributary (branch) occlusion	465
362.37	Venous engorgement	686 SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
363.00-363.08	Focal choroiditis and chorioretinitis	106 DIABETIC AND OTHER RETINOPATHY
363.10-363.15	Disseminated choroiditis and chorioretinitis	106
363.20	Chorioretinitis, unspecified	106
363.22	Harada's disease	106

Evidence review**NICE, 2011**

- 1) Technology appraisal
- 2) Dexamethasone intravitreal implant (Ozurdex) for macular edema secondary to retinal vein occlusion
 - A. Guidance
 1. Dexamethasone intravitreal implant is recommended as an option for the treatment of macular oedema following central retinal vein occlusion.
 2. Dexamethasone intravitreal implant is recommended as an option for the treatment of macular oedema following branch retinal vein occlusion when:
 - a. treatment with laser photocoagulation has not been beneficial,
 - or**
 - b. treatment with laser photocoagulation is not considered suitable because of the extent of macular haemorrhage.
 3. People currently receiving dexamethasone intravitreal implant for the treatment of macular oedema secondary to branch retinal vein occlusion who do not meet the criteria specified in (2) above should have the option to continue treatment until they and their clinicians consider it appropriate to stop.
- 3) Cost effectiveness of dexamethasone compared with best supportive care--ICER of £26,300 per QALY gained (including an incremental costs of £5937 and incremental QALYs of 0.23) for all people with RVO.
- 4) Conclusion: The Committee further concluded that this represented an acceptable level of cost effectiveness in this case and that dexamethasone intravitreal implant for the treatment of RVO represents a cost-effective use of NHS resources when compared with best supportive care.

*Diabetic macular edema***Grover, 2009**

- 1) Cochrane review of implantable steroids for diabetic macular edema
- 2) 7 studies, with 632 diabetic macular edema eyes were included.
- 3) Four examined the effectiveness of intravitreal triamcinolone acetate injection (IVTA), three examined intravitreal steroids implantation (fluocinolone acetonide implant (FAI) or dexamethasone drug delivery system (DDS)). Two trials were at low risk of bias, one was at median risk of bias, two were at high risk of bias and the remaining two were at unclear risk of bias.
- 4) Results: Injectable steroids - The preponderance of data suggest a beneficial effect from IVTA. Comparing IVTA with controls, the mean difference in visual acuity was -0.15 LogMAR (95% CI -0.21 to -0.09) at 3 months (based on three trials), -0.23 LogMAR (95% CI -0.33 to -0.13) at 6 months (two trials), -0.29 LogMAR (95% CI -0.47 to -0.11) at 9 months (one trial), and -0.11 LogMAR (95% CI -0.20 to -0.03) at 24 months (one trial), all in favor of IVTA. The relative risk (RR) for one or more lines improvement in visual acuity was 2.85 (95% CI 1.59 to

5.10) at 3 months (two trials), 1.25 (95% CI 0.66 to 2.38) at 6 months (one trial), and 2.17 (95% CI 1.15 to 4.11) at 24 months (one trial), all in favor of IVTA. We did not find evidence for three or more lines improvement in visual acuity. The mean difference in retinal thickness was -131.97 μm (95% CI -169.08 to -94.86) at 3 months (two trials), -135.00 μm (95% CI -194.50 to -75.50) at 6 months (one trial), -133.00 μm (95% CI -199.86 to -66.14) at 9 months (one trial), and -59.00 μm (95% CI -103.50 to -14.50) at 24 months (one trial), all in favor of IVTA. The RR for at least one grade macular edema resolution was 5.15 (95% CI 2.23 to 11.88) at 3 months in favor of IVTA (one trial).

Results: Implantable steroids: Two trials reported improved clinical outcome when FAI was compared to standard of care. Beneficial effect was also observed in one dexamethasone DDS trial.

Increased intraocular pressure and cataract formation were side effects requiring monitoring and management.

- 5) Dexamethasone 700 μg implant versus observation 58% (33/57) showed improvement in 2 line vision compared to 21% (12/57) in the observation group, RR 2.75 (95% CI 1.59-4.76)
- 6) Fluocinolide implant versus standard of care or observation
 - a. At 12 months, no significant difference in 3 lines of visual acuity, RR 2.73 (95% CI 0.63-11.92)
 - b. At 36 months, marginally statistically significant improvement in 3 lines of visual acuity, RR 1.93 (95% CI 1.02-3.66)

O'Doherty, 2008

- 1) Review of literature for diabetic macular edema treatment
- 2) Reports on single study of Retisert
 - a. 97 patients with DMO randomized to receive either implantation or standard care (laser treatment or observation).⁴
 - b. At 3 years, 58% of implanted eyes versus 30% of controls had resolution of DMO (p,0.001) and associated improvement in visual acuity.
 - c. Adverse effects included a substantially higher risk of cataract formation and glaucoma than that observed in eyes receiving IVTA, with 5% requiring implant removal to control glaucoma.
- 3) Reports on a single study of Psurdex (An injectable, biodegradable intravitreal dexamethasone extended release implant (Posurdex; Allergan, Irvine, California) was evaluated in an RCT, with reported improvements in visual acuity and macular thickness.⁴⁸
- 4) Conclusions: In patients with cystoid macular oedema, evidence would support first-line treatment with intravitreal triamcinolone followed by grid laser at 3 months.⁴⁰ There is no trial that has compared the effects of triamcinolone with those of the antiangiogenic agents. Though the antiangiogenic agents hold an ocular-specific advantage in terms of a low rate of ocular hypertension, there have been some concerns with regard to their possible systemic effects. Therefore, until a large prospective RCCT is published, the choice of intravitreal agent remains a subjective decision.

- 5) Essentially, little evidence supports use of Retisert implant specifically, and no studies identified superiority or noninferiority to intravitreal injections.

Uveitis

Cochrane review underway – “Corticosteroid implants for chronic non-infectious uveitis”
Most of the identified reviews have authors that receive consulting fees from the manufacturers.
P&T summary of evidence of uveitis below

Pharmacy and Therapeutics Committee Review January 2013

Conclusions:

- There is low quality evidence that there is no difference in visual acuity outcomes between fluocinolone acetonide intravitreal implant and standard of care with systemic corticosteroids for the treatment of noninfectious uveitis. There is also low quality evidence that fluocinolone intravitreal implant may control inflammation in the eye faster and more frequently than standard of care, although both approaches decrease inflammation.
- There is moderate quality evidence that fluocinolone acetonide intravitreal implant is associated with more ocular adverse events than standard of care, including glaucoma (Hazard Ratio [HR] 4.2, 95% CI 1.82-9.63) and cataracts (HR 4.12, 95% CI 2.2-7.7).
- There is low quality evidence demonstrating potential benefit of fluocinolone acetonide intravitreal implant and dexamethasone implant for the treatment of diabetic macular edema, however significant complications have also been reported. There is insufficient evidence to support the use for diabetic macular edema or other off-label indications.
- There is insufficient evidence directly comparing fluocinolone acetonide intravitreal implant to dexamethasone intravitreal implant for any indications. There are significant differences in indications and administration techniques between the two agents.
- There is moderate quality evidence demonstrating efficacy of dexamethasone intravitreal implant following central retinal vein occlusion.

The P&T Committee concluded that:

- 1) There is insufficient evidence to support the use of fluocinolone or dexamethasone implants in the use of diabetic macular edema or other off label indications.
- 2) There is insufficient evidence comparing the fluocinolone implant to the dexamethasone implant and due to significant differences, they cannot be used interchangeably.
- 3) There is no clinically significant difference in visual outcomes between fluocinolone and standard of care with systemic steroids for the treatment of noninfectious uveitis. Therefore it would be prudent to only allow coverage of the fluocinolone implant for:
 - a. Chronic non-infectious uveitis affecting the posterior segment of the eye.
 - b. After appropriate trial and fail or intolerance of therapy with systemic

corticosteroids and/or immunosuppressive agents

- 4) There is moderate quality evidence demonstrating efficacy of dexamethasone for central retinal vein occlusion and should be utilized only in those individuals who have failed anti-VEGF therapy.

Because Retisert requires a surgical procedure, the Committee recommended the HERC use the evidence and conclusions to evaluate both the Retisert and Ozurdex implants for line placement.

Commercial policies

Aetna, 2010

- 1) Aetna considers the Retisert (fluocinolone acetonide) intra-vitreous implant medically necessary for the treatment of members with chronic non-infectious uveitis affecting the posterior segment of the eye, and who do not respond to or are intolerant to conventional treatment.
- 2) Aetna considers Retisert experimental and investigational for the treatment of the following indications (not an all inclusive list):
 - a. Anterior uveitis
 - b. Intermediate (pars planitis) uveitis
 - c. Macular edema/central retinal vein occlusion
 - d. Serpiginous choroiditis
 - e. Sympathetic ophthalmia
 - f. Vogt-Koyanagi-Harada disease.

Aetna, 2011

1. Aetna considers Ozurdex (dexamethasone intravitreal implant) medically necessary for the treatment of macular edema secondary to branch or central retinal vein occlusion, and for the treatment of non-infectious uveitis affecting the posterior segment of the eye.
2. Aetna considers Ozurdex experimental and investigational for the treatment of diabetic macular edema, pseudophakic macular edema (Irvine-Gass syndrome) and for all other indications because of insufficient evidence of its effectiveness.

Cost information

Medicare Payment allowance:

HCPCS Code	Short Description	HCPCS Code Dosage	Payment Limit
J7311	Fluocinolone acetonide implant	0.59 MG	\$19,345.00
J7312	Dexamethasone intra implant	0.1 MG	\$195.95

Summary

Central retinal vein occlusion

- There is moderate quality evidence demonstrating efficacy of dexamethasone intravitreal implant following central retinal vein occlusion.

Non-infectious uveitis (posterior segment)

- There is low quality evidence that there is no difference in visual acuity outcomes between fluocinolone acetonide intravitreal implant and standard of care with systemic corticosteroids for the treatment of noninfectious uveitis. There is also low quality evidence that fluocinolone intravitreal implant may control inflammation in the eye faster and more frequently than standard of care, although both approaches decrease inflammation.

Diabetic macular edema

- There is low quality evidence demonstrating potential benefit of fluocinolone acetonide intravitreal implant and dexamethasone implant for the treatment of diabetic macular edema, however significant complications have also been reported. There is insufficient evidence to support the use for diabetic macular edema or other off-label indications.

Harms:

- There is moderate quality evidence that fluocinolone acetonide intravitreal implant is associated with more ocular adverse events than standard of care, including glaucoma (Hazard Ratio [HR] 4.2, 95% CI 1.82-9.63) and cataracts (HR 4.12, 95% CI 2.2-7.7). Significant numbers of study participants required cataract surgery in the implantable ocular steroid group.

HERC Staff Recommendations:

- 1) Chronic posterior uveitis (various ICD-9 codes per Dr. Flaxel and Allergan) is located on Line 106 DIABETIC AND OTHER RETINOPATHY. However, intraocular steroids should continue to not be covered for diabetic macular edema.
 - a. Add 67027 to Line 106
 - b. Add a guideline:

GUIDELINE NOTE XXX INTRAOCULAR STEROID IMPLANTS FOR CHRONIC NON-INFECTIOUS UVEITIS

Line 106

Intraocular steroid implants are only included on Line 106 for pairing with uveitis (363.0x, 363.1x, 363.20, 363.22), and only when the following conditions are met: uveitis is chronic, non-infectious, and affecting the posterior segment of the eye, and there has been appropriate trial and failure, or intolerance of therapy, with systemic corticosteroids and/or immunosuppressive agents.

- 2) Add implantable intraocular steroids to the retinal vein occlusion line 465 VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION Treatment: Laser Surgery
 - a. Add 67027 to Line 465
 - b. Rename the *Treatment*: **LASER SURGERY; SURGICAL AND LASER THERAPY**
 - c. Add a guideline to lines 465

GUIDELINE NOTE XXX INTRAOCULAR STEROID IMPLANTS FOR CENTRAL RETINAL VEIN OCCLUSION

Line 465

Intraocular steroid implants are only included on Line 465 for treatment of central retinal vein occlusion (ICD-9 362.35) in those individuals who have failed anti-VEGF therapy.

- 3) Add the following coding specification to line 413
 - a. Coding specification: “CPT 67027 (Implantation of intravitreal drug delivery system) is included on this line for use with medications other than intraocular steroid implants.”
 - b. CPT 67027 already is present on this line; ICD-9 363.21 (Pars planitis) would pair with this code. However, there is no evidence for use in types of uveitis other than posterior uveitis, which now pairs on line 106.

- 4) Do not add other suggested diagnoses to a line with pairing for 67027.
 - a. No evidence found for effectiveness or other more specific codes are available for pairing

Conditions Originating in the Perinatal Period

Question: where should ICD-9 760-779 (Conditions originating in the perinatal period) be located?

Question source: HERC staff, DMAP

Issue: The codes in the 760-765 series are mostly located on the 4 dysfunction lines (lines 78,318,375,407). A few reside only on a more disease specific line. The remainder of codes in this series (766-779) appear to generally be on appropriate disease-specific lines. DMAP has received requests for pairing for certain codes in this series and HERC staff found the inappropriate pairings on review and require HERC input on placement.

From Debbie Guillory, OHSU Coder:

This is from the 2013 ICD-9 book Page 17 in the Guidelines:

Codes form categories 760-763, maternal causes of perinatal morbidity and mortality, are assigned only when the maternal condition has actually affected the fetus or newborn. The fact that the mother has an associated medical condition or experiences some complication of pregnancy, labor or delivery does not justify the routine assignment of codes from these categories to the newborn record.

Coding tips in the section include:

A newborn condition is clinically significant when it has implication for the newborn's future health care. Do not assign unless the mother's condition has actually affected the fetus or newborn.

Recommendation:

- 1) Code placement as shown in the following table

ICD-9 Code	Code description	Current line(s)	Recommended Line(s)	Comments
760	Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy	78: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS 318: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS 375: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS 407: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION	2 BIRTH OF INFANT	Some codes in this series are already on line 2
761	Fetus or newborn affected by maternal complication of pregnancy	78, 318, 375, 401	2 BIRTH OF INFANT	
762	Fetus or newborn affected by complications of placenta, cord, and membranes	78, 318, 375, 401	2 BIRTH OF INFANT	
763	Fetus or newborn affected by other complications of labor and delivery	2 BIRTH OF INFANT	2 BIRTH OF INFANT	
764	Slow fetal growth and fetal malnutrition	78, 318, 375, 401	2 BIRTH OF INFANT	656.5 (Poor fetal growth) is on line 1 Pregnancy
765.01-765.05 765.11-765.15	Extreme immaturity, under 1,499 grams Other preterm infants, under 1,499 grams	20 VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) 78, 318, 375, 401	20 VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS)	

765.00 765.10 765.06- 765.09	Extreme immaturity, unspecified [weight] Other preterm infants, unspecified [weight] Extreme immaturity, 1,500grams-2,500 grams and over	25 LOW BIRTH WEIGHT (1500-2500 GRAMS) 78, 318, 375, 401	25 LOW BIRTH WEIGHT (1500-2500 GRAMS)	
765.2	Weeks of gestation	20 VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) 25 LOW BIRTH WEIGHT (1500-2500 GRAMS) 78, 318, 375, 401	2 BIRTH OF INFANT 20 VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) 25 LOW BIRTH WEIGHT (1500-2500 GRAMS)	Some codes are on line 20, some on line 25. Proposal would have all on both lines

Fluoride Varnish

Question: Should fluoride varnish treatment be added to the prevention line(s)?

Question source: DMAP/HERC staff

Issue: DMAP is requesting that D1206 (Topical application of fluoride varnish) be added to line **3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE**. It has been the intention of the HERC that fluoride varnish be available for PCPs and/or their staff to apply during well child checks. The procedure code is only currently on line **58 PREVENTIVE DENTAL SERVICES** and does not pair with well child visit codes..

HSC history

In May, 2007, the HOSC added fluoride varnish to line 58, but the minutes reflect that the intention was to allow treatment “in PCPs offices.” In December, 2008, the HOSC affirmed that they wished for fluoride varnish to be applied in PCP offices, and directed HSC staff to work with DMAP to ensure that the billing for these services was possible. There was some discussion at the 2008 meeting about limiting the varnish application to children under age 6 (presumably older children would have access to fluoride through the schools). Subsequent discussions with DMAP indicated that the dental plans and DMAP recommended use up to 4 times a year for high-risk children, which Medicaid children are by definition.

Evidence:

- 1) MED 2009**
 - a. Evidence based review
 - b. Good evidence of effectiveness of fluoride varnish twice per year through age 16
- 2) American Dental Association 2006**
 - a. Recommends fluoride varnish through age 18 for moderate and high risk children twice per year

Current DMAP OAR:

410-123-1260(3) Preventative Services:

(b) Topical fluoride treatment:

(A) For adults (19 years of age and older) -- Limited to once every 12 months;

(B) For children (under 19 years of age) – Limited to twice every 12 months;

(C) For children under 7 years of age, topical fluoride varnish may be applied by a medical practitioner during a medical visit

(D) Additional topical fluoride treatments may be available, up to a total of 4 treatments per client within a 12-month period, when high-risk conditions or oral health factors are clearly documented in chart notes for the following clients who:

- (i) Have high-risk oral conditions due to disease process, medications, other medical treatments or conditions, or rampant caries;

- (ii) Are pregnant;
 - (iii) Have physical disabilities and cannot perform adequate, daily oral health care;
 - (iv) Have a developmental disability or other severe cognitive impairment that cannot perform adequate, daily oral health care; or
 - (v) Are under seven year old with high-risk oral health factors, such as poor oral hygiene, deep pits and fissures (grooves) in teeth, severely crowded teeth, poor diet, etc;
- (E) Fluoride limits include any combination of fluoride varnish (D1206) or other topical fluoride (D1208)

Current guideline for line 58 PREVENTIVE DENTAL SERVICES

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Line 58

Dental cleaning and fluoride treatments are limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120, D1203, D1204, D1206). More frequent dental cleanings and/or fluoride treatments may be required for certain higher risk populations. Additionally, assessment (D0191) may be performed once per 12 months for adults and twice per 12 months for children up to age 19.

Recommendation:

- 1) Add D1206 to lines 3 and 4
 - a. Add to line 3 (Preventive services with evidence of effectiveness) for the ICD-10 Prioritized List
- 2) Modify GN17 as shown below
 - a. D1203 and D1204 are no longer valid codes

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Lines 3,4,58

Dental cleaning ~~and fluoride treatments are~~ is limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120, ~~D1203, D1204, D1206~~). More frequent dental cleanings ~~and/or fluoride treatments~~ may be required for certain higher risk populations. Additionally, assessment (D0191) may be performed once per 12 months for adults and twice per 12 months for children up to age 19.

Fluoride varnish (D1206) is included on lines 3 and 4 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on line 58 PREVENTIVE DENTAL SERVICES for use with adults and children during dental visits. The total number of fluoride applications provided in all settings is not to exceed four per twelve months for a child at high risk for dental caries and two per twelve months for a child not at high risk. The number of fluoride treatments is limited to once per 12 months for average risk adults and up to four times per 12 months for high risk adults.

MRI in Multiple Sclerosis

Issue: Should there be coverage for annual MRI in patients with established diagnosis of Multiple Sclerosis?

Question Source: OHP Medical Director

Question: Local practice is to require annual MRI for monitoring, but is this supported by evidence?

Background: MS is largely a clinical diagnosis, and while imaging is utilized to make the initial diagnosis, clinical and functional outcomes are more important later, even during relapse. Currently, most MS patients receive yearly MRIs to monitor status; however, there is a question of whether this monitoring affects outcomes or changes disease management.

Current Prioritized List Status

MRI CPT codes are in the Diagnostic List

70551 MRI, brain without contrast

72141 MRI, cervical spine without contrast

72146 MRI, thoracic spine without contrast

72148 MRI, lumbar spine without contrast

Line 268 MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM

Evidence Summary: There is no quality evidence that recommends monitoring at specific intervals after initial diagnosis. The outcomes measured in published research related to treatment effectiveness are all measurements of symptoms or function, and not imaging related.

- 1) **NICE Clinical Guideline 2003** (update expected in 2014)
 - a. “further neurological investigation should not be undertaken unless the diagnosis of MS itself is in doubt”
- 2) **NICE 2004 Full Guidance**
 - a. Although difficult to draw conclusions from these results given the large variation, it would appear that MRI is a reasonable although not excellent investigation when making the diagnosis of MS
 - b. The utility of MRI scans in clinical practice (as opposed to as part of research) is still not supported by much evidence, although major resources are involved in their use.
 - c. Research question: “Should second or subsequent MRI scans ever be undertaken?”
 - d. A review of evidence suggested that MRI has had little direct impact on therapeutics or patient outcomes (Kent, 1994).

MRI in Multiple Sclerosis

- e. From the research point of view there appears to be much interest in MRI results as a potentially more objective outcome measure than EDSS in measuring disease progression. However, it is not clear how MRI results can be translated into patient-based outcomes (like quality of life) and evidence on the relationship between MRI and clinical progression is not conclusive.

3) European Federation of Neurological Societies Summary of Guidelines in MS 2011

- a. Initial MRI should be conducted as part of the diagnosis of MS (Level A recommendation)
- b. Follow up MRIs are required to demonstrate disease dissemination in time (Level B recommendation)
- c. Repeat scanning beyond the two initial studies (to establish diagnosis and dissemination in time or space) need to be considered by the neurologist individually according to the clinical circumstances that are appropriate for each patient and is not routinely recommended as the disease becomes more likely to manifest clinically in the longer term
- d. Repetition of MRI of the spinal cord is advisable only if suspicion arises concerning the evolution of an alternate process (e.g., mechanical compression) or atypical symptoms develop

2) American Academy of Neurology

- a. Guideline only for initial MRI for diagnosis, and doesn't discuss monitoring.

Summary: If the diagnosis is not in question, there is no role for repeat imaging because the management of multiple sclerosis relies on clinical symptoms and function.

HERC Staff Recommendations

- 1) Adopt a new diagnostic guideline as presented below

DIAGNOSTIC GUIDELINE DX: MRI IN MULTIPLE SCLEROSIS

MRI is a diagnostic test for multiple sclerosis and should not be used for routine monitoring of disease.

Guideline for Treatment of Cancer Near the End of Life

Issue: The wording/intent of Guideline Note 12 has been determined to be in conflict with the Affordable Care Act (ACA). This was discussed at the May, 2013 VBBS meeting and a workgroup was created to work on a new guideline for treatment of cancer near the end of life. The workgroup was composed of three oncologists, an oncology nurse, a palliative care physician, an attorney in the field of healthcare law, and a healthplan representative. A patient representative was included in email discussions but was not able to attend the meetings. The highlights of these meetings are included in the packet for your reference. Additional work was done by the group via email. The meetings were public, and public testimony was heard and considered. Other stakeholder input, including health plans and DMAP, was elicited and considered.

The workgroup developed a new guideline which specifies at what point treatment of cancer would be considered futile. As part of this guideline, requirements for a documented discussion about goals of treatment, prognosis, etc. must be included, and care must be provided by evidence driven pathways when appropriate.

For reference, at the end of this document is an appendix with the relevant ACA section, the current Guideline Note 12, and the Palliative Care Statement of Intent.

Guideline for Treatment of Cancer Near the End of Life

HERC Staff Recommendations:

- 1) Adopt the new Guideline Note 12 as shown below

GUIDELINE 12 CANCER CARE NEAR THE END OF LIFE

Cancer is a complex group of diseases with treatments that vary depending on the specific subtype of cancer and the patient's unique medical and social situation. Goals of appropriate cancer therapy can vary from intent to cure, disease burden reduction, disease stabilization and control of symptoms. Cancer care must always take place in the context of the patient's support systems, overall health, and core values. Patients should have access to appropriate peer-reviewed clinical trials of cancer therapies. A comprehensive multidisciplinary approach to treatment should be offered including palliative care services (see Statement of Intent 1, Palliative Care).

Treatment with intent to prolong survival is not a covered service for patients who have progressive metastatic cancer with

- 1) severe co-morbidities unrelated to the cancer that result in significant impairment in two or more major organ systems which would affect efficacy and/or toxicity of therapy; OR
- 2) a continued decline in spite of best available therapy with a non reversible Karnofsky Performance Status or Palliative Performance score of <50% with ECOG performance status of 3 or higher which are not due to a pre-existing disability.

Treatment with intent to relieve symptoms or improve quality of life is a covered service as outlined in Statement of Intent 1, Palliative Care.

To qualify for treatment coverage, the cancer patient must have a documented discussion about treatment goals, treatment prognosis and the side effects, and knowledge of the realistic expectations of treatment efficacy. This discussion may take place with the patient's oncologist, primary care provider, or other health care provider, but preferably in a collaborative interdisciplinary care coordination discussion. Treatment must be provided via evidence-driven pathways (such as NCCN, ASCO, ASH, ASBMT, or NIH Guidelines) when available.

Guideline for Treatment of Cancer Near the End of Life

Appendix A

ACA section 1302

CONSIDERATION.—In defining the essential health benefits under paragraph (1), the Secretary shall...

(B) not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life;

(C) take into account the health care needs of diverse segments of the population, including women, children, persons with disabilities, and other groups;

(D) ensure that health benefits established as essential not be subject to denial to individuals against their wishes on the basis of the individuals' age or **expected length of life** or of the individuals' present or predicted disability, degree of medical dependency, or **quality of life**;

GUIDELINE NOTE 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE

Lines 102,103,123-125,144,159,165,166,170,181,197,198,207,208,218,220, 221,228,229,231, 243,249,252,275-278,280,287,292,310-312,320,339-341,356,459,586,622

This guideline only applies to patients with advanced cancer who have less than 24 months median survival with treatment.

All patients receiving end of life care, either with the intent to prolong survival or with the intent to palliate symptoms, should have/be engaged with palliative care providers (for example, have a palliative care consult or be enrolled in a palliative care program).

Treatment with intent to prolong survival is not a covered service for patients with any of the following:

- Median survival of less than 6 months with or without treatment, as supported by the best available published evidence
- Median survival with treatment of 6-12 months when the treatment is expected to improve median survival by less than 50%, as supported by the best available published evidence
- Median survival with treatment of more than 12 months when the treatment is expected to improve median survival by less than 30%, as supported by the best available published evidence
- Poor prognosis with treatment, due to limited physical reserve or the ability to withstand treatment regimen, as indicated by low performance status.

Unpublished evidence may be taken into consideration in the case of rare cancers which are universally fatal within six months without treatment.

The Health Evidence Review Commission is reluctant to place a strict \$/QALY (quality adjusted life-year) or \$/LYS (life-year saved) requirement on end-of-life treatments, as such

Guideline for Treatment of Cancer Near the End of Life

measurements are only approximations and cannot take into account all of the merits of an individual case. However, cost must be taken into consideration when considering treatment options near the end of life. For example, in no instance can it be justified to spend \$100,000 in public resources to increase an individual's expected survival by three months when hundreds of thousands of Oregonians are without any form of health insurance.

Treatment with the goal to palliate is addressed in Statement of Intent 1, Palliative Care.

STATEMENT OF INTENT 1: PALLIATIVE CARE

It is the intent of the Commission that palliative care services be covered for patients with a life-threatening illness or severe advanced illness expected to progress toward dying, regardless of the goals for medical treatment and with services available according to the patient's expected length of life (see examples below).

Palliative care is comprehensive, specialized care ideally provided by an interdisciplinary team (which may include but is not limited to physicians, nurses, social workers, etc.) where care is particularly focused on alleviating suffering and promoting quality of life. Such interdisciplinary care should include assessment, care planning, and care coordination, emotional and psychosocial counseling for patients and families, assistance accessing services from other needed community resources, and should reflect the patient and family's values and goals.

Some examples of palliative care services that should be available to patients with a life-threatening/limiting illness,

- A) without regard to a patient's expected length of life:
 - Inpatient palliative care consultation; and,
 - Outpatient palliative care consultation, office visits.
- B) with an expected median survival of less than one year, as supported by the best available published evidence:
 - Home-based palliative care services (to be defined by DMAP), with the expectation that the patient will move to home hospice care.
- C) with an expected median survival of six months or less, as supported by peer-reviewed literature:
 - Home hospice care, where the primary goal of care is quality of life (hospice services to be defined by DMAP).

It is the intent of the Commission that certain palliative care treatments be covered when these treatments carry the primary goal to alleviate symptoms and improve quality of life, without intending to alter the trajectory of the underlying disease.

Some examples of covered palliative care treatments include:

- A) Radiation therapy for painful bone metastases with the intent to relieve pain and improve quality of life.
- B) Surgical decompression for malignant bowel obstruction.

Guideline for Treatment of Cancer Near the End of Life

- C) Medication therapy such as chemotherapy with low toxicity/low side effect agents with the goal to decrease pain from bulky disease or other identified complications. Cost of chemotherapy and alternative medication(s) should also be considered.
- D) Medical equipment and supplies (such as non-motorized wheelchairs, walkers, bandages, and catheters) determined to be medically appropriate for completion of basic activities of daily living, for management of symptomatic complications or as required for symptom control.
- E) Acupuncture with intent to relieve nausea.

Cancer treatment with intent to palliate is not a covered service when the same palliation can be achieved with pain medications or other non-chemotherapy agents.

It is NOT the intent of the Commission that coverage for palliative care encompasses those treatments that seek to prolong life despite substantial burdens of treatment and limited chance of benefit. See Guideline Note 12: TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE.

Advanced Imaging for Back Pain Guideline - correction

Question: How should the Advanced Imaging for Back Pain Guideline be modified to capture coverage for cervical and thoracic imaging and for defining radiculopathy?

Question source: DMAP Staff, CCO Medical Directors

Issue: At the 10/11/12 VBBS/HERC meeting, the MRI of the spine guideline was revised based on the Coverage Guidance: Advanced Imaging for Low back Pain. DMAP let HERC staff know that previously the MRI of the Spine guideline was also used for cervical and thoracic back pain, and the current title of the guideline suggests it can only be applied to low back pain and the red flag table largely applies to low back pain alone, making there be a deficiency in direction for appropriate imaging for cervical and thoracic back pain.

Also, the CCO Medical Directors raised a concern that the new D4 Diagnostic Guideline does not define what radiculopathy is, nor that it requires a neurologic exam. They requested clarity on this.

The previous guideline was as follows.

DIAGNOSTIC GUIDELINE D4, MRI OF THE SPINE

MRI of the spine is covered in the following situations:

1. Recent onset of major or progressive neurologic deficit (objective evidence of reflex loss, dermatomal muscle weakness, dermatomal sensory loss, EMG or NCV evidence of nerve root impingement), suspected cauda equine syndrome (loss of bowel or bladder control or saddle anesthesia), or neurogenic claudication in patients who are potential candidates for surgery;
2. Clinical or radiological suspicion of neoplasm; or,
3. Clinical or radiological suspicion of infection.

GUIDELINE NOTE 94, EVALUATION AND MANAGEMENT OF LOW BACK PAIN

Lines 400,562

Procedures for the evaluation and management of low back pain are included on these lines when provided subject to the State of Oregon Evidence-based Clinical Guidelines dated 10/2011 located at:

<http://www.oregon.gov/OHA/OHPR/HERC/Evidence-Based-Guidelines.shtml>

The revised approved guideline is as follows:

DIAGNOSTIC GUIDELINE D4 ADVANCED IMAGING FOR LOW BACK PAIN

Advanced Imaging for Back Pain Guideline - correction

In patients with non-specific low back pain and no “red flag” conditions [see Table 1], imaging is not a covered service; otherwise, workup is covered as shown in the table.

Electromyography (CPT 96002-4) is not covered for non-specific low back pain.

Low Back Pain - Potentially Serious Conditions (“Red Flags”) and Recommendations for Initial Diagnostic Work-up

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

Advanced Imaging for Back Pain Guideline - correction

	<ul style="list-style-type: none"> • Pain usually relieved with sitting (Pseudoclaudication a weak predictor) 		
	<ul style="list-style-type: none"> • Spinal stenosis symptoms present >1 month 	MRI**	Consider EMG/NCV

* Level of evidence for diagnostic evaluation is variable

** Only if patient is a potential candidate for surgery or epidural steroid injection

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

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

HERC Staff Recommendations:

1) Re-adopt the guideline on MRI of the spine, specifically for cervical and thoracic back pain:

DIAGNOSTIC GUIDELINE DX, MRI OF THE SPINE (CERVICAL AND THORACIC)

MRI of the cervical and thoracic spine is covered in the following situations:

1. Recent onset of major or progressive neurologic deficit (objective evidence of reflex loss, dermatomal muscle weakness, dermatomal sensory loss, EMG or NCV evidence of nerve root impingement), suspected cauda equina syndrome (loss of bowel or bladder control or saddle anesthesia), or neurogenic claudication in patients who are potential candidates for surgery;
2. Clinical or radiological suspicion of neoplasm; or,
3. Clinical or radiological suspicion of infection.

2) Modify Diagnostic Guideline D4 as follows:

DIAGNOSTIC GUIDELINE D4 ADVANCED IMAGING FOR LOW BACK PAIN

In patients with non-specific low back pain and no “red flag” conditions [see Table 1], imaging is not a covered service; otherwise, workup is covered as shown in the table.

Electromyography (CPT 96002-4) is not covered for non-specific low back pain.

Low Back Pain - Potentially Serious Conditions (“Red Flags”) and Recommendations for Initial Diagnostic Work-up

Possible cause	Key features on history or physical examination	Imaging*	Additional studies*
Cancer	<ul style="list-style-type: none"> • History of cancer with new onset of LBP 	MRI	ESR
	<ul style="list-style-type: none"> • Unexplained weight loss • Failure to improve after 1 month • Age >50 years • Symptoms such as painless neurologic 	Lumbosacral plain radiography	

Advanced Imaging for Back Pain Guideline - correction

	deficit, night pain or pain increased in supine position		
	<ul style="list-style-type: none"> Multiple risk factors for cancer present 	Plain radiography or MRI	
Spinal column infection	<ul style="list-style-type: none"> Fever Intravenous drug use Recent infection 	MRI	ESR and/or CRP
Cauda equina syndrome	<ul style="list-style-type: none"> Urinary retention Motor deficits at multiple levels Fecal incontinence Saddle anesthesia 	MRI	None
Vertebral compression fracture	<ul style="list-style-type: none"> History of osteoporosis Use of corticosteroids Older age 	Lumbosacral plain radiography	None
Ankylosing spondylitis	<ul style="list-style-type: none"> Morning stiffness Improvement with exercise Alternating buttock pain Awakening due to back pain during the second part of the night Younger age 	Anterior-posterior pelvis plain radiography	ESR and/or CRP, HLA-B27
Nerve compression/ disorders (e.g. herniated disc with radiculopathy)	<ul style="list-style-type: none"> Back pain with leg pain in an L4, L5, or S1 nerve root distribution present < 1 month Positive straight-leg-raise test or crossed straight-leg-raise test 	None	None
	<ul style="list-style-type: none"> Radiculopathic symptoms** present >1 month Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness 	MRI***	Consider EMG/NCV
Spinal stenosis	<ul style="list-style-type: none"> Radiating leg pain Older age Pain usually relieved with sitting (Pseudoclaudication a weak predictor) 	None	None
	<ul style="list-style-type: none"> Spinal stenosis symptoms present >1 month 	MRI**	Consider EMG/NCV

* Level of evidence for diagnostic evaluation is variable

** [Radiculopathic symptoms are defined for the purposes of this guideline as in Guideline Note 37 with any of the following:](#)

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

*** Only if patient is a potential candidate for surgery or epidural steroid injection

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

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

Health and Behavior Assessment Guideline

Question: should the health and behavior assessment guideline be modified or eliminated?

Question source: DMAP, HERC staff

Issue: When the health and behavior assessment CPT codes were adopted, a guideline was adopted to define the provider types that could use these codes. This guideline was largely based on the CMS guideline in place at the time. Additional wording was added to allow managed care organizations to authorize other employees to deliver these services.

As the health plans transition to CCO's, the health and behavior assessment guideline has been identified as a barrier for fully integrating mental health into the physical health organizations. The CCOs believe that the CMS guideline would restrict these services to licensed psychologists.

CMS guidelines from 2010 read:

“Health and behavior assessment codes may not be used for physician (example: medical doctor, nurse practitioner, physician assistant, clinical nurse practitioner) or clinical social worker services.”

Current guideline:

GUIDELINE NOTE 1, HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

Lines 1,6,8,10-18,20-22,25,26,28,29,33-37,39-42,46,47,50,52,53,55,57,62,64,66, 67, 69, 71,74,76,79,80,82,84,85,87,92,94,96,98,100-103, 105,108-111,113, 115,119, 122-124, 128,134,135,137,138,140,141,144,146,147,149-151,158,159,164-169,173,179,181-183,185,190,191,193,195-197,199,201,202,205,207,208,210,218,220,221,224,227-229,233,235-238,243,246,249,250,252-256,265-268,271-279,285,287,288,290,292,293, 302,304,306,310-314,320,326,331,333,338-342,352,354,356,357,360,366,370,371, 376,377,387,394,400,407,410,421-423,426,432,434,435,439,442,444,446, 447,459,466, 470-472,478,489,491,506

Health and behavior assessment and interventions (CPT codes 96150-96154) are included on these lines when provided subject to the Centers for Medicare and Medicaid (CMS) guidelines dated 2/1/06 located at:

http://downloads.cms.gov/medicare-coverage-database/lcd_attachments/30514_1/L30514_031610_cbg.pdf

In addition, Managed Care Organizations may authorize employees of organizations holding certificates or letters of approval from DHS and a Medicaid vendor number to deliver these services (i.e., not delivering services as an independent practitioner).

Recommendation:

- 1) Delete guideline note 1, Health and Behavior Assessment/Intervention
 - a. DMAP can make internal rules about provider types allowed to bill these codes

Cystocele Repair

Question: Where should cystocele repair be prioritized compared to other causes of urinary incontinence? Should the pelvic organ prolapse guideline apply to cystoceles?

Question source: John Sattenspiel, MD, OHP Medical Director

Issue: Cystoceles (protrusion of the bladder into the vagina) is located on line 492 UTERINE PROLAPSE; CYSTOCELE. Cystoceles cause problems if the bladder protrudes to the introitus or beyond and causes discomfort, or may cause urinary incontinence or retention. Other pelvic organ prolapse diagnoses (uterine prolapse, retoceles, etc.) are located on line 492 which has an associated Guideline Note 50 UTERINE PROLAPSE. Other types/causes of urinary incontinence such as stress and overflow incontinence are located on line 478 URINARY INCONTINENCE and are associated with Guideline Note 47 URINARY INCONTINENCE.

From Dr. Sattenspiel:

I recently reviewed a request for surgery related to stress incontinence. While the line 478 GN #47 criteria were not met, the surgical request was also submitted with diagnosis code 618.01 (cystocele, midline). That condition is found on line 492, titled Uterine Prolapse; Cystocele, where it is subject to GN #50 and pairs with the requested procedures (57240/57267/57288). My concern is that GN #50 appears to apply only when hysterectomy is intended as part of the surgical treatment and while it does require that pelvic organ prolapse to the introitus be present, it is otherwise silent with regard to surgical interventions that do not include hysterectomy as a component. Is it the intent of the HERC that if the presence of any grade of cystocele is documented, then surgery for stress incontinence does not have to meet either the criteria of GN #47 or of GN #50? What is the intent of the HERC when this type of situation arises, i.e. is it the intent of the HERC that coverage on line 492 for any of the listed procedures is dependent on the degree of pelvic organ prolapse whether or not hysterectomy is being requested? As I read the GN, at this time the request for cystocele/bladder repair must be approved even though the criteria of GN #47 have not been met and there is no documentation that member has a cystocele that prolapses to the level of the introitus as required by GN #50.

GUIDELINE NOTE 47, URINARY INCONTINENCE

Line 478

Surgery for genuine stress urinary incontinence may be indicated when all of the following are documented (A-G):

A) Patient history of (1, 2, and 3):

- 1) Involuntary loss of urine with exertion
- 2) 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)
- 3) Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual

- B) Patient's voiding habits
- C) Physical or laboratory examination evidence of either (1 or 2):
 - 1) Urethral hypermobility
 - 2) Intrinsic sphincter deficiency
- D) Diagnostic workup to rule out urgency incontinence
- E) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
- F) Nonmalignant cervical cytology, if cervix is present
- G) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

GUIDELINE NOTE 50, UTERINE PROLAPSE

Line 492

Hysterectomy for pelvic organ prolapse may be indicated when all of the following are documented (A-E):

- A) Patient history of symptoms of pelvic prolapse such as:
 - 1) Complaints of the pelvic organs prolapsing at least to the introitus
 - 2) Low back discomfort or pelvic pressure
 - 3) Difficulty in defecating
 - 4) Difficulty in voiding
- B) Nonmalignant cervical cytology, if cervix is present
- C) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- D) 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
- E) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

Recommendations:

- 1) Change GN 50 to include other pelvic organ prolapse surgeries
 - a. Should put an “AND” after A1 with “or” after A2 and A3 to clarify that the organ must be significantly prolapsed AND causing symptoms
 - b. Put in some restrictions from GN47 such as a 3 month PT trial, etc.

GUIDELINE NOTE 50, ~~UTERINE~~ PELVIC ORGAN PROLAPSE SURGERY*Line 492*

Hysterectomy, cystocele repair, and/or other surgery for pelvic organ prolapse may be indicated when all of the following are documented (A-E):

- A) Patient history of symptoms of pelvic prolapse such as:
 - 1) Complaints of the pelvic organs prolapsing at least to the introitus, AND
 - 2) Low back discomfort or pelvic pressure or
 - 3) Difficulty in defecating or
 - 4) Difficulty in voiding
- B) For hysterectomy:
 - 1) Nonmalignant cervical cytology, if cervix is present
 - ↔ 2) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- ~~D~~C) 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
- ~~E~~D) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized
- E) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

Smoking and Cervical Spine Fusion

Question: should non-smoking status be required for elective cervical fusion procedures?

Question source: OHP medical directors, HERC staff, community providers

Issue: In October, 2012, HERC adopted a new guideline limiting vertebral fusion surgeries to non-smokers. There have been questions raised from community providers and OHP medical directors about whether this restriction should apply to cervical fusions. The bulk of the evidence of harm from smoking is for lumbar fusions. There are other implementation issues which have been raised by providers and medical directors about the current guideline.

Guideline as adopted October, 2012:

GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION

Lines 84,158,208,271,400,434,507,549,607

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking for 6 months prior to the planned procedure, as shown by three negative urine cotinine tests including testing on the day of surgery. Patients should be given access to appropriate smoking cessation therapy.

From Don Theiman, OHP Medical director

I'm gathering from surgeons, and it makes clinical sense to me, that cervical fusions are much, much less of an issue for failure in smokers because the loads on the fusion are so much smaller. We need to know if you found good literature that would disagree with that, and what literature we should review if so to see what went into the decision for GN 100. Meantime, we are viewing some requests with relative urgency and smoking, in the neck, as approvable.

From David Pass, MD

I have a couple of quick questions. The new Guideline note 100 for spinal fusions in smokers states that for smokers we need to get 3 urine cotinine tests including one on the day of surgery. We are trying to figure out how to comply with this and have the following questions:

- 1) How are we (or anyone) to manage the day of surgery testing. There is no mechanism to get that information to insurers and back to the surgeon quickly enough to make the surgery happen. Is this a primary responsibility of the surgeon to get the testing and cancel surgery if it is positive? If we don't have the testing results from the day of surgery or if they are positive and the surgery is done anyway are we to deny payment?
- 2) Those who are quitting smoking are often on an aid to help (like Nicoderm) which are nicotine containing and will likely make the cotinine testing positive even if they are not smoking (as you probably already know and we have one case of this already). Is the intention that patients are off of all nicotine products before surgery, or just that they have ceased smoking for 6 months?

Finally, I would be curious to know what literature you used to make this apply to all spine areas. We have looked at this fairly extensively in the past and came to the conclusion that smoking cessation is essential in lumbar fusions and we apply that to thoracic fusions too, but the evidence for cervical fusions seems to suggest that smoking does not play a major role in healing post op. However knowing that you have significant resources through the state's affiliation with the EPC and Med Project perhaps you have found some things that we should consider. Clearly it would be best if all payers were consistent across the State so we would be interested in looking at that information if you can share it (which I know is not possible sometimes!).

From John Sattenspiel, OHP Medical Director

Today's question is related to GN#100, Smoking and Spinal Fusion. There is some commentary that use of smokeless tobacco also impairs post-fusion healing. Is there evidence behind those assertions and if so, was it considered as this guideline was formulated. The issue came up today related to a member who uses chewing tobacco and for whom fusion is requested. Since the language in GN#100 solely and explicitly relates only to smoking, it was my interpretation that the use of chewing tobacco did not allow for a decision that coverage criteria had not been met. Please advise.

Evidence

1) **Washington HTA 2013 Review of cervical spinal Fusion**

- a. In the RCT comparing fusion to physical therapy and cervical collar immobilization (Persson, 2001), the improvement in VAS pain among those undergoing surgery was found to be better among smokers vs. nonsmokers ($p < .05$), although the actual data on VAS changes among these subgroups are not provided.
- b. Seven case series examined the impact of pre-operative smoking status on adverse events and clinical outcomes. While 1 study described statistically-significantly fewer cases of pseudarthrosis among non-smokers (20% vs. 50% for smokers, $p = .001$) (Goldberg, 2002), 3 found no correlation between smoking status and development of pseudarthrosis or adjacent segment disease (Matsumoto, 2009; Bindal, 2007; Emery, 1998). In terms of clinical outcomes, 3 series evaluated the effect of smoking status on treatment success using Odom's criteria. In one, data from a series of 144 patients indicated that smokers had a significantly ($p = .008$) higher rate of fair or poor outcomes (Jensen, 2009), although actually percentages were not reported. Another study ($n = 190$) found non-smokers to have a significantly higher rate of excellent outcomes (43.0% vs. 27.3%, $p < .03$) (Hilibrand, 2001). A third smaller series ($n = 66$) found no statistically-significant differences in this measure (Samartzis, 2005).
- c. No conclusions drawn regarding non-smoking requirement for surgery

2) **Additional studies not included in Washington HTA**

- a. **Peolsson 2003**
 - i. RCT of anterior cervical decompression and fusion with carbon fiber cage vs the Cloward procedure.
 - ii. $N = 103$

- iii. Non-smoking found to be a predictor of post-operative pain reduction and functional outcome

b. Eubanks 2011

- i. Retrospective case series of patients who had posterior cervical fusion with lateral mass instrumentation and iliac crest bone grafting
- ii. N=158
- iii. Smokers and nonsmokers had similar fusion rates (100%).
- iv. Conclusions In contrast to the effect of smoking on anterior cervical fusion, we found smoking did not decrease posterior cervical fusion with lateral mass instrumentation and iliac crest bone grafting. Posterior cervical fusion with lateral mass instrumentation should be considered over anterior procedures in smokers if the abnormality can appropriately be addressed from a posterior approach.

Summary: There is evidence, based on 1 RCT and several case series, that smoking reduces the success of cervical fusion procedures.

Related restrictions on nicotine use from GN8 Bariatric Surgery:

No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.

HERC Staff Recommendations:

- 1) Continue to include cervical fusion procedures in the smoking guideline (GN 100)
- 2) Change GN 100 as shown below
 - a. Correlates more closely with GN8
 - i. Evidence is around smoking rather than nicotine use
 - b. Will include restrictions on chewing tobacco and nicotine products if adopted as written

GUIDELINE NOTE 100 SMOKING AND SPINAL FUSION

Lines 84,158,208,271,400,434,507,549,607

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking for 6 months prior to the planned procedure, as shown by three negative urine cotinine tests.

Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from smoking. ~~including testing on the day of surgery.~~ Patients should be given access to appropriate smoking cessation therapy.

Tonsillectomy/CPAP/Sleep Apnea Guideline for Children

Question: How can we best modify the existing tonsillectomy and sleep apnea guidelines for children?

Question Source: HOSC/HSC; HERC staff; OHP Medical Directors; DMAP; Drs. Holger Link and Kyle Johnson, OHSU Sleep Medicine

Issues:

A revised sleep apnea guideline was reviewed at the May, 2013 VBBS meeting. There was a lively discussion around the requirements in the guideline. HERC staff was directed to arrange a meeting with pediatric sleep specialists, OHP plan medical directors, and HERC staff to further discuss the guideline and refine the wording. This meeting occurred on June 25th, between Dr. Holger Link (pulmonologist and sleep specialist, OHSU), Dr. Derek Lam (sleep medicine specialist, OHSU), Dr. Henry Milcuk (ENT and sleep medicine, OHSU), Dr. Tracy Muday (OHP medical director), Dr. John Sattenspiel (OHP medical director) and HERC staff.

The group discussion determined that some type of validated test should be required to make the diagnosis of OSA in children. The plans are finding the validated questionnaires to be useful, while polysomnography (PSG) remains the gold standard of diagnosis. Daytime symptoms should not be required, because such symptoms are taken into consideration with the validated test requirement. Previously, the guideline had differentiated mild, moderate, and severe sleep apnea. The group members did not feel that this distinction was helpful except for hospital management after surgery, and would require a sleep study to determine. There was discussion about whether to require PSG prior to surgery for high risk children, including young children (under age 3). It was thought that a high risk child with history and exam consistent with OSA may not benefit from a PSG and that it was not a good use of OHP resources to require it. The decision was to encourage PSGs in this group, but not require them. However, the specialists felt that children with a history inconsistent with physical exam should have a sleep study to more fully determine the diagnosis. The group did not comment on what constituted a positive PSG.

One question posed to the experts by the VBBS was how “child” should be defined. The group felt that a person younger than age 16 would generally have the physiology of a child rather than an adult. Adolescents 16 and older are generally diagnosed and treated for OSA as adults.

A second meeting was scheduled, but did not occur. Outstanding questions exist, and further input from experts and PCPs/medical directors/etc. is still being solicited.

Tonsillectomy/CPAP/Sleep Apnea Guideline for Children

Current guidelines:

GUIDELINE NOTE 27, SLEEP APNEA

Line 211

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

GUIDELINE NOTE 36, TONSILLECTOMY

Lines 49, 84, 210, 395, 574

Tonsillectomy is an appropriate treatment in a case with:

1. Five documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in each of two consecutive years where an attack is considered a positive culture/screen and where an appropriate course of antibiotic therapy has been completed;
2. Peritonsillar abscess requiring surgical drainage;
3. Moderate or severe obstructive sleep apnea (OSA) in children 18 and younger, or mild OSA in children with daytime symptoms and/or other indications for surgery. For children 3 and younger or for children with significant co-morbidities, OSA must be diagnosed by nocturnal polysomnography. For children older than 3 who are otherwise healthy, OSA must be diagnosed by either nocturnal polysomnography, use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), or consultation with a sleep medicine specialist; or,
4. Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

Tonsillectomy/CPAP/Sleep Apnea Guideline for Children

Recommendations:

- 1) Adopt a new guideline for pediatric sleep apnea diagnosis and treatment as shown below
 - a. Issues:
 - i. Age to define “child”
 - ii. Methods of diagnosing OSA, definition of positive sleep study
 - iii. Requirements for continued CPAP use
- 2) Modify the existing Tonsillectomy Guideline and Sleep Apnea Guideline as shown below

GUIDELINE NOTE XXX, OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN

Line 210

Obstructive sleep apnea (OSA) in children (younger than 16) must be diagnosed by

- 1) nocturnal polysomnography with an AHI >5 episodes/h, OR
- 2) nocturnal pulse oximetry with 3 or more SpO₂ drops <90% and 3 or more clusters of desaturation events, or alternatives desaturation (>3%) index >3.5 episodes/h, OR
- 3) use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), OR
- 4) consultation with a sleep medicine specialist.

Polysomnography and/or consultation with a sleep medicine specialist to support the diagnosis of OSA and/or to identify perioperative risk is recommended for

- 1) high risk children (i.e. children with cranio-facial abnormalities, neuromuscular disorders, Down syndrome, etc.)
- 2) children with equivocal indications for adenotonsillectomy (such as discordance between tonsillar size on physical examination and the reported severity of sleep-disordered breathing),
- 3) children younger than three years of age

Adenotonsillectomy is an appropriate first line treatment for children with OSA. Weight loss is recommended in addition to other therapy in patients who are overweight or obese. Intranasal corticosteroids are an option for children with mild OSA in whom adenotonsillectomy is contraindicated or for mild postoperative OSA.

CPAP is covered for a 3 month trial for children through age 18 who have

- 1) undergone surgery or are not candidates for surgery, AND
- 2) have documented residual sleep apnea symptoms (sleep disruption and/or significant desaturations) with residual daytime symptoms (daytime sleepiness or behavior problems)

CPAP will be covered for children through age 18 on an ongoing basis if:

- 1) There is documentation of improvement in sleep disruption and daytime sleepiness and behavior problems with CPAP use

Tonsillectomy/CPAP/Sleep Apnea Guideline for Children

- 2) Annual re-evaluation for CPAP demonstrates ongoing clinical benefit and compliance with use, defined as use of CPAP for at least four hours per night on 70% of the nights in a consecutive 30 day period

GUIDELINE NOTE 36, ADENOTONSILLECTOMY FOR INDICATIONS OTHER THAN OBSTRUCTIVE SLEEP APNEA

Lines 49, 84, ~~210~~, 395, 574

Tonsillectomy/adenotonsillectomy is an appropriate treatment for patients with:

1. Five documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in each of two consecutive years where an attack is considered a positive culture/screen and where an appropriate course of antibiotic therapy has been completed;
2. Peritonsillar abscess requiring surgical drainage;
3. ~~Moderate or severe obstructive sleep apnea (OSA) in children 18 and younger, or mild OSA in children with daytime symptoms and/or other indications for surgery. For children 3 and younger or for children with significant co-morbidities, OSA must be diagnosed by nocturnal polysomnography. For children older than 3 who are otherwise healthy, OSA must be diagnosed by either nocturnal polysomnography, use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA-18), or consultation with a sleep medicine specialist; or,~~
4. ~~3.~~ Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

See Guideline Note XXX for diagnosis and treatment of obstructive sleep apnea in children

GUIDELINE NOTE 27, SLEEP APNEA

Line 210

Surgery for sleep apnea for adults (16 and older) is only covered after documented failure of both CPAP and an oral appliance.

Guideline Note 37 Disorders of Spine with Neurologic Impairment

Question: should GN37 be clarified?

Question source: DMAP

Issue: GN37 specifies that certain diagnoses are included on line 400 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT only when neurologic impairment is present; otherwise they are included on line 562 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT. However, some diagnoses on line 400 are not included on line 562 and it is unclear if the guideline applies to these diagnoses.

From DMAP:

The Medical Section would like some additional clarification for the diagnosis codes on line 400 and the application of Guideline Note 37. It is my understanding that the Guideline Note 37 applies to those codes that fall both on lines 400 and 562. It has been more broadly interpreted to apply to all diagnoses on line 400 "for the purpose of treatment" and was challenged in hearings recently. Is the Guideline intended to apply to all diagnoses on line 400 or only those that are also included on line 562? Please let me know if my understanding of the intent of Guideline Note 37 is inaccurate. If my interpretation is correct, is it possible to further clarify the application of Guideline Note 37 with the next List revisions? Suggestion-“For the purpose of treatment coverage of diagnoses that are included on both Lines 400 and 562, neurologic impairment or radiculopathy is defined as: [current wording]. Conditions not meeting these criteria (e.g. pain alone) fall on Line 562.”

On review of this question, HERC staff found that some diagnoses on line 400 do not appear on line 562. In some cases, this is because the diagnosis always includes neurologic impairment. In other cases, there are milder subdiagnoses that would be appropriate for line 562 yet that ICD9 code does not appear on that line.

Current guideline note:

GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Line 400

For the purpose of treatment coverage on Line 400, neurologic impairment or radioculopathy is defined as:

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

Otherwise, disorders of spine not meeting these criteria (e.g. pain alone) fall on Line 562.

Diagnoses on line 400 not found on line 562

ICD9 code	Code description	Other lines with code	Comments
336.0	Syringomyelia and syringobulbia	Dysfunction lines (78,318,375,407)	May be asymptomatic
344.61	Cauda equina syndrome with neurogenic bladder	Dysfunction lines	Meets GN37 criteria by definition
742.59	Other specified congenital anomalies of spinal cord	Dysfunction lines	Many subdiagnoses of various severity
349.2	Disorders of meninges, not elsewhere classified	359 BENIGN CEREBRAL CYSTS 607 SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT	Several subdiagnoses of various severity
722.70-722.73	Intervertebral disc disorder with myelopathy		Myelopathy and radiculopathy may involve only pain
723.4	Brachial neuritis or radiculitis NOS		See above
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified		See above

HERC staff recommendations:

- 1) Add ICD-9 336.0, 349.2, 722.70-722.73, 723.4, 724.4 and 742.59 to line 562 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT and keep on line 400 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
 - a. Defines when a neurologic disorder should be included on the higher priority line
 - b. Makes all diagnoses on line 400 that do not automatically meet GN37 criteria present on both lines
- 2) Modify GN37 to read as below:

GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Line 40, 562

Diagnoses are included ~~For the purpose of treatment coverage~~ on Line 400 when neurologic impairment or radiculopathy is present, as ~~-, neurologic impairment or radiooculopathy is~~ defined as:

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

Otherwise, disorders of spine not meeting these criteria (e.g. pain alone) fall on Line 562.

Perinatal gastrointestinal conditions - new line

Question: Perinatal gastrointestinal conditions - new line

Question source: Pediatric Surgery ICD-10 Review Group

Issue: At the March 2012 VBBS meeting, the ICD-10 Group for Pediatric Surgery proposed a new line to include non-congenital neonatal gastrointestinal conditions. This line was approved in concept. A suggestion was made to ask the ICD-10 Neonatology consultants for assistance.

However, this line has not yet been ranked/created and would need to wait until the biennial review to go into effect January 1, 2016 (or possibly October 15, 2015).

Here is the proposed line:

Line XXX

Condition: PERINATAL GASTROINTESTINAL CONDITIONS

Treatment: Medical therapy

ICD-10: P78.2, P78.3, P78.82, P78.83, P78.89, P78.9

CPT: TBD

Ranking: TBD

Code	CodeDescription	Current Mapping Placement
P78.2	Neonatal hematemesis and melena due to swallowed maternal blood	16, 105
P78.3	Noninfective neonatal diarrhea	16, 105, 312
P78.82	Peptic ulcer of newborn	16, 105,312
P78.83	Newborn esophageal reflux	16, 105,312
P78.89	Other specified perinatal digestive system disorders	16, 105,312
P78.9	Perinatal digestive system disorder, unspecified	16, 105

These codes are currently inappropriately mapping to other lines:

Line	Condition	Treatment
16	CONGENITAL SYPHILIS	MEDICAL THERAPY
105	CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION	MEDICAL AND SURGICAL TREATMENT

Perinatal gastrointestinal conditions - new line

Line	Condition	Treatment
312	CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE	LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT

HERC Staff Recommendations:

- 1) Temporarily place the benign newborn gastrointestinal codes on Line 551, DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS removing them from other lines they are on.
- 2) For the next biennial review, scheduled to go into effect January 1, 2016, adopt a new line PERINATAL GASTROINTESTINAL CONDITIONS with the following scoring: **Score 120, approximately line 544.**

Criteria	Score	Comments (from Dr. Craft)
Category	Maternity & Newborn Care (100)	
Impact on Healthy Life Years	2	Note a modest impact on health due to potential for dehydration with diarrhea.
Impact on Pain and Suffering	1	Some suffering for concerned parents but no long term issues
Population Effects	0	
Impact on Vulnerable Populations	0	
Tertiary Prevention	0	No need for treatment and no true extension of disease
Effectiveness	2	Typically no treatment required
Need for Treatment	0.2	Almost none...unless diarrhea associated with dehydration or reflux associated with failure to thrive
Net Cost	4	Again, no significant treatment needed so no real net cost

Frenotomy for Tongue-tie

Question: Should frenotomy for ankyloglossia pair higher on the Prioritized List?

Question Source: Community pediatrician

Issue: Frenulotomy (also frenectomy/frenotomy) is currently on line 626 TONGUE TIE AND OTHER ANOMALIES OF TONGUE below the funding line because of previous reviews demonstrating conflicting evidence on the efficacy of frenulotomy for ankyloglossia.

Per Carrie Phillipi, MD, PhD, of OHSU, frenulotomy is indicated with ankyloglossia, breastfeeding difficulty with persistent nipple pain, and no improvement after lactation consultation.

Current Prioritized List Status

Code	Code Description	Line Placement
41010	Incision of lingual frenum (frenotomy)	171 LEUKOPLAKIA AND CARCINOMA IN SITU OF ORAL MUCOSA, INCLUDING TONGUE 626 TONGUE TIE AND OTHER ANOMALIES OF TONGUE

Line: 626
 Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
 Treatment: FRENOTOMY, TONGUE TIE
 ICD-9: 529.5,750.0,750.10-750.19
 CPT: 40806,40819,41010,41115

October 1, 2014 Prioritized List Status

Line: 19
 Condition: FEEDING PROBLEMS IN NEWBORNS (See Guideline Notes 64,65)
 Treatment: MEDICAL THERAPY
 ICD-10: P92.1-P92.9
 CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99460-99463,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: 604
 Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
 Treatment: FRENOTOMY, TONGUE TIE
 ICD-10: Q38.1-Q38.3
 CPT: 40806,40819,41010,41115,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99404,99408-99412,99429-99444,99468-99477,99480,99487-99496,99605-99607
 HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Frenotomy for Tongue-tie

Evidence Summary:

- 1) *Segal et al, 2007*, review in Canadian Family Practice. This review analyzed prevalence of ankyloglossia, diagnosis of ankyloglossia and effectiveness of frenotomy for treatment of ankyloglossia.
 - a. N=7 studies on effectiveness, all showed benefit and no harms.
 - b. Most were graded as poor quality by authors.
 - c. 1 RCT (Hogan et al) comparing frenotomy to 48 hours of intensive intervention by a lactation consultation. 27 of 28 in frenotomy group had reduced nipple pain and improved breastfeeding at 1 week compared to 1 of 29 in the comparison group. All the remaining mothers in the control group 28 or 29 then chose for their infants to have frenotomy.
 - d. Ankyloglossia prevalence estimated to be 4.2% to 10.7%
 - e. 80% of breastfeeding women with infants with ankyloglossia have persistent nipple pain, 25% have intractable pain or difficulty latching at 6 weeks.
 - f. Overall, recommended frenotomy due to positive benefit without serious complications.
- 2) *National Institute for Health and Clinical Excellence (NICE), 2005*, Interventional Procedure Guidance
 - a. N= 5
 - b. 3 case-series, 1 RCT, and 1 cross-over study
 - c. RCT included is Hogan et al as above
 - d. Overall, recognized that evidence in support is limited, but without major safety concerns, recommended for the procedure.
- 3) *Buryk, Bloom, and Shope, 2011*, provided by Dr. Phillipi
 - a. Single-blinded RCT comparing frenotomy in 30 infants to a sham procedure in 28.
 - b. Mothers rated their nipple pain using the Short-Form McGill Pain Questionnaire (SF-MPQ). SF-MPQ scores decreased from 16.77 to 4.9 in the intervention group and from 19.25 to 13.5 in the sham group ($p < 0.01$). This yielded an effect size of 0.38.
 - c. The Infant Breastfeeding Assessment Tool (IBFAT) was used to assess latch. IBFAT scores improved from 9.3 to 11.6 in the frenotomy group and were virtually unchanged in the sham group (8.48 to 8.07). ($p = 0.29$) This yielded an effect size of 0.31.
- 4) *Finigan and Long, 2013*, Royal College of Midwives Review
 - a. 9 case series, inter-rater reliability study, 3 RCTs, 1 case-control study, 1 literature review
 - b. Dollberg *et al* 2006, 25 infants (14 frenectomy, 11 control), significant improvement in nipple pain in intervention group ($p = 0.001$), improvement in latch not significant ($p = 0.06$)
 - c. Also included Buryk and Hogan as above

Frenotomy for Tongue-tie

- d. Berry *et al* 2012, double-blind RCT, 57 breastfed infants (27 frenectomy, 30 control). 78% in maternal report of breastfeeding success in intervention and 47% in control, $p < 0.02$
 - e. Ricke *et al* , Case-control, 49 babies with tongue tie and 98 controls, (RR 3.11 of bottle feeding without frenectomy, 95% CI 1.21-8.03)
 - f. Author's conclusions "Tongue-tie division is important in supporting both the initiation and continuation of breastfeeding"
- 5) *Webb, Hao, and Hong, 2013*
- a. 5 RCTs, 1 case control and 14 case series
 - b. Included Berry, Buryk, Dollberg, Hogan as above
 - c. Other RCT (Heller) and case control (Dollburg) measure speech outcomes, and did not study breastfeeding.
 - d. Author's Conclusion: "the procedure should only be performed by a trained healthcare professional, in newborns with significant ankyloglossia and associated breastfeeding problems who have failed conservative management".

Society Guidelines:

- 1) *American Academy of Pediatric Dentistry, 2010*
 - a. Guideline on pediatric oral surgery
 - b. "The significance and management of ankyloglossia are very controversial due to the lack of evidence-based studies". "Frenectomy for functional limitations due to severe ankyloglossia should be considered on an individual basis".
- 2) *Canadian Pediatric Society, 2011*
 - a. Position Statement on Ankyloglossia and breastfeeding
 - b. Conclusion: "Based on available evidence, frenotomy cannot be recommended. If, however, the association between significant tongue-tie and major breastfeeding problems is clearly identified and surgical intervention is deemed necessary, frenotomy should be performed by a clinician experienced with the procedure and with appropriate analgesia."

Commerical Payers

- 1) *Aetna, 2013*
 - a. Aetna considers inferior lingual frenectomy or lingual frenotomy for ankyloglossia medically necessary when newborn feeding difficulties or childhood articulation problems exist.

Summary

There is limited evidence to suggest that frenotomy/frenulotomy for tongue tie may be beneficial when the ankyloglossia interferes with breastfeeding. It is a relatively safe procedure with continuation of breastfeeding being a desired outcome.

Frenotomy for Tongue-tie

HERC Staff Recommendations

- 1) Add CPT code 41010 *Incision of lingual frenum (frenotomy)* to ICD10 Prioritized List Line 19 FEEDING PROBLEMS IN NEWBORNS.
- 2) Add ICD-10 Q38.1 (Ankyloglossia) to line 19 and keep on line 610
- 3) Add a guideline to lines 19 FEEDING PROBLEMS IN NEWBORNS and 604 TONGUE TIE AND OTHER ANOMALIES OF TONGUE

GUIDELINE NOTE XX: FRENOTOMY FOR TONGUE-TIE IN NEWBORNS

Lines 19, 604

ICD-10 Q38.1 (Ankyloglossia) is included on line 19 for pairing with CPT 41010 (Frenotomy) only when the ankyloglossia interferes with breastfeeding. Otherwise, ICD-10 Q38.1 and CPT 41010 are included on Line 604.

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
51102	Aspiration of bladder; with insertion of suprapubic catheter	88 INJURY TO INTERNAL ORGANS	DMAP is requesting that 51102 be added to line 88 to pair with 867.0 (Injury to bladder and urethra, without mention of open wound into cavity). 51102 is currently on lines 78, 96, and 351.	Add 51102 to line 88.
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	216 DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT	DMAP is requesting that 25310 be added to line 216 to pair with 881.22 (Open wound of wrist, with tendon involvement). 25310 is currently on lines 143,318,406.	Add 25310 to line 216
38571 38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	252 CANCER OF OVARY	DMAP is requesting that 38571 be added to line 252 to pair with 183.0 (Malignant neoplasm of ovary). 38571 is currently on lines 123, 144, 218, 287, 311, and 356 and in the DMAP Diagnostic Procedure File. 38572 is located on these same lines and the Diagnostic Procedure File.	Add 38571 and 38572 to line 252 Advise DMAP to remove 38571 and 38572 from the Diagnostic Procedure File.
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	326 GOUT AND CRYSTAL ARTHROPATHIES	DMAP is requesting that 20610 be added to line 326 to pair with 274.03 Chronic gouty arthropathy with tophus (tophi). 20610 is on 16 lines.	Add 20610 to line 326

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	424 INFLUENZA	DMAP is requesting that 94640 be added to line 424 to pair with 487.0 Influenza with pneumonia. 94640 is on 15 lines.	Add 94640 to line 424
46900-46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), various techniques	165 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS	DMAP is requesting that 46900 be added to line 165 to pair with 569.44 Dysplasia of anus. 46900-46924 are currently on line 426 ANOGENITAL VIRAL WARTS. Per guidelines for management of anal dysplasia, the lesions may be treated with cautery, chemical destruction, or surgical resection depending on the degree of dysplasia, size of lesion, etc. Surgical resection codes are on line 165.	Add 46900-46924 to line 165
25652	Open treatment of ulnar styloid fracture	143 OPEN FRACTURE /DISLOCATION OF EXTREMITIES	DMAP is requesting that 25652 be added to line 143 to pair with 813.53 Fracture of distal end of ulna (alone), open. 25652 is currently on line 382 CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES).	Add 25652 to line 143

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
15004-15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, ...	91 DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN 292 CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA	DMAP is requesting that 15004 and 15120 be added to line 91 to pair with 874.8 (Open wound of neck; Other & unspecified parts, without mention of complication) and requesting that 15120 be added to line 292 to pair with a number of types of skin cancer. Skin graft codes are on multiple lines. Similar codes 15115, 15116, 15040, 15121, 15135, 15136, 15155-15157, 15240, 15241 should also be added to line 91. Most of these codes are on line 292, but 15120-15121 are missing.	Add 15004, 15005, 15040, 15115, 15116, 15120, 15121, 15135, 15136, 15155-15157, 15240, 15241 to line 91. Add 15120-15121 to line 292
15040	Harvest of skin for tissue cultured skin autograft			
15115-15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits			
15120-15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits			
15135-15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits			
15155-15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits			
15240-15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet less			

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement	312 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX	DMAP is requesting that 31237 be added to line 312 to pair with 160.9 Malignant neoplasm of accessory sinus, unspecified. 31237 is currently on lines 498 CHRONIC SINUSITIS, 532 NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES.	Add 31237 to line 312
17272-17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; various lesion sizes	275 CANCER OF PENIS AND OTHER MALE GENITAL ORGANS	DMAP is requesting that 17272 be added to line 275 to pair with 233.6 Carcinoma in situ of other & unspecified male genital organs. 17272 is currently on lines 257 and 292.	Add 17272-17276 to line 275
35476	Transluminal balloon angioplasty, percutaneous; venous	87 PHLEBITIS AND THROMBOPHLEBITIS, DEEP	DMAP is requesting that 35476 be added to line 87 to pair with 453.40 Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity. 35476 is on lines 303,308,378.	Add 35476 to line 87
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	48 INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM	DMAP is requesting that 44055 be added to line 48 to pair with 560.2 Volvulus. 44055 is currently on line 111.	Add 44055 to line 48.

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
31545-31546 31560-31561	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with various techniques Laryngoscopy, direct, operative, with arytenoidectomy; with or without operating microscope or telescope	49 CONGENITAL AIRWAY OBSTRUCTION WITH OR WITHOUT CLEFT PALATE	DMAP is requesting that 31545 and 31561 be added to line 49 to pair with 748.3 (Other anomalies of larynx, trachea, and bronchus). 31545 and 31561 are currently on 214 SUPERFICIAL ABSCESSSES AND CELLULITIS and 31545 is also on line 402 BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS. Arytenoidectomy is widening of the larynx.	Add 31545-31561 to line 49
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	340 CANCER OF LIVER	DMAP is requesting that 77301 be added to line 340 to pair with 197.7 Secondary malignant neoplasm of the liver, specified as secondary. 77301 is on many lines	Add 77301 to line 340
27598	Disarticulation at knee	271 CHRONIC OSTEOMYELITIS	DMAP is requesting that 27598 be added to line 271 to pair with 730.17 Chronic osteomyelitis, ankle and foot. 27598 is on lines 146, 190, 208, 250, 297, 346, 355, 410.	Add 27598 to line 271
25210-25215	Carpectomy	384 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECCANS, AND ASEPTIC NECROSIS OF BONE	DMAP is requesting that 25215 be added to line 384 to pair with 733.49 Aseptic necrosis of bone. 25215 is on lines 143, 190, 208, 271, 382, 549.	Add 25210 and 25215 to line 384

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
23650-23680	Open or closed treatment of shoulder dislocation, with or without manipulation; with or without anesthesia	143 OPEN FRACTURE/DISLOCATION OF EXTREMITIES 297 DEFORMITY/CLOSED DISLOCATION OF JOINT 443 DISORDERS OF SHOULDER,POTENTIALLY RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT	DMAP is requesting that 23650 be added to line 443 to pair with 718.31 Recurrent dislocation of shoulder joint. The shoulder dislocation treatment codes are currently on line 297 or a combination of line 297 and 143. Shoulder diagnoses are now all on line 443.	Add 23650-23680 to line 443 Remove 23650-23680 from line(s) 143 and 297
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure)	Ancillary	DMAP requested several diagnoses be paired with CPT 43653. All other feeding tube codes, including the open equivalent to 43653 are on the Ancillary List.	Advise DMAP to place 43653 on the Ancillary List Remove 43653 from lines 78, 111, 409
20600 20610	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes) Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	326 GOUT AND CRYSTAL ARTHROPATHIES	DMAP is requesting that 20610 be added to line 326 to pair with 274.02 Chronic gouty arthropathy without mention of tophus (tophi). 20610 is currently on more than 10 lines. Similar code 20605 (medium joints) is on line 326. 20600 is missing from this line.	Add 20600 and 20610 to line 326
29445	Application of rigid total contact leg cast	410 CHRONIC ULCER OF SKIN	DMAP is requesting that 29445 be added to line 410 to pair with 707.14 Ulcer of heel and midfoot. 29445 is currently on lines 143,297,382,406,455.	Add 29445 to line 410

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
33910 33915	Pulmonary artery embolectomy; with cardiopulmonary bypass without cardiopulmonary bypass	226 ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI	DMAP is requesting that 33910 be added to line 226 to pair with 415.19 Pulmonary embolism and infarction. 33910 and 33915 are currently on line 385 ANEURYSM OF PULMONARY ARTERY. There are no emboli ICD-9 codes on line 385.	Add 33910 and 33915 to line 226 Remove 33910 and 33915 from line 385
37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	62 ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE	DMAP is requesting that 37204 be added to line 62 to pair with 578.9 Hemorrhage of gastrointestinal tract, unspecified. 37204 is on lines 50,77,85,98,141,247,270,340.	Add 37204 to line 62
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	123 CANCER OF TESTIS	DMAP is requesting that 38564 be added to line 123 to pair with 186.9 Other and unspecified testis. 38564 is on lines 144, 218, 287, 311, 356. Similar procedures (38571-2) are on line 123.	Add 38564 to line 123
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	186 URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER	DMAP is requesting that 50840 be added to line 186 to pair with 593.4 Other ureteric obstruction. 50840 is on lines 96,228,287.	Add 50840 to line 186

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
58562	Hysteroscopy, surgical; with removal of impacted foreign body	448 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT	DMAP is requesting that 58562 be added to line 448 to pair with 996.32 Mechanical complication of genitourinary device, implant, and graft; Due to intrauterine contraceptive device.	Add 58562 to line 448
33223	Revision of skin pocket for cardioverter-defibrillator	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	DMAP is requesting that 33223 be added to line 308 to pair with 996.61 Infection and inflammatory reaction due to cardiac device, implant, and graft. 33223 is on lines 76,109,195,304,376.	Add 33223 to line 308
19328	Removal of intact mammary implant	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	DMAP is requesting that 19328 be added to line 308 to pair with 996.69 Infection & inflammatory reaction due to other internal prosthetic device, implant, and graft. 19328 is on lines 197,448,665. 996.69 includes breast prosthesis per coding guidelines.	Add 19328 to line 308
26990 27603	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma Incision and drainage, leg or ankle; deep abscess or hematoma	448 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT	DMAP is requesting that 26990 and 27603 be added to line 448 to pair with 998.12 Hematoma complicating a procedure. 26990 is on lines 84, 214, 216, 250, 384. 27603 is on lines 84, 214, 216, 250, 297.	Add 26990 and 27603 to line 448

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
36825 36830 37205 37206 37208 37607	<p>Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft</p> <p>Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, the</p> <p>Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel each additional vessel</p> <p>Transcatheter placement of intravascular stent(s), open, each additional vessel.</p> <p>Ligation or banding of angioaccess arteriovenous fistula)</p>	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	<p>DMAP is requesting that 36825, 36830, 37205, 37206, and 37607 be added to line 308 to pair with 996.73 Other complications of internal (biological)(synthetic) prosthetic device, implant, and graft; Due to renal dialysis device, implant, and graft. These procedures are currently on lines 110, 270, 307, 349, 366. 37607 is currently on line 331. 37205 and 37206 are on lines 35,270,278,303,350,378,472.</p> <p>On review, 37208 is missing from line 308</p>	Add 36825, 36830, 37205, 37206, 37208, and 37607 to line 308
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	DMAP is requesting that 49423 be added to line 308 to pair with 998.59 Other postoperative infection. 49423 is on lines 84,111,389,593,597,598.	Add 49423 to line 308

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
35475 37183	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS)	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	DMAP is requesting that 35475, and 37183 be added to line 308 to pair with 996.74 Other complications of internal (biological)(synthetic) prosthetic device, implant, and graft due to other vascular device, implant, and graft. 35475 is on line 378 ATHEROSCLEROSIS, PERIPHERAL. 37183 is on lines 224, 230, 303, 360. On review, other balloon angioplasty codes are missing from line 308 (35471, 35472). Similar code 37182 is missing from line 308 as well.	Add 35471, 35472, 37182, and 37183 to line 308
15002-15005 15100-15101	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture Split-thickness autograft, trunk, arms, legs	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	DMAP is requesting that 15002 and 15100 be added to line 308 to pair with 998.32 Disruption of external operation (surgical) wound. These codes are on multiple lines.	Add 15002-15005 and 15100-15101 to line 308
V20.2	Routine infant or child health check	4 PREVENTIVE SERVICES, OVER AGE OF 10	DMAP is requesting that V20.2 be added to line 4, to allow children over age 10 to receive routine well child care. Currently, V20.2 is only on line 3.	Add V20.2 to line 4

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
736.1	Mallet finger	406 DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, POTENTIALLY RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT 407 DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION 550 DEFORMITIES OF UPPER BODY AND ALL LIMBS	Tracy Muday, OHP Medical Director is requesting that mallet finger be moved from its current lines (407, 550) to line 406. Other hand extensor tendon injuries and the repair for mallet finger (CPT 26433) are located on 406.	Add 736.1 to line 406 Remove 736.1 from line 407 and 550
626.8	Disorders of menstruation & other abnormal bleeding from female genital tract; Other	446 MENSTRUAL BLEEDING DISORDERS	DMAP is requesting that 626.8 pair with 58300 Insertion of intrauterine device (IUD). Currently 626.8 is only on line 403 IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM. This ICD9 code includes dysfunctional uterine bleeding as a subdiagnosis.	Add 626.8 to line 446 Add 626.8 to GN88 (see below)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	493 BRACHIAL PLEXUS LESIONS	DMAP is requesting that 97140 pair with 353.0 Brachial plexus lesions. Most other PT/OT procedure codes are on line 492. 97140 is currently on multiple lines.	Add 97140 to line 493

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
99241-99245 99251-99255	Office consultation Inpatient consultation		Currently, the consultation CPT codes are on many lines on the Prioritized List. In 2010, CMS determined that these codes should no longer be utilized. They have not been reimbursable by DMAP since 2010.	Remove 99241-99245 and 99251-99255 from all lines on the List Advise DMAP to place 99241-99245 and 99251-99255 on the Excluded List
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 509 BREAST CYSTS AND OTHER DISORDERS OF THE BREAST	DMAP is requesting that 10160 be added to line 308 to pair with 998.51 Infected postoperative seroma and to line 509 to pair with 610.0 Solitary cyst of breast. Currently, 10160 is on lines 84,214,415,448,623.	Add 10160 to lines 308 and 509
14301 14302	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm each additional 30.0 sq cm, or part thereof	197 CANCER OF BREAST	DMAP is requesting that 14301 be added to line 197 to pair with 174.3 Malignant neoplasm of female breast. 14000 and 14001 (equivalent codes for defect <30 sq cm) are on this line. Similar code 14302 is also missing. These codes are on multiple lines.	Add 14301 and 14302 to line 197
38100	Splenectomy; total	349 NON-DISSECTING ANEURYSM WITHOUT RUPTURE	DMAP is requesting that 38100 be added to line 349 to pair with 442.83 Other aneurysm; Splenic artery. 38100 is currently on lines 166, 177, 181, 199, 221, 224, 328.	Add 38100 to line 349

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
69110 69120 69145 69150 69155	Excision external ear; partial, simple repair Excision external ear; complete amputation Excision soft tissue lesion, external auditory canal Radical excision external auditory canal lesion; without neck dissection with neck dissection	207 CANCER OF SOFT TISSUE	DMAP is requesting that 69110 be added to line 207 to pair with 171.0 Malignant neoplasm of connective & other soft tissue of head, face & neck. This ICD9 code includes neoplasms of ear cartilage. 69110 is currently on lines 257,292,312,355,632. Similar codes 69120, 69145, 69150 and 69155 are also not included on line 207.	Add 69110, 69120, 69145, 69150 and 69155 to line 207
37205 37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel each additional vessel	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 331 DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY	DMAP is requesting that 37205 be added to line 308 to pair with 996.73 (Other complications of internal (biological)(synthetic) prosthetic device, implant & graft; Due to renal device, implant & graft and 331 to pair with 593.81 Vascular disorders of kidney. 37205 is on lines 35,270,278,303,350,378,472.	Add 37205 and 37206 to lines 308 and 331
61885 61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array with connection to 2 or more electrode arrays	308 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	DMAP is requesting that 61885 be added to line 308 to pair with 996.2 Mechanical complication of nervous system device, implant, and graft. 61885 is currently only on line 182 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS. Similar code 61888 is on line 308.	Add 61885 and 61886 to line 308

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
D1206	Topical application of fluoride varnish	3 PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE 4 PREVENTIVE SERVICES, OVER AGE OF 10	DMAP is requesting that D1206 be added to line 3 to pair with V20.2 Routine infant or child health check. DMAP has this service open to medical providers because it can be done at a well child check. Claims are denying related to non-pairing. D1206 is currently on line 58 PREVENTIVE DENTAL SERVICES.	Check with Tyack about adding to line 4. Also, do we need a guideline for line 4/the ICD10 List prevention line regarding age?
426.82	Long QT Syndrome	304 LIFE-THREATENING CARDIAC ARRHYTHMIAS 376 CARDIAC ARRHYTHMIAS	DMAP is requesting that 426.82 pair with 33249 - Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber. Currently, 426.82 is on line 376. The defibrillator CPT codes are on line 304. Long QT syndrome can lead to ventricular fibrillation and sudden death. A standard treatment in the literature is an implantable defibrillator.	Add 426.82 to line 304 Remove 426.82 from line 376
31780-31781	Excision tracheal stenosis and anastomosis	49 CONGENITAL AIRWAY OBSTRUCTION WITH OR WITHOUT CLEFT PALATE	DMAP is requesting that 31781 pair with 519.19 Other diseases of trachea and bronchus. 519.19 includes tracheal stenosis as a subdiagnosis. 31781 and similar code 31780 are on lines 91, 308, 448.	Add 31780 and 31781 to line 49

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
20680	Removal of support implant	467 MALUNION AND NONUNION OF FRACTURE	DMAP is requesting that 20680 be paired with 733.82 Nonunion of a Fracture. There are other removal CPT codes on line 467. 20680 is on multiple lines on the List.	Add 20680 to line 467
649.0x	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium	6 TOBACCO DEPENDENCE	DMAP is requesting that 649.0x be paired with S9453 Smoking cessation classes. This code is on line 6. 649.0x is on line 1 Pregnancy.	Add 649.0x to line 6
38700	Suprahyoid lymphadenectomy	312 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX	DMAP is requesting that 38700 be paired with 141.9 (Malignant neoplasm of tongue, unspecified) and several other diagnoses which are on line 312. 38700 is currently on lines 220,243,292,597,598.	Add 38700 to line 312
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	216 DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT	DMAP is requesting that 64719 be paired with 955.2 Injury ulnar nerve. 64719 is currently on lines 441,531,550,557.	Add 64719 to line 216
97022	Application of a modality to 1 or more areas; whirlpool	216 DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT	DMAP is requesting that 97022 be paired with 891.2 Open wound of knee, leg (except thigh), and ankle with tendon involvement. 97022 is on more than 50 lines.	Add 97022 to line 216

Straightforward Issues—August, 2013

Code	Code Description	Line(s) Involved	Issue	Recommendation(s)
626.8	Other disorders of menstruation and other abnormal bleeding from female genital tract	446 MENSTRUAL BLEEDING DISORDERS	DMAP is requesting that 626.8 be paired with 58301 Removal of intrauterine device (IUD). 626.8 is currently on line 403 IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM. However, subdiagnoses of this code include “dysfunctional or functional uterine NOS.” This subdiagnosis is more appropriate for line 446 which contains 58301.	Add 626.8 to line 446

GUIDELINE NOTE 88, USE OF PROGESTERONE CONTAINING IUDS FOR NON-CONTRACEPTIVE INDICATIONS

Lines 197,446,495

Intrauterine device (IUD) insertion and removal (CPT 58300 and 58301) are included on these lines for use only with progesterone containing IUDs. These CPT codes are covered only for 1) menorrhagia (ICD-9 626.2, [626.8](#)); 2) for uterine protection in women taking estrogen replacement therapy after premature ovarian failure (ICD-9 256.3) or menopause (ICD-9 627); and 3) for uterine protection in women taking selective estrogen receptor modulators (SERMs).

V55 “Attention to” Codes

Question: should the V55 series of codes be Ancillary or on lines on the Prioritized List?

Question source: DMAP and HERC staff

Issue: Some of the V55 series of codes are currently Ancillary while others are on Prioritized List lines. In an effort to reduce the size of Line Zero, DMAP and HERC staff would like to move the codes in this series that are current Ancillary to line(s) on the Prioritized List. Note: Line 78 has all the relevant procedure codes for placement and care of the ostomies recommended for placement below.

Recommendations:

- 1) Adopt the placements suggested in the table below
- 2) Advise DMAP to remove these codes from the Ancillary List
- 3) Change title of line 78 to **NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS ; ATTENTION TO OSTOMIES**

ICD-9 Code	Code Description	Current Placement	Recommended Placement
V55.0	Attention to tracheostomy	Ancillary	78
V55.1	Attention to gastrostomy	Ancillary	78
V55.2	Attention to ileostomy	Ancillary	78
V55.3	Attention to colostomy	Ancillary	78
V55.4	Attention to other artificial opening of digestive tract	Ancillary	78
V55.5	Attention to cystostomy	78 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS 96 CONGENITAL ANOMALIES OF URINARY SYSTEM 351 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION	78
V55.6	Attention to other artificial opening of urinary tract	78,96,351	78
V55.7	Attention to artificial vagina	380 CONGENITAL ABSENCE OF VAGINA	380
V55.8	Attention to other specified artificial opening	Excluded	78
V55.9	Attention to unspecified artificial opening	Excluded	Excluded

Update to the Genetic Testing Guideline

Issue: NCCN has updated their colorectal cancer screening guideline. The highlighted portions of our current guideline are affected. HERC staff recommends changing the reference to the most current NCCN guideline as found in the packet.

Recommendation:

- 1) Changes to the genetic testing guideline as shown below.
 - a. Changes reference to the V1.2013 (5/13/13) NCCN guideline

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure C.1 unless otherwise specified below.

- A) 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.
 - 1) Services are provided according to the Comprehensive Cancer Network Guidelines.
 - a) Lynch syndrome (hereditary colorectal and endometrial cancer) services (CPT 81292-81300, 81317-81319) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2013 ~~2.2012~~ (4/27/12 5/13/13). www.nccn.org
 - b) BRCA1/BRCA2 testing services (CPT 81211-81217) for women without a personal history of breast and/or ovarian cancer should be provided to high risk women as defined in [GuideLineRef,,3] or as otherwise defined by the US Preventive Services Task Force.
 - c) BRCA1/BRCA2 testing services (CPT 81211-81217) for women with a personal history of breast and/or ovarian cancer and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2011 (4/7/11). www.nccn.org
 - d) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Screening. V. 1.2013 ~~2.2012~~ (4/27/12 5/13/13). www.nccn.org.
 - 2) 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.
 - a) 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.
 - 3) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 has been identified in a family, a single site mutation analysis for that mutation is covered (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81211) analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).
 - 4) Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.
- B) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:
 - 1) CPT 81228, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
 - 2) CPT 81229, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities; plus cytogenetic constitutional microarray analysis for single nucleotide polymorphism (SNP) variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder; only if (a) consanguinity and recessive disease is suspected, or (b) uniparental disomy is suspected, or (c) another mechanism is suspected that is not detected by the copy number variant test alone. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
 - 3) CPT 81243, 81244, Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield of Fragile X is 3.5-10%, this is included because of additional reproductive implications.
 - 4) 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) Related to other tests with specific CPT codes:

- 1) The following tests are not covered:
 - a) CPT 81225, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
 - b) CPT 81226, CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN).
 - c) CPT 81227, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
 - d) CPT 81291, MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
 - e) CPT 81330, SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
 - f) CPT 81350, UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
 - g) CPT 81355, VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)
- 2) The following tests are covered only if they meet the criteria for the Non-Prenatal Genetic Testing Algorithm AND the specified situations:
 - a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
 - b) Diagnostic testing for cystic fibrosis (CF)
 - i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81223, 81222: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.
 - c) Carrier testing for cystic fibrosis
 - i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered.
 - d) CPT 81240. F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should not be covered for adults with idiopathic venous thromboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
 - e) CPT 81241. F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant: Factor V Leiden testing should not be covered for: adults with idiopathic venous thromboembolism; for asymptomatic family members of

patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.

- f) CPT 81256, HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D): Covered for diagnostic testing of patients with elevated transferrin saturation or ferritin levels. Covered for predictive testing ONLY when a first degree family member has treatable iron overload from HFE.
 - g) CPT 81332 SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea. Generic testing or the alpha-1 phenotype test is appropriate if the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.
- 3) Do not cover a more expensive genetic test (generally one with a wider scope or more detailed testing) if a cheaper (smaller scope) test is available and has, in this clinical context, a substantially similar sensitivity. For example, do not cover CFTR gene sequencing as the first test in a person of Northern European Caucasian ancestry because the gene panels are less expensive and provide substantially similar sensitivity in that context.

Complications Involving Need for Vascular Surgery

Question: should all the bypass graft CPT codes be added to the complications of a procedure line (line 308)?

Question source: HERC staff

Issue: DMAP has requested that various bypass procedure codes be added to line 308. Line 308 contains the diagnosis codes 996.1 (Mechanical complication of other vascular device, implant, and graft), 996.62 (Infection and inflammatory reaction due to other vascular device, implant, and graft), and 996.74 (Other complications of internal (biological)(synthetic) prosthetic device, implant, and graft due to other vascular device, implant, and graft). Vascular procedure codes are all located on line 378 ATHEROSCLEROSIS, PERIPHERAL. A subset of these codes are located on line 308. HERC staff has identified many missing codes in the vascular code series which might be paired with the complications diagnosis codes found on line 308.

Recommendations:

- 1) Add all missing “bypass graft, vein” CPT codes to line 308 (CPT code series 35500-35571)
- 2) Add all missing “bypass graft, with other than vein” CPT codes to line 308 (CPT code series 35601-35671)

Epilepsy

Question: Where should various diagnoses of subtypes of epilepsy be placed on the Prioritized List?

Question source: DMAP and HERC staff

Issue: there are currently 2 epilepsy lines on the Prioritized List, one for medical treatment (line 36 EPILEPSY AND FEBRILE CONVULSIONS) and one for surgical treatment (line 182 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS). All of the epilepsy code series (ICD-9 345.x) as well as several other seizure codes are located on line 36. Only some of these codes are located on line 182. DMAP is requesting additional ICD-9 codes be paired with some of the surgical treatments.

On review, petit and grand mal seizures and infantile spasms do not have surgical interventions listed as treatments in the literature. Epilepsia partialis continua is a symptom of another condition, such as a stroke or brain tumor. 345.8x includes cursive and gelastic epilepsy. 345.9x includes epileptic seizures NOS and seizure disorder NOS.

ICD-9 Code	Code Description	Line 36	Line 182	Suggested for addition to line 182
345.1x	Generalized convulsive epilepsy	X	X	
345.2	Petit mal status	X		
345.3	Grand mal status	X		
345.4x	Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures	X	X	
345.5x	Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures	X	X	
345.6x	Infantile spasms	X		
345.7x	Epilepsia partialis continua	X		
345.8x	Other forms of epilepsy and recurrent seizures	X		
345.9x	Epilepsy, unspecified	X		X

Recommendation

- 1) Add 345.9x (Epilepsy, unspecified) to line 182 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS

Coding Specifications for ICD-10 Prioritized List

Question: What will the new coding specifications look like as part of ICD-10 Prioritized List?

Question Source: HERC Staff

Issue: All the coding specifications needed to be updated with ICD-10 codes. Most of these resulted in minor adjustments, but some coding specifications were added or deleted based on refinement of the codes.

HERC Staff Recommendations:

- 1) Approve the following coding specifications with updated codes and placements:

Line 3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS

CPT code 96110 can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes.

- **Changes made:** this will be on Lines 3 and 4 in the interim list

Line:30 TYPE II DIABETES MELLITUS

CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43775 (laparoscopic adjustable gastric banding) are only included on this line as treatment according to the requirements in Guideline Note 8 when paired with:

- 1) a primary diagnosis of E11 (Type II Diabetes with or without complication);
 - 2) a secondary diagnosis of E66.01, E66.09, E66.2, E66.8 or E66.9 (Obesity);
- AND,
- 3) a tertiary diagnosis code of Z68.35-Z68.39 or Z68.4.

- **Changes made:** ICD-10 codes replaced ICD-9 codes

Line:88 DIABETES MELLITUS WITH END STAGE RENAL DISEASE

SPK included for type I diabetes mellitus with end stage renal disease (E10.2),

PAK only included for other type I diabetes mellitus with secondary diagnosis of Z94.0.

- Changes made: ICD-10 codes replaced ICD-9 codes

Line: 162 NON-HODGKIN'S LYMPHOMAS

~~Malignant and systemic mastocytosis (202.3) are included on Line 221. Mastocytosis limited to the skin (757.3) resides on Line 688.~~

- Changes made: Delete entire coding specification. This is no longer necessary as ICD-10 allows the distinction between malignant, systemic, and skin mastocytoses.

Line:209 SUPERFICIAL ABSCESSSES AND CELLULITIS

Spastic dysphonia (478.79) is not included on this line, but on Line 583.

- See separate issue summary .

Line:231 INTESTINAL MALABSORPTION

ICD-10-CM code K90.89 (Other intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.

- Changes made: ICD-10 code replaced ICD-9 code

Line:266 CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS

ICD-10-CM code I87.1 is included on this line for superior vena cava syndrome only.

- Changes made: ICD-10 code replaced ICD-9 code

Line:292 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX

ICD-10-CM code D11.0 is included on this line only for parotid gland pleomorphic adenomas.

- Changes made: ICD-10 code replaced ICD-9 code

Line:297 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

Spinal cord stimulation (63655-63688) is not included on this line when paired with G90.5x Complex regional pain syndrome/reflex sympathetic dystrophy.

- Changes made: ICD-10 code replaced ICD-9 code, and “complex regional pain syndrome” descriptor added

Line:312 CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE

Liver-kidney transplant only included on this line for a documented diagnosis of Q44.6 Caroli's disease

- Changes made: ICD-10 code replaced ICD-9 code

Line:331 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION

ICD-10-CM codes N40.1 and N40.3 are only included on this line when post-void residuals are at least 150 cc's.

- Changes made: ICD-10 codes replaced ICD-9 codes

Line:359 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE

Knee arthroscopy (29871, 29873-29876, 29884-29887) is not included on this line

when paired with osteoarthritis/osteoarthrosis of the knee (M17.0-M17.9).

- Changes made: ICD-10 codes replaced ICD-9 codes

Line:364 DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS

Chemodeneration with botulinum toxin injection (CPT 64612-64614) is included on this line only for treatment of blepharospasm (ICD-10-CM G24.5), spasmodic torticollis (ICD-10-CM G24.3), and other fragments of torsion dystonia (ICD-10-CM G24.9).

- Changes made: ICD-10 codes replaced ICD-9 codes

~~Line 440 PREGANEROUS VULVAR CONDITIONS~~

~~ICD-9 701.0 is included on this line only for the diagnosis of lichen sclerosis.~~

- Changes made: Coding specification deleted as now ICD-10 allows for distinction of vulvar lichen sclerosis

Line:449 ADJUSTMENT DISORDERS

ICD-10-CM codes Z71.89, Other specified counseling, and Z63.4 Disappearance and death of family member are only included in this line when identified as secondary diagnoses with a primary diagnosis of F43.8, Other Specified Adjustment Reactions.

- Changes made: ICD-10 codes replaced ICD-9 codes

Spastic Dysphonia

Question: How should spastic dysphonia be handled on the ICD-10 Prioritized List?

Question source: DMAP/HERC staff

Issue: the ICD-10 code for spastic dysphonia is no longer specific (R49.0 Dysphonia). This code includes “hoarseness” and is in the signs and symptoms portion of the coding schema. R49.0 should be Diagnostic, to allow for the diagnostic work up of hoarseness.

J38.3 (Other diseases of vocal cords) can be used for spastic dysphonia. This code could be placed on the current spastic dysphonia line, 583 SPASTIC DYSPHONIA. It also includes various abscess conditions of the vocal cords, and should be included on line 214 SUPERFICIAL ABSCESSSES AND CELLULITIS.

HERC Staff Recommendation

- 1) Advise DMAP to place R49.0 on the Diagnostic List
- 2) Place J38.3 on Line 583 SPASTIC DYSPHONIA and keep on line 214
 - a. Add the following coding specification to lines 214 and 583
 - i. “ICD-10 J38.3 is included on line 214 for treatment of abscesses and cellulitis of the vocal cords; it is included on line 583 for treatment of spastic dysphonia.”
 - b. Delete the current coding specification on line 214
 - i. ~~Spastic dysphonia (478.79) is not included on this line, but on Line 583~~
 - c. Add the following coding specification to line 538
 - i. “R49.0 is located on the Diagnostic List for use for the work-up of hoarseness.”

Section 4:

Coverage Guidances for HERC Review Discussed at May Meeting

CG - Treatment of sleep apnea in adults

Question: How should the Coverage Guidance *Treatment of Sleep Apnea in Adults* be applied to the Prioritized List?

Question source: Health Technology Assessment Subcommittee

Current Prioritized List Status:

Line: 210

Condition: SLEEP APNEA AND NARCOLEPSY (See Guideline Notes 1,27,36,64,65,76)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 278.03,327.20-327.21,327.23-327.29,347.00-347.01,780.51,780.53,780.57

CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140-42160,42820-42836,96150-96154,98966-98969,99051,99060,99070,99078,99201-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

GUIDELINE NOTE 27, SLEEP APNEA

Line 210

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

DRAFT COVERAGE GUIDANCE

Coverage of treatment for Obstructive Sleep Apnea (OSA) in adults should be limited, as follows:

CPAP should be covered initially when all of the following conditions are met:

- 12 week 'trial' period to determine benefit. This period is covered if apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to 15 events per hour, or if between 5 and 14 events with additional symptoms including excessive daytime sleepiness (Epworth Sleepiness Scale score > 10), or documented hypertension, ischemic heart disease, or history of stroke;
- Providers must provide education to patients and caregivers prior to use of CPAP machine to ensure proper use; and
- Positive diagnosis through polysomnogram (PSG) or Home Sleep Test (HST).

CG - Treatment of sleep apnea in adults

CPAP coverage subsequent to the initial 12 weeks should be based on documented patient tolerance, compliance, and clinical benefit. Compliance (adherence to therapy) is defined as use of CPAP for at least four hours per night on 70% of the nights during a consecutive 30 day period.

Coverage of mandibular advancement devices (oral appliances) should be provided.

Intensive weight loss programs (if provided in the benefit package) should be covered for patients with obesity and obstructive sleep apnea.

Surgery for sleep apnea for adults is not recommended for coverage.

Summary

Greater clarification should be added to the Prioritized List guideline on the treatment of sleep apnea. Intensive weight loss is already covered on Line 8. Oral appliances are covered if the diagnosis is above the funding line. There is insufficient evidence on specific surgeries, and the Draft Coverage Guidance has been modified to recommend against coverage of surgery. This is in contrast to the current Prioritized List guideline which allows for coverage of surgery if there is failure of CPAP and an oral appliance.

There is very little data on patient oriented outcomes with the treatment of sleep apnea. There is some evidence of improved sleepiness and quality of life with AHI >15, and a single trial supports improved non-fatal cardiovascular events in those treated with AHI >30 (*see supplemental review of AHI*). The CCO Medical Directors shared strong concerns about coverage limited to evidence-proven indications and when greater efficacy of treatment is to be expected. Based on concerns about the lack of data supporting specific AHI cutoffs for treatment, the Center for Evidence-based Policy provided additional research on the evidence for these cutoffs (*see separate document on supplemental review*).

Excerpted from Supplemental Review on Degree of AHI and Health Outcomes:

Conclusion: Degree of AHI and health outcomes

The only outcomes for which CPAP has proven benefit are improving Epworth sleepiness scale and a number of sleep study parameters, including AHI, arousal index, and oxygen saturation. Treatment with CPAP has not been proven to have an effect on morbidity (heart failure symptoms, blood pressure, HbA1c), although one trial that evaluated non-fatal cardiovascular events did find that the increased risk from an AHI > 30 was eliminated in patients using CPAP. There is some evidence of efficacy for improving quality of life, primarily for those with baseline AHI > 15. While AHI>30 is associated with increased mortality, there is no

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evidence that treatment with CPAP decreases that risk, although the longest study included in the evidence review was 12 months.

HERC Staff Recommendations:

Decide between 3 cutoffs for AHI, Option 1 mirrors HTAS and Medicare language, Option 2 is more restrictive and is based on the supplemental evidence review, Option 3 is the most restrictive and most narrowly tied to the evidence. No current established threshold level for AHI exists that indicates the need for treatment.

1. Replace Guideline Note 27, Sleep Apnea with the following:

GUIDELINE NOTE 27, SLEEP APNEA IN ADULTS

Line 210

Continuous Positive Airway Pressure devices (CPAP) should be covered initially when all of the following conditions are met:

- **CHOOSE Option 1, 2, or 3**

OPTION 1 (*aligns with Medicare*)

12 week 'trial' period to determine benefit. This period is covered if apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to **15** events per hour, **or if between 5 and 14 events with additional symptoms** including excessive daytime sleepiness (Epworth Sleepiness Scale score > 10), or documented hypertension, ischemic heart disease, or history of stroke;

OPTION 2 (*cutoff of 15 aligns with improvement in sleepiness and QOL shown in some studies*)

12 week 'trial' period to determine benefit. This period is covered if apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to **30** events per hour, **or if between 15 and 30 events with additional symptoms** including excessive daytime sleepiness (Epworth Sleepiness Scale score > 10), or documented hypertension, ischemic heart disease, or history of stroke;

OPTION 3 (*aligns with mortality benefit hypothesized by non-treatment studies*)

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12 week 'trial' period to determine benefit. This period is covered if apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) **is greater than or equal to 30 events per hour.**

- Providers must provide education to patients and caregivers prior to use of CPAP machine to ensure proper use; and
- Positive diagnosis through polysomnogram or Home Sleep Test

CPAP coverage subsequent to the initial 12 weeks should be based on documented patient tolerance, compliance, and clinical benefit. Compliance (adherence to therapy) is defined as use of CPAP for at least four hours per night on 70% of the nights during a consecutive 30 day period.

Mandibular advancement devices (oral appliances) are covered.

Intensive weight loss programs for patients who also have obesity are covered on Line 8.

Surgery for sleep apnea for adults is not a covered service.

2) Make the following cpt code changes to reflect intent of removing surgery for sleep apnea from the higher prioritized region of the List:

a. Remove the following cpt codes from line 210 SLEEP APNEA IN ADULTS:

21198, 21199, 21206, and 42145

b. Place 21199 on Line 646 only

Code	Code Description	Current Placement on List	Recommended changes
21198	Osteotomy, mandible	210 SLEEP APNEA AND NARCOLEPSY 646 ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES	Remove from 210
21199	Osteotomy, mandible, with genioglossus advancement	210	Remove from 210, place on 646
21206	Osteotomy, maxilla	210,646	Remove from 210
21685	Hyoid myotomy and suspension	Excluded File	None
42145	Uvulopalatopharyngoplasty	71 CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT,	Remove from 210

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		EXCLUDING TONGUE 210 325 CLEFT PALATE AND/OR CLEFT LIP	
31600	Tracheostomy	11,26,78,100,210,213,214, 233,236,248,268,278 and 6 other lines.	None
41512	Tongue base suspension, permanent suture technique	171 and Excluded File	Exclude File (addressed in Straightforward issues document)
41530	Radiofrequency reduction of the tongue base	Excluded File	None
42299	Unlisted procedure, palate, uvula (use for laser assisted uvulopalatoplasty (LAUP), somnoplasty, palatal implants)	Ancillary File	Add coding specification to Line 210
A4604	Tubing with integrated heating element for use with positive airway pressure device	Ancillary File	None
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Ancillary File	None
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Ancillary File	None
A7035	Headgear used with positive airway pressure device	Ancillary File	None
A7036	Chinstrap used with positive airway pressure device	Ancillary File	None
A7037	Tubing used with positive airway pressure device	Ancillary File	None
A7038	Filter, disposable, used with positive airway pressure device	Ancillary File	None
A7039	Filter, nondisposable, used with positive airway pressure device	Ancillary File	None
A7524	Tracheostoma stent/stud/button, each	Ancillary File	None
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Ancillary File	None
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Ancillary File	None
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Ancillary File	None
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable	Ancillary File	None

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	or nonadjustable, prefabricated, includes fitting and adjustment		
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Ancillary File	None
E0601	Continuous airway pressure (CPAP) device	Ancillary File	None

3) Add coding specification to Line 210

42299 Unlisted procedure, palate, uvula (use for laser assisted uvulopalatoplasty (LAUP), somnoplasty, palatal implants) does not pair on Line 210 with obstructive sleep apnea.

HEALTH EVIDENCE REVIEW COMMISSION (HERC)

DRAFT COVERAGE GUIDANCE: TREATMENT OF SLEEP APNEA IN ADULTS

DRAFT for HERC Meeting Materials 8/8/13

HERC COVERAGE GUIDANCE

Coverage of treatment for Obstructive Sleep Apnea (OSA) in adults should be limited, as follows:

CPAP should be covered initially when all of the following conditions are met:

- 12 week 'trial' period to determine benefit. This period is covered if apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to 15 events per hour, or if between 5 and 14 events with additional symptoms including excessive daytime sleepiness (Epworth Sleepiness Scale score > 10), or documented hypertension, ischemic heart disease, or history of stroke;
- Providers must provide education to patients and caregivers prior to use of CPAP machine to ensure proper use; and
- Positive diagnosis through polysomnogram (PSG) or Home Sleep Test (HST).

CPAP coverage subsequent to the initial 12 weeks should be based on documented patient tolerance, compliance, and clinical benefit. Compliance (adherence to therapy) is defined as use of CPAP for at least four hours per night on 70% of the nights during a consecutive 30 day period.

Coverage of mandibular advancement devices (oral appliances) should be provided.

Intensive weight loss programs (if provided in the benefit package) should be covered for patients with obesity and obstructive sleep apnea.

Surgery for sleep apnea for adults [is not recommended for coverage](#).

RATIONALE FOR GUIDANCE DEVELOPMENT

The HERC selects topics for guideline development or technology assessment based on the following principles:

- Represents a significant burden of disease
- Represents important uncertainty with regard to efficacy or harms
- Represents important variation or controversy in clinical care
- Represents high costs, significant economic impact
- Topic is of high public interest

Coverage guidance development follows to translate the evidence review to a policy decision. Coverage guidance may be based on an evidence-based guideline developed

by the Evidence-based Guideline Subcommittee or a health technology assessment developed by the Health Technology Assessment Subcommittee. In addition, coverage guidance may utilize an existing evidence report produced by one of HERC's trusted sources, generally within the last three years.

EVIDENCE SOURCE

Gleitsmann, K., Kriz, H., Thielke, A., Bunker, K., Ryan, K., Lorish, K., & King, V. (2012). *Sleep apnea diagnosis and treatment in adults*. Produced for the Washington HTA Program. Olympia, WA: Center for Evidence-based Policy, Oregon Health and Science University for the Washington Health Technology Assessment Program. Retrieved September 13, 2012, from http://www.hta.hca.wa.gov/documents/sleep_apnea_final_report.pdf

The summary of evidence in this document is derived directly from this evidence source, and portions are extracted verbatim.

SUMMARY OF EVIDENCE

Clinical Background

Obstructive sleep apnea (OSA) refers to sleep-disordered breathing due to the recurrent collapse of pharyngeal tissues resulting in snoring, fitful sleep, and daytime somnolence. These episodes are characterized by either reduced airflow (hypopnea), or a complete obstruction (apnea), with a subsequent drop in oxygen saturation, interfering with gas exchange. Obstructive sleep apnea is a cause of significant morbidity and mortality and is associated with hypertension, neuropsychological impairment, motor vehicle accidents, stroke, cardiovascular disease, diabetes, and decreased quality of life. The prevalence of OSA is 2 to 7% in the general adult population. Prevalence increases steadily with age, to approximately 20% among people older than age 60. Risk factors for OSA include male gender, age, obesity, airway characteristics, familial/genetic predisposition, smoking, and alcohol consumption. The majority of patients with OSA are asymptomatic, unaware of their sleep disordered breathing and associated health risks.

The diagnosis as well as the treatment of OSA is complicated by the difficulty in defining the syndrome. There is controversy surrounding the parameters to be used in a clinical definition as well as which diagnostic method is most appropriate to detect OSA. The current standard for diagnosing OSA is polysomnography (PSG) administered in a sleep study facility. The frequency of obstructed breathing events (i.e., the apnea-hypopnea index (AHI)), combined with multiple other clinical features of obstruction (e.g., oxygen desaturation, air flow, choking episodes) are recorded during sleep. A diagnosis of OSA is generally made when AHI is greater than or equal to 15 or greater than 5 with noticeable daytime symptoms.

The AHI has variable value as a predictor of clinical outcomes:

- The strength of evidence is high (based on four trials) that high baseline (AHI>30 events/hr or range) AHI is a strong and independent predictor of all-cause mortality over several years of follow-up (2-14 years).
- The association between baseline AHI and the other long-term clinical outcomes is less robust, having been analyzed by only one or two studies:
 - Cardiovascular (CV) disease (studies reported mixed results regarding CV death, but AHI >30 was an independent predictor of nonfatal CV disease).
 - Stroke (one study suggested that the association between AHI and stroke may be confounded by obesity).
 - Hypertension (studies had uncertain conclusions regarding the possible association between AHI and incident hypertension)
 - Non-insulin-dependent diabetes and other metabolic abnormalities (studies reported mixed results that suggested an association between AHI and incident type 2 diabetes which, in one study, was confounded by obesity)
 - Decreased quality of life (a single study found no significant association between AHI and future quality of life [SF-36 after 5 years]).

No current established threshold level for AHI exists that indicates the need for treatment.

There have been various modalities developed to treat OSA, most attempting to reduce the airway obstructive component. Continuous positive airway pressure (CPAP) is the first-line therapy for OSA and opens the airway with compressed air. However, the CPAP machinery required is poorly tolerated and compliance is a major concern. Various oral appliances, which attempt to splint open the airway, have been used as an alternative to CPAP. Surgical procedures, including various surgeries on the oropharyngeal anatomy to alter airway mechanics, are performed to treat OSA. Bariatric surgery may be performed to reduce the volume of obstructive tissues. Other interventions that have been used to treat OSA include: weight loss regimens; smoking cessation; caffeine and alcohol avoidance; positional therapy; oropharyngeal physical therapy to strengthen the musculature and reduce obstruction; arrhythmia treatment for nocturnal bradycardia; complementary and alternative medicine (e.g., acupuncture), and a variety of pharmacologic agents.

Evidence Review

Continuous Positive Airway Pressure

A moderate strength of evidence was found for the effectiveness of treatment of OSA with CPAP. However, there was insufficient evidence to determine which patients CPAP might benefit the most. The reviewed studies report sufficient evidence supporting large improvements in sleep measures with CPAP compared with control (e.g., reducing apnea hypopnea index (AHI), improving symptoms as measured by the Epworth

Sleepiness Scale¹, reducing arousal index, and raising the minimum oxygen saturation). Weak evidence demonstrated no consistent benefit in improving quality of life, neurocognitive measures or other intermediate outcomes. Despite no or weak evidence for an effect of CPAP on clinical outcomes, given the large magnitude of effect on the intermediate outcomes of AHI and Epworth Sleepiness Scale (ESS), the strength of evidence that CPAP is an effective treatment to alleviate sleep apnea signs and symptoms was rated moderate. However, the link between AHI reduction and long term clinical outcomes is not directly proven. There was insufficient evidence regarding most comparisons of various different CPAP devices, including nasal vs. oral, bilevel vs. fixed, flexible bilevel vs. fixed and humidified vs. non-humidified. However, there was a low strength of evidence that C-Flex (a proprietary CPAP technology that reduces the pressure slightly at the beginning of exhalation) is not significantly different than fixed CPAP in compliance or other outcomes, and a moderate strength of evidence that autoCPAP and fixed CPAP result in similar compliance and treatment effects.

Other Treatments for Obstructive Sleep Apnea

Mandibular advancement devices (oral appliances) had moderate strength of evidence supporting their use as an effective treatment for OSA. However, as with CPAP, there was insufficient evidence to indicate which patients might benefit from their use. There was moderate evidence that the use of CPAP is superior to mandibular advancement devices with regard to improved sleep study measures, but weak evidence that there is minimal difference between the two for improving compliance, treatment response, quality of life or neurocognitive measures. There was insufficient evidence to compare the different oral devices, other than mandibular advancement devices.

Six surgical interventions for the treatment of OSA were reviewed (uvulopalatopharyngoplasty [UPPP], laser-assisted uvulopalatoplasty [LAUP], radiofrequency ablation [RFA], and combinations of pharyngoplasty, tonsillectomy, adenoidectomy, genioglossal advancement septoplasty, radiofrequency ablation of the inferior nasal turbinates, or combination nasal surgery) compared to sham, conservative therapy or no treatment. No surgical interventions were compared to each other. Details of each study are presented below:

Back 2009 compared a single session of RFA surgery of the soft palate to sham surgery (simulated surgery with no energy administered). The study included 32 male patients with mild sleep apnea (AHI 5-15 events/hr) and habitual snoring following a failed trial of conservative treatment (weight loss, positional therapy, restriction of alcohol and sedatives). At 4 month followup, no statistically significant difference between groups in AHI, ESS, minimum oxygen saturation, and quality of life [as measured by the Short Form 36 questionnaire (SF-36)] were found.

Koutsourelakis 2008 randomized patients to either nasal surgery (submucous resection of the deviated septum and bilateral resection of inferior turbinates) or sham surgery (simulated nasal surgery under anesthesia). In addition to OSA (defined as AHI \geq 5

¹ A self-administered questionnaire that measures sleep propensity, total score ranges 0-24. Reference range is defined as \leq 10, with 1 point change considered clinically significant. Sensitivity 49% and specificity 80% for detecting OSA using an AHI cutoff of 5 events/hour, based on one high quality study. Coverage Guidance: Treatment of Sleep Apnea in Adults

events/hr), all patients had fixed nasal obstruction due to deviated nasal septum. The study was conducted on 49, predominately male patients with a mean baseline AHI of 31 events/hr. After 4 months followup, the study found no statistically significant difference between groups in AHI or on ESS.

Woodson 2003 conducted a three-arm RCT that included a comparison of multilevel temperature controlled RFA of the soft palate with sham surgery (simulated RFA with no energy delivered). The study was conducted in 51, predominately male patients. Notably, the age of participants between groups was significantly different at baseline. (49 years (RFA) versus 51 years (sham), $P=0.04$). The mean baseline AHI also differed among groups (21 (RFA) versus 15 (sham) events/hr; $P=0.06$, including the CPAP study group). After 8 weeks followup, the study found a significantly greater improvement in sleep quality as measured by Functional Outcomes of Sleep Questionnaire with RFA as compared to sham surgery ($P=0.04$), but no statistically significant difference in AHI, ESS, minimum oxygen saturation, or quality of life as measured by SF-36.

Ferguson 2003 randomized patients to either LAUP or no treatment. In LAUP, the uvula and a specified portion of the palate is vaporized under local anesthesia in an outpatient setting. The goal is to relieve obstruction in patients with mild OSA or snoring. The study included 44 mostly male patients with mild OSA (AHI 10-27 events/hr) and snoring. This study reported disparate followup durations of 15 months in the LAUP group and 8 months in the control group. A statistically significant improvement in AHI was observed following LAUP as compared with no treatment (net change -10.5 events/hr; $P=0.04$). However, there was no statistically significant difference between groups on the ESS or in quality of life as measured by Sleep Apnea Quality of Life Index.

Guilleminault 2008 was reported as a crossover study comparing several surgical combinations to cognitive behavioral therapy in 30 patients with insomnia and mild OSA (mean AHI 10 events/hr). Based on anatomy, disease severity, and comorbidity, patients received combinations of pharyngoplasty, tonsillectomy, adenoidectomy, genioglossal advancement septoplasty, and RFA of the inferior nasal turbinates. Only the first phase of the trial was evaluated. Results showed that surgery led to improvements in AHI (-6.2 events/hr; $P=0.0001$), ESS (-1.1; $P=0.002$), minimum oxygen saturation (4.4 percent; $P=0.0001$) and two other sleep measures as compared to cognitive behavioral therapy.

Lojander 1996 & 1999 compared UPPP with or without mandibular osteotomy to conservative treatment (weight loss, positional therapy, and avoidance of tranquilizers and alcohol at bedtime). The study included 32, predominately male patients with a mean age of 47 years and a mean baseline BMI of 31 kg/m². Baseline Oxygen Desaturation Index ranged from 10 to 72 events/hr. A significant improvement in daytime somnolence (net difference -25 on a visual analogue scale ranging from 0 (no somnolence) to 100 (worst); $P<0.05$) was observed after 12 months; no statistically significant difference was found between groups in cognitive function.

Li 2009, in a nonrandomized prospective study, compared correction of nasal septum and volume reduction of the inferior turbinates to conservative nasal treatments in patients with snoring, nasal obstruction, and OSA. The study included 66 patients, 44 of whom had surgery. The patients were almost all male, with a mean age of 38 years and a mean BMI of 26.2 kg/m². Baseline AHI was 38 events/hr in the surgically treated group and 26 in the conservative treatment group (no significant difference), and baseline ESS was 10.6. The article did not report at what time point follow-up data were collected. The study found a statistically significant difference in ESS, favoring surgery (net difference -3.6; 95 percent CI -6.1, -1.1; P=0.02). The study found no difference in AHI, minimum oxygen saturation or two sleep measures.

Overall there was insufficient evidence with which to evaluate the efficacy of any of these surgical treatments. When each modality was compared to CPAP, the evidence was insufficient to determine their relative merits. No evidence that met inclusion criteria was identified for any other surgical procedures.

Of the other treatments for OSA that were considered, only intensive weight loss programs were an effective treatment in obese patients with OSA with a low strength of evidence. The remainder of the other management modalities (e.g., atrial overdrive pacing, medications, palatal implants, oropharyngeal exercises, tongue-retaining devices with positional alarms either in isolation or in combination, bariatric surgery, acupuncture, and auricular plaster) had insufficient evidence to determine the effects of using them for treatment of OSA.

Compliance with Treatment

Compliance in OSA patients prescribed nonsurgical treatments had moderate strength of evidence that compliance was greater with CPAP use with more severe OSA and insufficient evidence regarding potential predictors of mandibular advancement devices compliance.

The strength of evidence is low for identifying any specific intervention which may improve CPAP compliance. No intervention type (e.g., education, telemonitoring) was more promising than others.

Overall Summary

CPAP is effective for improving sleep measures (e.g., reducing AHI, improving symptoms as measured by the Epworth Sleepiness Scale, reducing arousal index, and raising the minimum oxygen saturation), but there is no evidence of consistent benefit in improving quality of life, neurocognitive measures or other intermediate outcomes. AutoCPAP and fixed CPAP result in similar compliance and treatment effects. Mandibular advancement devices are effective treatment for OSA, although CPAP is superior to mandibular advancement devices with regard to improved sleep study measures. The evidence is insufficient to evaluate the efficacy of all surgical procedures and other treatments except intensive weight loss for obese patients with OSA.

[\[Evidence Source\]](#)

COMMITTEE DELIBERATIONS – HTAS

At the May 21, 2012 meeting, subcommittee members requested to add CMS criteria for CPAP compliance (70% of nights and 4 hours per night). Members requested further information to guide the decision about whether to perform surgery. At its June 25, 2012 meeting the subcommittee added language allowing coverage for surgery under certain conditions, and requested that the report be put out for public comment. On November 26, 2012 the subcommittee reviewed public comment and added a recommendation for coverage for intensive weight loss and the inclusion of the Epworth Sleepiness Scale score > 10 as a requirement for a CPAP trial. It removed the reference to impaired cognition before referring the draft coverage guidance to HERC.

COMMITTEE DELIBERATIONS – VBBS

At its March 14, 2013 meeting, the Value-based Benefits Subcommittee discussed the draft coverage guidance and recommended changing it in order to allow coverage for surgery only after both CPAP and an oral appliance had failed.

HERC DELIBERATIONS

In its review May 9, 2013, the HERC requested that staff consider the evidence around coverage for surgeries, creating a GRADE-informed framework and HERC Guidance Development Framework for this service, as has been done for the newer coverage guidances. These have been added as Appendices A, B and C. They asked that if the recommendation comes down as “not recommended for coverage” that the coverage guidance and associated coverage and prioritization decisions for the Oregon Health Plan, be referred back to VbBS without the coverage guidance returning to HTAS.

PROCEDURES

Continuous positive airway pressure
Uvulopalatopharyngoplasty
Mandibular maxillary osteotomy
Tracheostomy

DIAGNOSES

Obstructive sleep apnea

APPLICABLE CODES

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
327.20	Organic sleep apnea, unspecified
327.21	Primary central sleep apnea

Coverage Guidance: Treatment of Sleep Apnea in Adults

DRAFT for HERC Meeting Materials 8/8/13

4.1b CG Tx Sleep Apnea-Draft-7-8-13.docx

CODES	DESCRIPTION
327.23	Obstructive sleep apnea (adult) (pediatric)
327.27	Central sleep apnea in conditions classified elsewhere
327.29	Other organic sleep apnea
780.5	Sleep disturbance, unspecified
780.51	Insomnia with sleep apnea, unspecified
780.53	Hypersomnia with sleep apnea, unspecified
780.54	Hypersomnia, unspecified
780.57	Unspecified sleep apnea
ICD-9 Volume 3 (Procedure Codes)	
21.31	Nasal surgery (remove polyps)
21.88	Other septoplasty
27.64	Insertion of palatal implant
27.69	Uvulopalatopharyngoplasty
28.2	Tonsillectomy
28.3	Tonsillectomy/adenoidectomy
28.6	Adenoidectomy
31.29	Tracheostomy
93.9	CPAP
CPT Codes	
21198	Osteotomy, mandible
21199	Osteotomy, mandible, with genioglossus advancement
21206	Osteotomy, maxilla
21685	Hyoid myotomy and suspension
31600	Tracheostomy
41512	Tongue base suspension, permanent suture technique
41530	Radiofrequency reduction of the tongue base
42145	Uvulopalatopharyngoplasty
42299	Unlisted procedure, palate, uvula (use for laser assisted uvulopalatoplasty (LAUP), somnoplasty, palatal implants)
HCPCS Codes	
A4604	Tubing with integrated heating element for use with positive airway pressure device
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter, disposable, used with positive airway pressure device
A7039	Filter, nondisposable, used with positive airway pressure device
A7524	Tracheostoma stent/stud/button, each
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or

CODES	DESCRIPTION
	facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
E0601	Continuous airway pressure (CPAP) device

Note: Inclusion on this list does not guarantee coverage

Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

Appendix A. GRADE-Informed Framework

The HERC develops recommendations by using the concepts of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system. GRADE is a transparent and structured process for developing and presenting evidence and for carrying out the steps involved in developing recommendations. There are four elements that determine the strength of a recommendation, as listed in the table below. The HERC reviews the evidence and makes an assessment of each element, which in turn is used to develop the recommendations presented in the coverage guidance box. Balance between desirable and undesirable effects, and quality of evidence, are derived from the evidence presented in this document, while estimated relative costs, values and preferences are assessments of the HERC members.

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Surgery	Uncertain, but no certain benefit, and significant risk of surgery	Very low	Moderate variability	Moderately costly	

*The Quality of Evidence rating was assigned by the primary evidence source, not the HERC Subcommittee

Note: GRADE framework elements are described in Appendix B

Appendix B. GRADE Element Descriptions

Element	Description
Balance between desirable and undesirable effects	The larger the difference between the desirable and undesirable effects, the higher the likelihood that a strong recommendation is warranted. The narrower the gradient, the higher the likelihood that a weak recommendation is warranted
Quality of evidence	The higher the quality of evidence, the higher the likelihood that a strong recommendation is warranted
Resource allocation	The higher the costs of an intervention—that is, the greater the resources consumed—the lower the likelihood that a strong recommendation is warranted
Values and preferences	The more values and preferences vary, or the greater the uncertainty in values and preferences, the higher the likelihood that a weak recommendation is warranted

Strong recommendation

In Favor: The subcommittee is confident that the desirable effects of adherence to a recommendation outweigh the undesirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences.

Against: The subcommittee is confident that the undesirable effects of adherence to a recommendation outweigh the desirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences.

Weak recommendation

In Favor: the subcommittee concludes that the desirable effects of adherence to a recommendation probably outweigh the undesirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences, but is not confident.

Against: the subcommittee concludes that the undesirable effects of adherence to a recommendation probably outweigh the desirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences, but is not confident.

Quality of evidence across studies for the treatment/outcome

High = Further research is very unlikely to change our confidence in the estimate of effect.

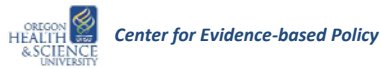
Moderate = Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low = Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low = Any estimate of effect is very uncertain.

Appendix C. HERC Guidance Development Framework

Surgery for treatment of sleep apnea in adults when both CPAP and/or other alternatives (e.g., oral appliances) have failed

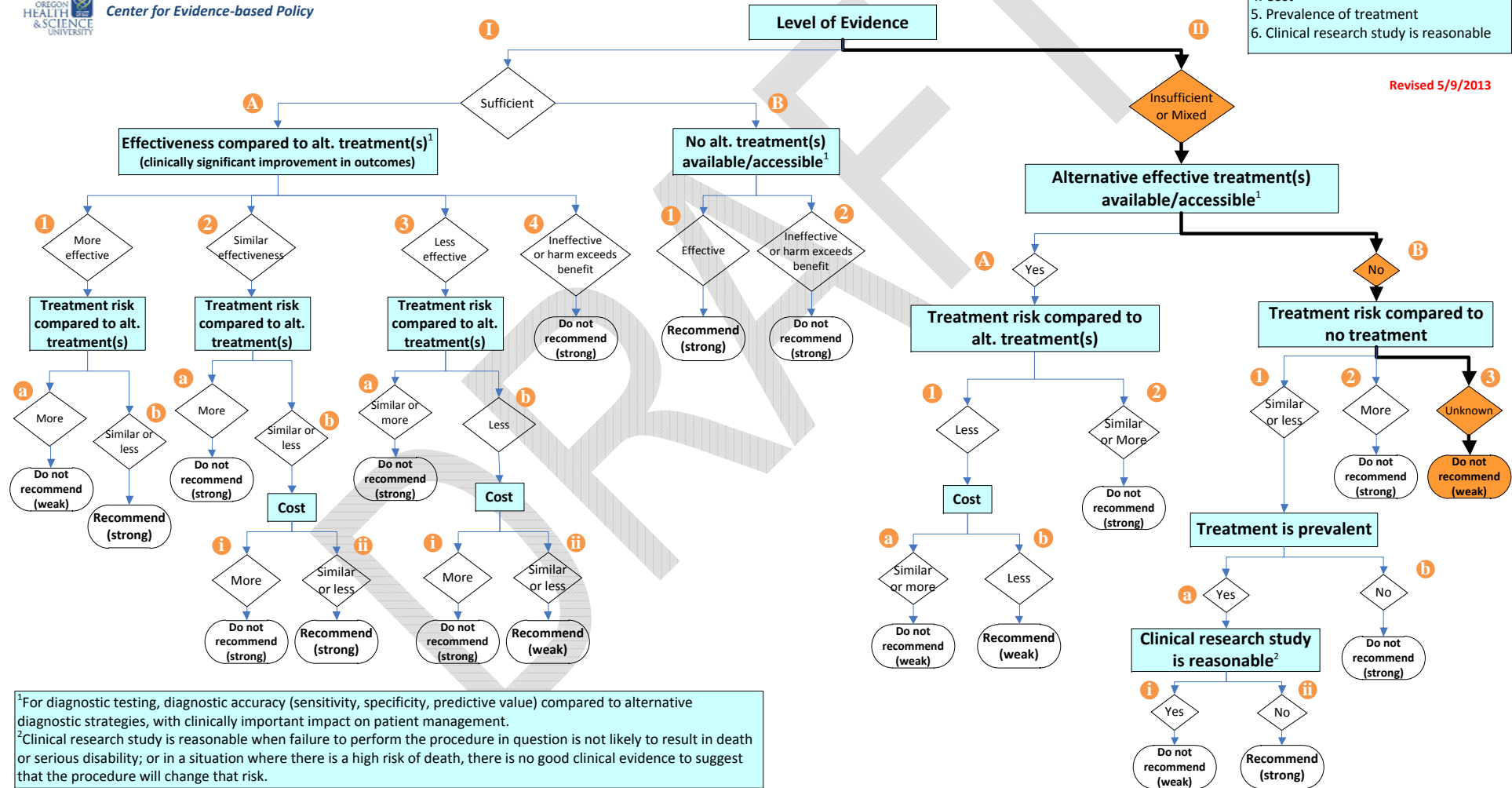


HERC Guidance Development Framework

Refer to HERC Guidance Development Framework Principles for additional considerations

- Decision Point Priorities**
1. Level of evidence
 2. Effectiveness & alternative treatments
 3. Harms and risk
 4. Cost
 5. Prevalence of treatment
 6. Clinical research study is reasonable

Revised 5/9/2013



Supplemental Review of the Washington HTA report in order to further inform the HERC Coverage Guidance on Treatment of Sleep Apnea

Source report: Gleitsmann, K., Kriz, H., Thielke, A., Bunker, K., Ryan, K., Lorish, K., & King, V. (2012). *Sleep apnea diagnosis and treatment in adults*. Produced for the Washington HTA Program. Olympia, WA: Center for Evidence-based Policy, Oregon Health and Science University for the Washington Health Technology Assessment Program

When considering the diagnosis of sleep apnea and the relationship between apnea/hypopnea index (AHI) and long term outcomes, the report limited inclusion criteria to longitudinal studies of at least 500 participants and a minimum of 1 year of follow up. Eleven trials were included in total. Four evaluated AHI as a predictor of mortality, and of those, three evaluated AHI categories (mild, moderate, severe). All found that AHI > 30 had a significant increased risk of death compared to AHI < 5-10. Those with AHI between 10 and 30 had a non-significantly increased risk of death.

Other conditions for which a correlation with AHI has been examined include non-fatal cardiovascular disease, stroke, diabetes and hypertension. There was a significant positive correlation between AHI of > 30 and non-fatal cardiovascular disease in patients not treated with CPAP. A similar correlation was not seen for lower levels of AHI. For stroke, there was no overall increase in incident stroke over 12 years of follow up in patients with AHI > 20. For incident hypertension, results were mixed. One study found that AHI was not an independent predictor of incident hypertension unless BMI was not controlled for in the analysis. The other study found a significant association between any AHI > 0 and the presence of hypertension at 4 and 8 years follow up, with higher AHI having a stronger association. For type 2 diabetes, results were again mixed. One study found no association between AHI and the incidence of diabetes after four years, while another found a significant association after 2.7 years for AHI > 8. There was no association between baseline AHI and quality of life (QOL) in the one study that reported on it after 5 years.

When evaluating the effectiveness of CPAP, a total of 22 trials were included that had a range of baseline AHI of 10 to 65:

- 9 had AHI >5
- 1 AHI > 10
- 7 AHI > 15
- 2 AHI > 20
- 1 AHI > 30
- 2 did not report baseline AHI

Only one of these evaluated an objective clinical outcome, and it found no significant effect of CPAP on CHF symptoms (baseline average AHI 27). When evaluating the Epworth Sleepiness Scale as an outcome, a total of 14 trials were included. Of the seven that included patients with baseline AHI as low as 5, only three found a statistically significant benefit of CPAP on ESS. Of those three, only one had an average baseline AHI for the study population less than 15. All of the studies that were limited to patients with an AHI of at least 15 found statistically significant benefit of CPAP. Improvements in ESS range from 2 to 7 points. Of the 3 trials that allowed AHI as low as 5 and found a significant difference, the improvements in ESS were 3 points (2 trials, average baseline AHI = 19 and 10) and 4 points (average baseline AHI = 27). A 1 point change in ESS is considered clinically significant.

Seven studies evaluated blood pressure; none found statistically significant differences between CPAP and control (minimum baseline AHI ranged from >5 to >30). One evaluated HbA1c and also found no difference (minimum baseline AHI >15).

Ten studies reported on 29 different QOL measures. Overall, 11 measures in 6 trials reached statistical significance. Of those, only one had an average baseline AHI of less than 15 (range for remaining studies was 19 to 58).

Conclusion: Degree of AHI and health outcomes

The only outcomes for which CPAP has proven benefit are improving Epworth sleepiness scale and a number of sleep study parameters, including AHI, arousal index, and oxygen saturation. Treatment with CPAP has not been proven to have an effect on morbidity (heart failure symptoms, blood pressure, HbA1c), although one trial that evaluated non-fatal cardiovascular events did find that the increased risk from an AHI > 30 was eliminated in patients using CPAP. There is some evidence of efficacy for improving quality of life, primarily for those with baseline AHI > 15. While AHI>30 is associated with increased mortality, there is no evidence that treatment with CPAP decreases that risk, although the longest study included in the evidence review was 12 months.

HERC Coverage Guidance – Treatment of Sleep Apnea in Adults Disposition of Public Comments

General Comments

Stakeholder	#	Comment	Disposition
<i>Medical Director, Health Plan Portland, OR</i>	1	Regarding the Coverage Guidance, I have several suggestions for consideration. First would be to enhance the statement regarding excessive daytime sleepiness to require an objective evaluation of daytime sleepiness, presumably the Epworth Sleepiness Scale. This would avoid the subjectivity involved in any statement on the part of provider or DME supplier claiming member has “excessive sleepiness”, without requirement of at least a standardized assessment. Likewise, “impaired cognition” is problematic in its subjectivity, although probably not wise to try and establish a standardized requirement for that condition, as it would likely lead to neuropsych testing requests, which would be of limited value in many cases (particularly if no baseline exists, as would be the case in almost every situation).	Thank you for your comment. Guidance changed to incorporate ESS into coverage guidance box. Eight trials evaluated the effect of CPAP on neurocognitive or psychological tests, all found significant benefit from CPAP. Reference to impaired cognition has been deleted from the guidance box.
	2	It might be of value to consider whether provider needs to test for alcohol use, as recommendations for abstinence from alcohol is a standard recommendation whether or not a patient is using CPAP.	Evidence source does not address this, except to list avoidance of alcohol as the conservative management arm compared to surgery.
	3	It might also be of value to specify that the provider education should cover avoidance of alcohol, avoidance of CNS-affecting medications, and the contribution of obesity to OSA, when applicable. It could even be required to document (by requesting provider) that a review of medications has been performed, focusing on current use of contraindicated medications, and avoidance of them in the future.	Evidence source does not address this, except to list weight loss, positional therapy, and avoidance of alcohol and sedatives as the conservative management arm compared to surgery. Regarding obesity, three trials of weight loss interventions (primarily diets) found a significant improvement in AHI, ESS and O2 saturation. Regarding provider education, 9 studies evaluated extra support or education to improve compliance with CPAP, however results were inconsistent. Counseling regarding weight loss has been added to the guidance box.
	4	I also believe the literature suggests that compliance with CPAP can be predicted in most cases by usage in the first few weeks, if not sooner. Is there need to have the trial period be 12 weeks-that would seem to be excessive, and given the likely high rate of non-compliance, is a 3 month trial necessary? It seems not, and a significant cost to the system. A shorter trial period might also promote the DME supplier to ensure member awareness of compliance requirements. I would propose a two-stage trial period-the first of 4-6 weeks to establish compliance, and if that first criteria is met, a second criteria at 12-16 weeks to evaluate for effectiveness.	The evidence source identified 5 studies that evaluated predictors of compliance, which included higher AHI, higher ESS score, younger age, snoring, lower CPAP pressure, higher BMI, higher mean oxygen saturation. One of those trials evaluated compliance at 4 weeks and found the only significant predictor to be high baseline AHI. There was a small (3%) decrease in the number of patients compliant with CPAP use between 4 weeks and 12 weeks. No other trials evaluated compliance or predictors of compliance at 4-6 weeks.

HERC Coverage Guidance – Treatment of Sleep Apnea in Adults Disposition of Public Comments

Stakeholder	#	Comment	Disposition
	5	It also might be helpful to objectify “effectiveness” or clinical benefit if possible. Thank you for your consideration.	Effectiveness is explained in the text, as follows: “sufficient evidence supporting large improvements in sleep measures with CPAP compared with control (e.g., reducing apnea hypopnea index (AHI), improving symptoms as measured by the Epworth Sleepiness Scale, reducing arousal index, and raising the minimum oxygen saturation). Weak evidence demonstrated no consistent benefit in improving quality of life, neurocognitive measures or other intermediate outcomes.”
<i>Industry</i> Location Unknown	6	In response to the draft coverage guidance: Treatment of sleep apnea in adults, I guess my first response would be; is this the full policy? It appears that it may be a summary of medical necessity but does not have guidelines which currently exist in this policy such as when to bill for the sale of the item. For example the current policy has has "a three month trial (rental) period for CPAP is required prior to purchase", the draft does not mention a change in therapy, existing policy states "If a CPAP device was used more than three months and the client is switched to a RAD, then the clinical re-evaluation would occur between the 61st and 91st day following initiation of the RAD".	This document provides general guidance only. Specific implementation of the policy is left to individual payers.
	7	I guess my overall confusion is what is the reasoning for the "draft" is it just in terms of medical appropriateness and nothing further or is the "draft" intended to replace the current rule? If it is intended to replace the current rule it appears to be missing many factors that are vital to providers. Thank you.	Yes, the intent is to address general medical appropriateness, not to replace the current DMAP rule.

Section 5: CGs Recommended by EbGS Carried Forward from May Agenda

MINUTES

Evidence-based Guidelines Subcommittee

Meridian Park Room
Community Health Education Center, Room 117 B&C
19300 SW 65th Avenue, Tualatin, OR 97062
June 6, 2013
2:00pm - 5:00pm

Members Present: Wiley Chan, MD, Chair; Steve Marks, MD; Beth Westbrook, PsyD; John Sattenspiel (by phone), MD; Eric Stecker, MD; Bob Joondeph, JD (by phone); Som Saha, MD, MPH

Members Absent: Vern Saboe, DC; Leda Garside, RN

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

Also Attending: Alison Little, MD and Shannon Vandegriff (CEBP); Jessie Little (ASU); Paige Hatcher (OHSU), Venus Holder (Lilly), Denise Taray (DMAP), Kevin Pedigo (Lilly)

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

The meeting was called to order at 2:07 p.m. and roll was called. Minutes from the April 4, 2013 EbGS meeting were reviewed and approved.

Action: HERC staff will post the approved minutes on the website as soon as possible.

Coffman introduced John Sattenspiel as a new member of the subcommittee. He's been involved with the HERC's work in his role as medical director of Trillium Community Health Plans.

➤ **Topic: Coverage Guidance Evidence Algorithm revision**

Livingston presented the updated algorithm with added pathways for treatments with insufficient evidence where the harms are unknown.

➤ **Topic: VBBS report on Coverage Guidances**

HERC approved the coverage guidances on Neuroimaging for Headache and Induction of Labor at its May 9, 2013 meeting, after making some minor changes to the

Neuroimaging for Headache coverage guidance for clarity. None of the changes were substantive.

➤ **Topic: Prenatal genetic testing**

Livingston explained that the changes requested by the subcommittee have been incorporated, but there are a couple of items which still need clarification.

Marks noted some confusing language about both CVS and amniocentesis being covered. One woman shouldn't get both tests, but both should be covered under the benefit plan. After brief discussion the subcommittee agreed to change the language to "or."

Marks also asked clarifying questions about Fragile X, requesting clarity about what was family versus personal history. After discussion, the subcommittee changed this to a bulleted list which allowed for more precise language.

Joondeph requested changing the phrase "mental retardation," which has fallen out of favor in the disability community. In addition, 90 percent of positive findings for Down's syndrome result in abortion. This is controversial in the disability community. The subcommittee addressed the former concern by changing the language to "intellectual disability." This change will be made throughout the document except in the evidence section where the language used in the source materials is retained. Livingston said she would confirm with Feist whether the language, "early onset intellectual disability" is correct in the bullet about Fragile X syndrome.

Livingston then reviewed the changes made to the current draft. In the first bullet, pretest genetic counseling was added prior to certain tests after the discussion at the last meeting. Marks asked how we would define pretest genetic counseling. After discussion no changes were made, leaving the decision to health plans. There are only a handful of genetic counselors in the state, and other providers are likely qualified to do this testing.

Livingston said that the language is problematic vis a vis other language in the 6th bullet, which includes allowing for genetic counseling based on maternal request. There is a conflict between a major hospital and a CCO about this. The CCO doesn't cover any genetic counseling, but the hospital recommends it on maternal request. Sattenspiel said he is concerned about the maternal request. He is not aware of another non-indicated procedure that is covered on demand under the Oregon Health Plan. Saha asked where this came from. Little said it came from the Veterans Administration guideline and Livingston said that the experts agreed. Saha said that the VA guidelines aren't always evidence based, especially due to women being a disadvantaged group in the VA.

Westbrook said there could be some benefit if a test came back positive even for a young woman with no risk factors. Saha said the risk of terminating a healthy pregnancy in doing the test is higher than that of having a child with Down's Syndrome.

After discussion, the subcommittee elected not to change this language, but did clarify the indications for CVS and amniocentesis to "family history of inheritable chromosomal disorder or elevated risk of neural tube defect."

Currently genetic counseling is being denied as a response to potential overuse in low-risk individuals. However, CVS and amnio are risky procedures, and should be carefully considered in low risk individuals. Genetic counselors could be helpful there. In general, requests for CVS and amnio in low risk women with negative noninvasive testing are rare, and they would probably be counseled against it, but it wouldn't be refused.

The subcommittee also discussed a change to the bullet for appropriate screening for those with Ashkenazi Jewish heritage. There are now only two conditions listed, but the other conditions are already covered elsewhere. Marks asked whether this could cause confusion and the subcommittee elected to add Tay-Sachs carrier status and cystic fibrosis carrier status to that item.

Livingston reviewed the items not recommended for coverage, and the removal of any recommendation for aneuploidy testing with QF, as this test is not available in the US. In particular, the language for thrombophilia was updated, clarifying that screening for thrombophilia is not recommended either for recurrent pregnancy loss or in the general population.

The subcommittee then moved to the GRADE table for discussion of expanded carrier screening. These tests are marketed by private companies and are less expensive but include information on conditions including baldness and color blindness as well as more serious concerns. Staff recommends coverage for the tests only if results are limited to conditions within the scope of the coverage guidance; for this reason expanded carrier screening has a recommendation for coverage as well as a recommendation for noncoverage. After discussion the group decided adding the word "above" to the recommendation against expanded carrier screening.

Chan asked whether the title should change to reflect the inclusion of preconception testing. After discussion the group decided not to change the title or reorganize the evidence summary.

Action: The draft coverage guidance was approved to be posting for public comment as shown below by a vote of 6-0 with Stecker recusing himself.

HERC COVERAGE GUIDANCE

The following are recommended for coverage (*weak recommendation*):

- Pretest genetic counseling prior to CVS, amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening.
- Validated questionnaire to assess genetic risk in all pregnant women
- Screening high risk ethnic groups for hemoglobinopathies
- Screening for aneuploidy with any of the four screening strategies (integrated, serum integrated, stepwise sequential, and contingency)
- Ultrasound for structural anomalies between 18 and 20 weeks gestation
- CVS or amniocentesis for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
- Array CGH when major fetal congenital anomalies apparent on imaging, and karyotype is normal
- FISH testing only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)
- Screening for Tay-Sachs carrier status in high risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
- Screening for cystic fibrosis carrier status once in a lifetime
- Screening for fragile X status in patients with a personal or family history of
 - fragile X tremor/ataxia syndrome
 - premature ovarian failure
 - unexplained early onset intellectual disability
 - fragile X intellectual disability
 - unexplained autism through the pregnant woman's maternal line adult
- Screening for spinal muscular atrophy once in a lifetime
- Screening those with Ashkenazi Jewish heritage for Canavan disease, familial dysautonomia, Tay-Sachs carrier status and cystic fibrosis carrier status.
- Expanded carrier screening only for those genetic conditions identified above

The following are not recommended for coverage (*weak recommendation*):

- Serum triple screen
- Cell free fetal DNA testing
- Screening for thrombophilia in general population or for recurrent pregnancy loss
- Expanded carrier screening for conditions without explicit recommendations for coverage above

➤ **Topic: ADHD**

Livingston reported that, after extensive research, staff recommends removing both of the highlighted changes to the coverage guidance box. For children under age six, no evidence was found to support interventions other than parent behavioral training,

medication and consultation with teachers. For children age 6 and over, the new language recommends against coverage for behavioral/psychosocial treatment alone and parent behavior training without medication for moderate or severe ADHD. There is almost no evidence to support this recommendation. Livingston said that the evidence is better for medications plus therapy, but a carrier is unlikely to refuse to cover the behavioral therapy because a patient isn't filling prescriptions for medication.

Little reviewed the evidence provided by Westbrook at the previous meeting as described in the meeting materials, starting on page 71 of the PDF.

Saha asked why the SIGN and AAFP reports weren't included. Little said clinical guidelines are generally not included, and AAFP would not be a core source in any event. Livingston said that the brown language that she recommends striking includes the words "moderate or severe" because the SIGN guideline recommends it for mild ADHD.

Saha recommended a minor wording change to avoid the potentially confusing phrase "For children six and over diagnosed." In addition, Livingston suggested removing the words "first line therapy" for the six and over group as there is no second line therapy recommendation.

After brief discussion, the subcommittee approved the coverage guidance without the highlighted language and with the minor wording changes above.

Action:The coverage guidance was approved for referral to HERC by a vote of 7-0, with box language as shown below.

HERC COVERAGE GUIDANCE

Children under Age 6

For children under 6 diagnosed with disruptive behavior disorders¹, including those at risk for ADHD, specific parent behavior training² is recommended for coverage as first-line therapy (*strong recommendation*).

Pharmacotherapy³ is recommended for coverage as a second line therapy (*weak recommendation*).

Provider consultation with teachers is recommended for coverage (*weak recommendation*).

Children Age 6 and Over

For children 6 and over who are diagnosed with ADHD¹, pharmacotherapy³ alone (*weak recommendation*) or pharmacotherapy³ with psychosocial/behavioral treatment (*strong recommendation*) are recommended for coverage.

Provider consultation with teachers is recommended for coverage (*weak recommendation*).

¹ Children with comorbid mental health conditions may require additional or different treatments that are not addressed in this guidance.

² Effective studied types of parent behavior training include: Triple P (Positive Parenting of Preschoolers) Program, Incredible Years Parenting Program, Parent-Child Interaction Therapy and New Forest Parenting Program. The term "parent" refers to the child's primary care givers, regardless of biologic or adoptive relationship.

³ Limited to medications that are FDA-approved for the condition.

➤ **Public Comment:**

Chan offered a public comment period, but no comments were offered.

➤ **Issues for next meeting:**

The next topics are dental radiographs for detection of dental caries. There may be an additional topic, but it can't be announced at this time. If required, the topic will be reviewed by HERC meeting in August first for placement on the future topics list.

➤ **Next meeting:**

The next meeting will be September 12 at 2-5 p.m. Please note this is the second Thursday of the month instead of the first. Livingston will be going on maternity leave and Paige Hatcher will serve in her place at this meeting.

EbGS Coverage Guidance Summaries

Oregon Health Evidence Review Commission

August 8, 2013



Center for Evidence-based Policy

Coverage Guidance

For HERC review and approval:

- Management of Recurrent Acute Otitis Media in Children
- Cervical Cancer Screening
- Coronary Artery Calcium Scoring
- Coronary Computed Tomography Angiography
- Induction of Labor
- Neuroimaging for Headache

Management of Recurrent Acute Otitis Media in Children

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Evidence Summary

- For recurrent AOM, prophylactic antibiotics modestly decrease the number of episodes of AOM, NNT=5
- Pressure equalization (tympanostomy) tubes may reduce the frequency of AOM in the short-term
- Adenoidectomy does not result in a clinically significant decrease in the frequency of AOM

Management of Recurrent Acute Otitis Media in Children

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EbGS Deliberations

- The harms of chronic antibiotics were discussed.
- Major discussion centered around “may” vs. “should”, with the understanding the “may” gives payers more flexibility. The surgical treatment (tubes) was recommended as “may” and prophylaxis as “should”.
- Recurrent was defined.

Management of Recurrent Acute Otitis Media in Children

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VbBS Deliberations

- Minor changes regarding children with specified high risk conditions were included.
- There was minimal discussion.

Management of Recurrent Acute Otitis Media in Children

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HERC Coverage Guidance

- Prophylactic antibiotics should be covered for recurrent acute otitis media.*
- Tympanostomy tubes may be covered for acute otitis media only for recurrent acute otitis media.
- Adenoidectomy or adenotonsillectomy should not be covered for the treatment of recurrent acute otitis media.

**Recurrent acute otitis media is defined here as three or more episodes in six months or four or more episodes in one year.*

Note: Coverage guidance for chronic otitis media with effusion is addressed in a separate document.

Cervical Cancer Screening

Evidence Summary

- Cervical cancer screening initiation reasonable at age 21
- Cytology-based screening
 - Liquid-based cytology does not differ from conventional cytology in sensitivity, specificity, or relative CIN detection
- Women aged 21 to 65 years
 - Screening every 3 years with cytology – reasonable balance between benefits and harms
- Women aged 30 to 65 years
 - HPV testing combined with cytology (co-testing) every 5 years – comparable balance of benefits and harms
- Screening with cytology more often than every 3 years – little additional benefit, large increases in harms

Cervical Cancer Screening

Evidence Summary, cont.

- Women younger than 30 years
 - Screening with HPV testing (alone or in combination with cytology) – little to no benefit, moderate harms
- Treatment of lesions that would otherwise resolve on their own is harmful
 - Can lead to procedures with unwanted side effects
- Triage of women with atypical squamous cells of uncertain significance (ASCUS) cytology to colposcopy
 - Single HPV test has higher sensitivity, similar specificity compared to single repeat cytology
 - No additional benefits when HPV triage is combined with cytology

Cervical Cancer Screening

Evidence Summary, cont.

- HPV not useful for triage of women with low-grade squamous intraepithelial lesion (LSIL) cytology
- Discontinue routine cervical cancer screening:
 - Women > 65 yrs who have had adequate screening with negative results and not otherwise at high risk for cervical cancer
 - Undergone a hysterectomy with cervix removal, unless performed because of cervical cancer

Age Group in Years	Type of Cervical Cancer Screening Covered	Frequency
<21	None	Never
21-29	Cytology alone Mandatory HPV testing (87620-87621) is not covered for women age 21-29	Every 3 years
30-65	Co-testing or cytology alone	Co-testing every 5 years Cytology alone every 3 years
>65	None Unless adequate screening has not been achieved, or it is <20 years after regression or appropriate management of a high-grade precancerous lesion	Never
Women who had hysterectomy with removal of cervix for non-cervical cancer related reasons	None	Never
Women who have abnormal testing	Per ASCCP Guideline, until indicated to resume routine screening	Per ASCCP Guideline, until indicated to resume routine screening

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Women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive) are intended to have screening more frequently than delineated in this guideline.

Cervical Cancer Screening

EbGS Deliberations

- The discussion focused on the new screening intervals and concern that they may be restrictive.
- The committee elected to continue with a recommendation in line with optimal screening.

Cervical Cancer Screening

VbBS Deliberations

- The committee clarified language around co-testing, cessation of screening, and women over age 65.
- The modified GN was approved.

Cervical Cancer Screening

HERC Coverage Guidance

Cervical cancer screening is recommended for coverage in women 21 to 29 years old with cytology alone, every 3 years

- HPV testing with or without cytology is not recommended for coverage

Cervical cancer screening is recommended for coverage in women 30 to 65 years old either with:

- Co-testing every 5 years
- Cytology alone every 3 years

Cervical Cancer Screening

HERC Coverage Guidance, cont.

Cervical cancer screening is not recommended for coverage for the following populations:

- Women less than age 21
- Women who have had a hysterectomy with removal of cervix for non-cervical cancer related reasons (i.e. other than high grade precancerous lesion, CIN 2 or 3, or cervical cancer)
- Women over age 65 who have had adequate prior screening and are not otherwise at high risk of cervical cancer

Cervical cancer screening is recommended for coverage in women over 65 years old

- Until adequate screening is achieved*
- Until 20 years after regression or appropriate management of a high-grade precancerous lesion

Cervical Cancer Screening

HERC Coverage Guidance, cont.

Specific testing considerations:

- Either liquid based cytology or conventional cytology are appropriate and are recommended for coverage.
- HPV testing is not recommended for coverage for further triaging when low-grade squamous intraepithelial lesions or higher are diagnosed.
- Women who have previously had abnormal pap smears should undergo surveillance per ASCCP guideline. Once they have met criteria under that management guideline for returning to routine screening, then this guideline applies.**

** Adequate screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years prior to the cessation of screening, with the most recent test occurring within 5 years.*

*** Management of abnormal cytology and HPV testing is not addressed in this coverage guidance. The United States Preventive Services Task Force refers to the American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology guideline (Saslow 2012) to address management of abnormal results.*

Note: This guidance does not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive).

Coronary Artery Calcium Scoring

Evidence Summary

- CACS for asymptomatic patients
 - No evidence that risk stratification reduces MI or CVD mortality compared with risk stratification and treatment using Framingham scoring alone
- CACS may have diagnostic role in “rule out” of obstructive CAD
 - ED patients with acute chest pain, normal ECGs, and initial cardiac enzymes
 - Outpatients with stable chest pain with low probability of obstructive CAD
- Little data available to support long-term outcomes using CACS

Coronary Artery Calcium Scoring

Evidence Summary, cont.

- CACS not a stand-alone test in clinical practice
- Potential impact of radiation exposure
 - Not adequately addressed in current studies
- UK economic evaluation
 - CACS is most cost-effective test for stable outpatients with low probability of CAD (10-29%), followed by CCTA or invasive angiography
 - Limited applicability to US setting

Coronary Artery Calcium Scoring

EbGS Deliberations

- Discussion centered around potential use in asymptomatic, intermediate-risk patients, however, it was felt that the evidence and pathways for use were insufficient to support a coverage recommendation at this time

Coronary Artery Calcium Scoring

VbBS Deliberations

- The committee made no changes.

Coronary Artery Calcium Scoring

HERC Coverage Guidance

- Coronary artery calcium scoring should not be covered.

Coronary Computed Tomography Angiography

Evidence Summary

- CCTA may have diagnostic role in “rule out” of obstructive CAD
 - ED patients with acute chest pain, normal ECGs, and initial cardiac enzymes
 - Outpatients with stable chest pain with low probability of obstructive CAD
- Cost-effectiveness analyses of CCTA
 - Comparable or less costly than other diagnostic strategies
 - Economic consequences of harms of radiation or further evaluation of incidental findings not considered

Coronary Computed Tomography Angiography

Evidence Summary, cont.

- CCTA use
 - Unclear understanding of use in clinical practice setting and applicability of cost-effectiveness assumptions to clinical practice
 - Not recommended in other patient populations due to unacceptable false positive or false negative results
 - Not evaluated in asymptomatic patients

Coronary Computed Tomography Angiography

EbGS Deliberations

- Coverage for Coronary Computed Tomography Angiography (CCTA) was considered in the ED to speed discharge.
- Evidence of benefit was not considered strong enough to outweigh concerns of harms (radiation exposure, overuse, and accepted pathways for use).

Coronary Computed Tomography Angiography

VbBS Deliberations

- Similar discussions resulted in no change to lack of coverage.

Coronary Computed Tomography Angiography

HERC Coverage Guidance

- Coronary Computed Tomography Angiography is not recommended for coverage.

Induction of Labor

Evidence Summary

- RCTs:
 - Elective induction of labor (EIOL) may decrease risk of Cesarean section (CS), but increase risk of operative delivery
- Observational evidence for EIOL:
 - May increase risk of CS in nulliparous women with unfavorable cervix, and possibly in multiparous women
 - May increase risk of operative delivery
 - EIOL at <39 weeks increases risk of NICU admission for infants
 - Associated with slightly higher birth weights and decreased risk of meconium stained amniotic fluid
 - Strong evidence of net benefit at > 41 weeks and prelabor rupture of membranes

Induction of Labor

Evidence Summary, cont.

- Indications for IOL:
 - Most indications for IOL have insufficient evidence of net benefit or harm
 - Only strong evidence of benefit for gestational age >41 weeks and PROM at term
 - Only evidence of net harm for macrosomia
- Recommendations from experts (ACOG, NICE) generally in agreement – Exceptions:
 - Severe intrauterine growth restriction
 - Maternal diabetes
 - History of precipitous labor (likely reflects differences in the health care delivery system)

Induction of Labor

EbGS Deliberations

- Only harms were identified, for IOL before 39 weeks, in the high quality literature
- Mild and severe preeclampsia at term, and eclampsia (as indications) were moved from weak to strong recommendations
- Breech was not considered because it is not an indication for induction
- The greatest controversy was between 39 and 41 weeks. The final recommendation was weak (in favor) if the cervix is “favorable”, and weak (against) if the cervix is not “favorable” for induction.

Induction of Labor

VbBS Deliberations

- Minimal discussion on indications and contraindications for induction.
- Approved modified coverage guidance

Induction of Labor

HERC COVERAGE GUIDANCE

Induction of labor is recommended for coverage for the following indications (*strong recommendation*):

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis

Induction of Labor

HERC COVERAGE GUIDANCE, cont.

Induction of labor is recommended for coverage for the following indications (*weak recommendation*):

- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥ 6)

Induction of Labor

HERC COVERAGE GUIDANCE, cont.

Induction of labor is not recommended for coverage for the following indications (*weak recommendation*):

- Macrosomia (in the absence of maternal diabetes)
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with an unfavorable cervix (for example, a Bishop score <6)
- Intrauterine growth restriction/Small for gestational age, preterm (without other evidence of fetal compromise)

Induction of labor is not recommended for coverage for the following indications (*strong recommendation*):

- Elective purposes <39 weeks (without a medical or obstetrical indication)

Neuroimaging for Headache

Evidence Summary

- Prevalence of headache: high in adults, children & ER patients
- Prevalence of significant intracranial abnormalities in headache patients: low, occurring in 1-2% of children & adults
 - Exception: subarachnoid hemorrhage in patients presenting to the ER with sudden, severe (thunderclap) headache, prevalence between 3% & 25%
- Red flags with likelihood ratios sufficiently high to be helpful in predicting the presence of significant intracranial abnormalities:
 - Cluster headaches
 - Rapidly increasing headache frequency
 - Headache awakening from sleep
 - Headache with a history of dizziness
 - Lack of coordination
 - Numbness or tingling & an abnormal neurologic examination

Neuroimaging for Headache

Evidence Summary (cont.)

- No individual red flags have likelihood ratios sufficiently low to be helpful in predicting the absence of significant intracranial abnormalities, although some clinical pathways may reach this goal
- No evidence suggests MRI or CT use results in altered management or improved outcomes for patients with headache & a normal neurologic exam

Neuroimaging for Headache

EbGS Deliberations

- The committee chose language from the Scottish Intercollegiate Guidelines Network (SIGN) source document over staff recommendations because it allows for medically appropriate indications
- Wording was also changed to decrease subjectivity
 - Eg. Neck stiffness was changed to nuchal rigidity

Neuroimaging for Headache

VbBS Deliberations

- The committee further edited for clarity, but did not make changes to intent, and approved the diagnostic guideline as modified.

Neuroimaging for Headache

HERC COVERAGE GUIDANCE

- Neuroimaging is not recommended for coverage in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).
- Neuroimaging is recommended for coverage with headache when a red flag* is present.

Neuroimaging for Headache

*The following represent red flag conditions for underlying abnormality with headache:

- new onset or change in headache in patients who are aged over 50
- thunderclap headache: rapid time to peak headache intensity (seconds to 5 min)
- focal neurologic symptoms (e.g. limb weakness)
- non-focal neurological symptoms (e.g. altered mental status)
- abnormal neurological examination
- headache that changes with posture
- headache wakening the patient up
- headache precipitated by physical exertion or Valsalva maneuver (e.g. coughing, laughing, straining)
- patients with risk factors for cerebral venous sinus thrombosis
- jaw claudication
- nuchal rigidity
- new onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
- new onset headache in a patient with a history of cancer
- headache with a history of dizziness, lack of coordination, numbness or tingling
- cluster headache, paroxysmal hemicrania or Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA)

HEALTH EVIDENCE REVIEW COMMISSION (HERC)

COVERAGE GUIDANCE: MANAGEMENT OF RECURRENT ACUTE OTITIS MEDIA IN CHILDREN

DRAFT for HERC Meeting Materials 8/8/13

HERC COVERAGE GUIDANCE

Prophylactic antibiotics should be covered for recurrent acute otitis media.*

Tympanostomy tubes may be covered for acute otitis media only for recurrent acute otitis media.

Adenoidectomy or adenotonsillectomy should not be covered for the treatment of recurrent acute otitis media.

**Recurrent acute otitis media is defined here as three or more episodes in six months or four or more episodes in one year.*

Note: Coverage guidance for chronic otitis media with effusion is addressed in a separate document.

RATIONALE FOR GUIDANCE DEVELOPMENT

The HERC selects topics for guideline development or technology assessment based on the following principles:

- Represents a significant burden of disease
- Represents important uncertainty with regard to efficacy or harms
- Represents important variation or controversy in clinical care
- Represents high costs, significant economic impact
- Topic is of high public interest

Coverage guidance development follows to translate the evidence review to a policy decision. Coverage guidance may be based on an evidence-based guideline developed by the Evidence-based Guideline Subcommittee or a health technology assessment developed by the Health Technology Assessment Subcommittee. In addition, coverage guidance may utilize an existing evidence report produced by one of HERC's trusted sources, generally within the last three years.

EVIDENCE SOURCES

Leach, A.J., & Morris, P.S. (2006). Antibiotics for the prevention of acute and chronic suppurative otitis media in children. *Cochrane Database of Systematic Reviews*, 4(CD004401), 1-70. [Assessed as up-to-date: 5 AUG 2010]. Retrieved September 27, 2012, from <http://summaries.cochrane.org/CD004401/antibiotics-to-prevent-acute-ear-infections-in-children>

McDonald, S., Langton Hewer, C.D., & Nunez, D.A. (2008). Grommets (ventilation tubes) for recurrent acute otitis media in children. *Cochrane Database of Systematic Reviews*, 4(CD 004741), 1-14. [Assessed as up-to-date: 10 JAN 2011]. Retrieved September 27, 2012, from <http://summaries.cochrane.org/CD004741/grommets-ventilation-tubes-for-recurrent-acute-otitis-media-in-children>

Shekelle PG, Takata G, Newberry SJ, Coker T, Limbos M, Chan LS, et al. (2010). *Management of Acute Otitis Media: Update*. Evidence Report/Technology Assessment No. 198. (Prepared by the RAND Evidence-Based Practice Center under Contract No. 290 2007 10056 I). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved September 26, 2012, from <http://www.ncbi.nlm.nih.gov/books/NBK56132/>

The summary of evidence in this document is derived directly from these evidence sources, and portions are extracted verbatim.

SUMMARY OF EVIDENCE

Clinical Background

Acute Otitis Media (AOM) is a viral and/or bacterial infection of the middle ear and represents the most common childhood infection for which antibiotics are prescribed in the United States. A diagnosis of AOM requires 1) a history of acute onset of signs and symptoms, 2) the presence of middle ear effusion, and 3) signs and symptoms of middle-ear inflammation. There is a high rate of spontaneous resolution for AOM, but if left untreated it can occasionally lead to complications such as acute mastoiditis. The optimal duration of antibiotic therapy is not known and varies worldwide from none to 10 days. One recent strategy is to delay antibiotic treatment until symptoms persist or worsen after several days. Recurrent AOM is generally defined as three episodes in the previous six months or four episodes in the prior year, and has been treated with prophylactic antibiotics or pressure equalization tubes (PE tubes).

Evidence Review

Prevention of AOM in patients with recurrent OM – Medical therapy

The AHRQ review was unable to reach definitive conclusions regarding the comparative effectiveness of different antibiotics for AOM in children with recurrent otitis media. For recurrent otitis media, authors relied on an earlier version of the Leach systematic review to conclude that long-term antibiotic administration was found to decrease AOM episodes from 3 to 1.5 for every 12 months of treatment per otitis prone child during active treatment. The authors caution that the potential consequences of long-term treatment need to be considered.

A Cochrane review (Leach 2011) included 17 studies of children at increased risk of AOM. In seven of these, increased risk was defined as three episodes of AOM in the previous six months or four episodes in the previous year. The other studies defined high risk in a variety of ways, but most included prior episodes of AOM. All excluded children with immunodeficiency or craniofacial abnormalities. In this meta-analysis, long-term antibiotics reduced any episode of AOM and the number of episodes of AOM, with approximately five children needing to be treated long-term to prevent one child experiencing AOM. Antibiotics prevented 1.5 episodes of AOM for every 12 months of treatment per child. Long-term antibiotics were not associated with a significant increase in adverse events.

Prevention of AOM in patients with recurrent OM – Surgical therapy

The Cochrane systematic review addressed the effectiveness of tympanostomy tubes in children with recurrent acute otitis media (defined as three or more acute infections in six months, or four or more acute infections in a year). It included only two randomized controlled trials (RCTs) with a total of 176 children (McDonald 2008). Both trials included children under age three who had a history of at least three episodes of AOM in the six months prior to referral. In one trial, the control was no treatment and in the other, it was daily sulfamethoxazole/trimethoprim syrup at 12mg/kg/day. Both trials reported results categorically as “no episodes of AOM” or “one or more episodes of AOM”, and both found that PE tubes reduce the occurrence of AOM at a follow up of six months, with the larger trial that used a no-treatment control reaching statistical significance. There was no follow up in either trial longer than six months, nor were any harms reported.

The AHRQ report included five RCTs that addressed adenoidectomy, with or without tonsillectomy or tympanostomy. One trial compared adenoidectomy to sulfafurazole and found no significant difference, although the trend was toward favoring the drug. Two trials compared adenoidectomy to placebo, and while both favored the procedure, neither reached statistical significance. The same was true for the trial that compared

Coverage Guidance: Management of Recurrent Acute Otitis Media in Children

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adenotonsillectomy to adenoidectomy alone; the trend favored adenotonsillectomy, but results did not reach statistical significance. When adenotonsillectomy was compared to placebo, there was 15% improvement in success rate (defined as no AOM episodes for one year), but given the wide confidence interval, this did not meet the required minimum clinically important difference of 5% adopted by the authors. Lastly, one trial compared adenoidectomy plus PE tubes to PE tubes alone, and found no difference between groups in number of episodes of AOM in the following year. Differences in harms, when reported, were either inconclusive or equivalent.

Overall Summary

For recurrent AOM, prophylactic antibiotics modestly decrease the number of episodes of AOM, with a number needed to treat of five. Pressure equalization tubes may reduce the frequency of acute otitis media in the short-term. Adenoidectomy does not result in a clinically significant decrease in the frequency of AOM.

SUBCOMMITTEE DELIBERATIONS – EbGS

There was a brief discussion about the evidence for treating recurrent acute otitis media.

SUBCOMMITTEE DELIBERATIONS – VbBS

The subcommittee discussed the current Prioritized List guideline was largely in agreement with the coverage guidance. There was further clarification made about individuals who are at higher risk (such as those with Down's syndrome, cleft palate, craniofacial anomalies and with speech and language delay) being able to access tympanostomy tubes because of their higher risk, despite a lack of evidence including these types of conditions. The guideline on tympanostomy tubes in acute otitis media was modified to reflect these discussions.

GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA

Line 394

Tympanostomy tubes (69436) are only included on this line as treatment for 1) recurrent acute otitis media (three or more episodes in six months or four or more episodes in one year) that fail appropriate medical management, 2) for patients who fail medical treatment secondary to multiple drug allergies or who fail two or more consecutive courses of antibiotics, or 3) complicating conditions (immunocompromised host, meningitis by lumbar puncture, acute mastoiditis, sigmoid sinus/jugular vein thrombosis by CT/MRI/MRA, cranial nerve paralysis, sudden onset dizziness/vertigo, need for middle ear culture, labyrinthitis, or brain abscess). Patients with craniofacial anomalies, Down's syndrome, cleft palate, and patients with speech and language delay may be considered for tympanostomy if unresponsive to appropriate medical treatment or having recurring infections (without needing to meet the strict "recurrent" definition above).

PROCEDURE

Placement of pressure equalization tubes

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Antibiotic Pharmacotherapy
 Adenoidectomy
 Adenotonsillectomy

DIAGNOSES

Acute otitis media
 Recurrent acute otitis media

APPLICABLE CODES

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
381.0	Acute nonsuppurative otitis media
381.00	... unspecified
381.01	Acute serous otitis media
381.02	Acute mucoid otitis media
381.03	Acute sanguinous otitis media
381.04	Acute allergic serous otitis media
381.05	Acute allergic mucoid otitis media
381.06	Acute allergic sanguinous otitis media
381.4	Nonsuppurative otitis media, not specified as acute or chronic
382.0	Acute suppurative otitis media
382.00	... without spontaneous rupture of eardrum
382.01	... with spontaneous rupture of eardrum
382.02	... in diseases classified elsewhere
382.4	Unspecified suppurative otitis media
382.9	Unspecified otitis media
315.34	Speech and language developmental delay due to hearing loss
389.00	Conductive hearing loss unspecified
389.03	Conductive hearing loss middle ear
389.05	Conductive hearing loss unilateral
389.06	Conductive hearing loss bilateral
389.08	Conductive hearing loss of combined types
389.2	Mixed conductive and sensorineural hearing loss
389.20	Mixed hearing loss, unspecified
389.21	Mixed hearing loss, unilateral
389.22	Mixed hearing loss, bilateral
389.9	Unspecified hearing loss
ICD-9 Volume 3 (Procedure Codes)	
None	
CPT Codes	
42820	Tonsillectomy and adenoidectomy; younger than age 12
42821	Tonsillectomy and adenoidectomy; age 12 and over

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CODES	DESCRIPTION
42830	Adenoidectomy, primary; younger than age 12
42831	Adenoidectomy, primary; age 12 and over
42835	Adenoidectomy, secondary; younger than age 12
42836	Adenoidectomy, secondary; age 12 and over
69433	Tympanostomy (requiring insertion of ventilating tube, local or topical anesthesia)
69436	Tympanostomy (requiring insertion of ventilating tube, general anesthesia)
69424	Ventilating tube removal requiring general anesthesia
HCPCS Codes	
None	

Note: Inclusion on this list does not guarantee coverage

Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

HERC Coverage Guidance – Management of Recurrent Acute Otitis Media in Children Disposition of Public Comments

General Comments

Stakeholder	#	Comment	Disposition
	1	No public comments were received for this topic.	

HEALTH EVIDENCE REVIEW COMMISSION (HERC)
COVERAGE GUIDANCE: ROUTINE CERVICAL CANCER SCREENING
DRAFT for HERC Meeting Materials 8/8/13

HERC COVERAGE GUIDANCE

Cervical cancer screening is recommended for coverage in women 21 to 29 years old with cytology alone, every 3 years

- HPV testing with or without cytology is not recommended for coverage

Cervical cancer screening is recommended for coverage in women 30 to 65 years old either with:

- Co-testing every 5 years
- Cytology alone every 3 years

Cervical cancer screening is not recommended for coverage for the following populations:

- Women less than age 21
- Women who have had a hysterectomy with removal of cervix for non-cervical cancer related reasons (i.e. other than high grade precancerous lesion, CIN 2 or 3, or cervical cancer)
- Women over age 65 who have had adequate prior screening and are not otherwise at high risk of cervical cancer

Cervical cancer screening is recommended for coverage in women over 65 years old

- Until adequate screening is achieved*
- Until 20 years after regression or appropriate management of a high-grade precancerous lesion

Specific testing considerations:

- Either liquid based cytology or conventional cytology are appropriate and are recommended for coverage.
- HPV testing is not recommended for coverage for further triaging when low-grade squamous intraepithelial lesions or higher are diagnosed
- Women who have previously had abnormal pap smears should undergo surveillance per ASCCP guideline. Once they have met criteria under that management guideline for returning to routine screening, then this guideline applies.**

** Adequate screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years prior to the cessation of screening, with the most recent test occurring within 5 years.*

*** Management of abnormal cytology and HPV testing is not addressed in this coverage guidance. The United States Preventive Services Task Force refers to the American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology guideline (Saslow 2012) to address management of abnormal results.*

Note: This guidance does not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive).

RATIONALE FOR GUIDANCE DEVELOPMENT

The HERC selects topics for guideline development or technology assessment based on the following principles:

- Represents a significant burden of disease
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EVIDENCE SOURCES

Hartmann, K.E., Hall, S.A., Nanda, K., et al. (2002). *Screening for cervical cancer* [Internet]. Rockville, MD: Agency for Healthcare Research and Quality (US). Retrieved September 18, 2012, from <http://www.ncbi.nlm.nih.gov/books/NBK42831/>

Moyer, V.A., & U.S. Preventive Services Task Force. (2012). Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 156, 880-891.

Saslow, D., Solomon, D., Lawson, H.W., Killackey, M., Kulasingam, S.L., Cain, J., et al. (2012). American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA: A Cancer Journal for Clinicians*, 62(3), 147-172. doi: 10.3322/caac.21139. Retrieved October 8, 2012, from <http://www.ncbi.nlm.nih.gov/pubmed/22422631>

Vesco, K.K., Whitlock, E.P., Eder, M., Lin, J., Burda, B.U., Senger, C.A., et al. (2011). *Screening for cervical cancer: A systematic evidence review for the U.S. Preventive Services Task Force*. Evidence Synthesis No. 86. AHRQ Publication No. 11-05156-EF-1. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved September 18, 2012, from <http://www.ncbi.nlm.nih.gov/books/NBK66099/>

The summary of evidence in this document is derived directly from these evidence sources, and portions are extracted verbatim.

SUMMARY OF EVIDENCE

Clinical Background

Cervical cancer remains a significant public health issue, even though the incidence and associated mortality of cervical cancer have continued to decrease in the United States since the introduction of cervical cytology screening programs in the 1950s and 60s. In 1950, the Centers for Disease Control (CDC) – Vital Statistics of the United States reported a death rate of 10.2 per 100,000 for white women, while in 2007 the mortality rate had dropped to 2.2. Incidence varies significantly by age and race/ethnicity.

Cervical cancer does not develop suddenly and is preceded by precancerous changes of the cervix. Precancerous changes of the cervix are histologically defined as cervical intraepithelial neoplasia (CIN) and are identified at varying levels of severity: CIN1, CIN2, and CIN3. The latter includes carcinoma in situ. Progression of neoplasia to invasive cervical cancer is slow. The rate of progression of CIN3 to cancer has recently been estimated as 31.3% in 30 years.

It is well recognized that infection with oncogenic human papilloma virus (HPV) is a necessary, although not sufficient, cause of virtually all cervical cancer. While there are multiple types of HPV, types 16 and 18 alone are responsible for approximately 70% of cervical cancer cases, and HPV is present in 99.7% of cases. The progression from HPV infection to cervical cancer occurs over a series of four steps: 1) HPV transmission, 2) acute HPV infection, 3) persistent HPV infection leading to precancerous changes, and 4) invasive cervical cancer. A high proportion of sexually active women become infected with HPV, but only a small proportion of HPV infections become persistent. Among 4,504 women aged 18 years and older with a cytologic diagnosis of atypical squamous cells of uncertain significance or low-grade squamous intraepithelial lesion, 91% of prevalent HPV infections detected at enrollment cleared within 24 months. These data illustrate that HPV infections are very likely to regress, and persistence of HPV infection is more likely to occur in older women. Numerous analyses, including large cohort studies, have demonstrated that CIN not only progresses, but may also regress. Newer data suggest that CIN1 does not predict any meaningful risk of CIN3.

While it is estimated that around 80% of US women have had cervical cytology screening within the past three years, screening history varies by educational attainment, race/ethnicity, and age. While the great majority of US women have had recent cytology screening, the majority of cervical cancer cases occur in those without such a history.

With regard to screening methods, liquid-based cytology differs from conventional cytology in how the cervical specimen is sent to the cytology laboratory for evaluation. For conventional cytology, the cervical specimen is smeared onto a glass slide immediately after collection and the slide is either sprayed with or placed in fixative. For liquid-based cytology, the sample collected from the cervix is suspended in fixative, then collected by filtration on a membrane, and then transferred onto a microscope slide in a monolayer.

In recent years, high-risk HPV testing has been incorporated into screening and screening triage algorithms, as either a combined test (with cytology, co-test) to determine rescreening interval in women who are cytology negative, or as one possible triage strategy to determine colposcopy. There are many methods available for detecting HPV, including in situ hybridization, polymerase chain reaction, and Hybrid Capture (HC2) technology.

Evidence Review

US Preventive Services Task Force Clinical Considerations

Patient Population under Consideration

This recommendation statement applies to all women who have a cervix, regardless of sexual history. This recommendation statement does not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive).

Screening Tests

The effectiveness of cervical cancer screening observed in the United States over the past several decades is attributed to the use of conventional cytology. Current evidence indicates that there are no clinically important differences between liquid-based cytology and conventional cytology. The USPSTF realizes that the choice of cytology method may not be under the direct control of the clinician and considers cytology screening in appropriate age groups at appropriate intervals to be of substantial net benefit, regardless of method. Human papillomavirus testing with Digene Hybrid Capture 2 (HC2) (Qiagen, Germantown, Maryland) is commonly used in the United States, and both HC2 and polymerase chain reaction– based methods have been evaluated in effectiveness trials. Although alternative HPV detection methods are emerging, the clinical comparability and implications of these methods are not completely understood.

Screening Interval

Screening women aged 21 to 65 years every 3 years with cytology provides a reasonable balance between benefits and harms. Among women aged 30 to 65 years, HPV testing combined with cytology (co-testing) every 5 years offers a comparable balance of benefits and harms and is therefore a reasonable alternative for women in this age group who would prefer to extend the screening interval. Screening with cytology more often than every 3 years confers little additional benefit, with large increases in harms, including additional procedures and assessment and treatment of transient lesions. Treatment of lesions that would otherwise resolve on their own is harmful because it can lead to procedures with unwanted side effects, including the potential for cervical incompetence and preterm labor. Similarly, HPV testing with cytology should not be done more often than every 5 years to maintain a reasonable balance of benefits and harms similar to that seen with cytology alone every 3 years. Among women younger than 30 years, there is adequate evidence that screening with HPV testing (alone or in combination with cytology) confers little to no benefit, and that the harms of HPV testing in this age group are moderate. Therefore, routine screening with HPV in this population is not recommended.

Maintaining the comparability of the benefits and harms of co-testing and cytology alone demands that patients, clinicians, and health care organizations adhere to currently recommended screening intervals, protocols for repeated testing, cytologic thresholds for further diagnostic testing (that is, colposcopy) and treatments, and extended surveillance as recommended by current American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology (ACS/ASCCP/ASCP) guidelines. Women who choose co-testing to increase their screening interval (and potentially decrease testing) should be aware that positive screening results are more likely with HPV-based strategies than with cytology alone and that some women may require prolonged surveillance with additional frequent testing if they have persistently positive HPV results. Because HPV test results may be positive among women who would otherwise be advised to end screening at age 65 years on the basis of previously normal cytology results alone, the likelihood of continued testing may increase with HPV testing. The percentage of US women undergoing co-testing who will have a normal cytology test result and a positive HPV test result (and who will therefore require additional testing) ranges from 11% among women aged 30 to 34 years to 2.6% among women aged 60 to 65 years.

Triage of Women with Atypical Squamous Cells of Uncertain Significance

For the triage of women with atypical squamous cells of uncertain significance cytology to colposcopy, a single HC2 test has a higher sensitivity and similar specificity compared to single repeat cytology at a threshold of atypical squamous cells of uncertain significance for the detection of CIN2+. No additional benefit occurs when HC2 triage is combined with cytology, but this strategy increases false positives. The HC2 does not appear useful for the triage of women with low-grade squamous intraepithelial lesion cytology because such a high proportion of women will test positive. Human papilloma virus testing has few unique harms compared with cytology screening, but a positive HPV test may increase anxiety and distress, in the short-term only.

Timing of Screening

Women Younger Than Age 21 Years

Cervical cancer is rare before age 21 years. The USPSTF found little evidence to determine whether and how sexual history should affect the age at which to begin screening. Although exposure of cervical cells to sexually transmitted HPV during vaginal intercourse may lead to cervical carcinogenesis, the process has multiple steps, involves regression, and is generally not rapid. There is evidence that screening earlier than age 21 years, regardless of sexual history, would lead to more harm than benefit. The harms are greater in this younger age group because abnormal test results are likely to be transient and to resolve on their own; in addition, treatment may have an adverse effect on childbearing.

Women Older Than Age 65 Years

Clinicians and patients should base the decision to end screening on whether the patient meets the criteria for adequate prior testing and appropriate follow-up per established guidelines. The ACS/ASCCP/ASCP guidelines define adequate prior screening as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years before cessation of screening, with the most recent test

occurring within 5 years. They further state that routine screening should continue for at least 20 years after spontaneous regression or appropriate management of a high-grade precancerous lesion, even if this extends screening past age 65 years. The ACS further states that screening should not resume after cessation in women older than age 65 years, even if a woman reports having a new sexual partner.

Women Older Than Age 65 Years Who Have Never Been Screened

Screening may be clinically indicated in older women for whom the adequacy of prior screening cannot be accurately accessed or documented. Women with limited access to care, minority women, and women from countries where screening is not available may be less likely to meet the criteria for adequate prior screening. The USPSTF realizes that certain considerations may support screening in women older than age 65 years who are otherwise considered high risk (such as women with a high grade precancerous lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised).

Assessment of Risk

It is well-established that HPV infection is associated with nearly all cases of cervical cancer. Other risk factors include HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol, and previous treatment of a high-grade precancerous lesion or cervical cancer. Women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion or cervical cancer are not at risk for cervical cancer and should not be screened. Women who had their cervix removed during surgery for ovarian or endometrial cancer are not at high risk for cervical cancer and would not benefit from screening. Clinicians should confirm through review of surgical records or direct examination that the cervix was removed.

Recommendations

These recommendations apply to women who have a cervix, regardless of sexual history. These recommendations do not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive).

- The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. Grade: A Recommendation.
- The USPSTF recommends against screening for cervical cancer in women younger than age 21 years. Grade: D Recommendation.
- The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. Grade: D Recommendation.

- The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. Grade: D Recommendation.
- The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years. Grade: D Recommendation.

Overall Summary

A reasonable age at which to initiate cervical cancer screening in women is age 21. For cytology-based screening, liquid-based cytology does not differ from conventional cytology in sensitivity, specificity, or relative CIN detection. Screening women aged 21 to 65 years every 3 years with cytology provides a reasonable balance between benefits and harms. Among women aged 30 to 65 years, HPV testing combined with cytology (co-testing) every 5 years offers a comparable balance of benefits and harms. Screening with cytology more often than every 3 years confers little additional benefit, with large increases in harms. Among women younger than 30 years, screening with HPV testing (alone or in combination with cytology) confers little to no benefit but has moderate harms. Treatment of lesions that would otherwise resolve on their own is harmful because it can lead to procedures with unwanted side effects, including the potential for cervical incompetence and preterm labor. For the triage of women with atypical squamous cells of uncertain significance cytology to colposcopy, a single HC2 test has a higher sensitivity and similar specificity compared to single repeat cytology, but there are no additional benefits when HC2 triage is combined with cytology. The HC2 is not useful for the triage of women with low-grade squamous intraepithelial lesion cytology. It is reasonable to discontinue routine cervical cancer screening for women older than age 65 years who have had adequate screening with negative results and who are not otherwise at high risk for cervical cancer, and for women who have undergone a hysterectomy in which the cervix was removed, unless it was performed because of cervical cancer.

Age group in years	Type of screening covered	Frequency
<21	None	Never
21-29	Cytology alone Mandatory HPV testing (87620-87621) is not covered for women age 21-29	Every 3 years
30-65	Co-testing* or cytology alone	Co-testing every 5 years Cytology alone every 3 years
>65	None Unless adequate screening** has not been achieved, or it is <20 years after regression or appropriate management of a high-grade precancerous lesion	Never

Age group in years	Type of screening covered	Frequency
Women who have had a hysterectomy with removal of cervix for non-cervical cancer related reasons (i.e. other than high grade precancerous lesion, CIN 2 or 3, or cervical cancer)	None	Never
Women who have abnormal testing	Per ASCCP*** Guideline, until indicated to resume routine screening	Per ASCCP Guideline, until indicated to resume routine screening

*Co-testing is defined as simultaneous cytology and mandatory HPV testing.

** Adequate screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years of the cessation of screening, with the most recent test occurring within 5 years.

*** American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology guideline (Saslow 2012)

Women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive) are intended to have screening more frequently than delineated in this guideline.

SUBCOMMITTEE DELIBERATIONS-EbGS

The Evidence-based Guidelines Subcommittee decided to issue coverage guidances that reflects the optimal intervals of cervical cancer screening. They discussed some concerns about whether specific language about intervals would be overly restrictive, such as in the case when a woman presents to a provider's office a few weeks or months before her screening is due. After consideration, the subcommittee decided to express the desired target interval for screening and to leave such implementation considerations to health plans.

SUBCOMMITTEE DELIBERATIONS-VbBS

The VbBS made a number of clarifying changes to the proposed coverage guidance relating to co-testing, cessation of screening, and women over 65. The Prioritized List was modified with the adoption of the following guideline:

Guideline Note XXX Routine Cervical Cancer Screening

Line 4

Cervical cancer screening is covered on Line 4 for women:

Age group in years	Type of screening covered	Frequency
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<21	None	Never
21-29	Cytology alone Mandatory HPV testing (87620-87621) is not covered for women age 21-29	Every 3 years
30-65	Co-testing* or cytology alone	Co-testing every 5 years Cytology alone every 3 years
>65	None Unless adequate screening** has not been achieved, or it is <20 years after regression or appropriate management of a high-grade precancerous lesion	Never
Women who have had a hysterectomy with removal of cervix for non-cervical cancer related reasons (i.e. other than high grade precancerous lesion, CIN 2 or 3, or cervical cancer)	None	Never
Women who have abnormal testing	Per ASCCP*** Guideline, until indicated to resume routine screening	Per ASCCP Guideline, until indicated to resume routine screening

*Co-testing is defined as simultaneous cytology and mandatory HPV testing.

** Adequate screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years of the cessation of screening, with the most recent test occurring within 5 years.

*** American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology guideline (Saslow 2012)

Women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive) are intended to have screening more frequently than delineated in this guideline.

PROCEDURE

Pap smear
HPV testing

DIAGNOSES

Cervical cancer screening

APPLICABLE CODES

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
V76.2	Special screening for malignant neoplasms; cervix
V73.81	Special screening for viral and chlamydial diseases; human papilloma virus
079.4	Viral and chlamydial infection in conditions classified elsewhere; HPV
795.0	Abnormal PAP smear of cervix and cervical HPV
V70.0	Routine general medical examination at a health care facility
V72.31	Routine gynecological examination
V72.32	Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear
ICD-9 Volume 3 (Procedure Codes)	
None	
CPT Codes	
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician
88142-3	Cytopathology, cervical or vaginal, collected in preservative fluid, manual screening
88147-8	Cytopathology smears, cervical or vaginal
88150-4	Cytopathology slides, cervical or vaginal
88164-7	Cytopathology slides, cervical or vaginal, Bethesda system
88174-5	Cytopathology, cervical or vaginal, collected in preservative fluid, automated screening
87620	Detection infectious agent by probe technique; HPV, direct
87621	Detection infectious agent by probe technique; HPV, amplified
HCPCS Codes	
G0123-4	Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin-layer prep
G0141	Screening cytopathology, cervical or vaginal, requiring interpretation by physician
G0143-5	Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin-layer prep
G0147-8	Screening cytopathology smears, cervical or vaginal

Note: Inclusion on this list does not guarantee coverage

Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

HERC Coverage Guidance – Cervical Cancer Screening Disposition of Public Comments

General Comments

Stakeholder	#	Comment	Disposition
American Cancer Society Cancer Action Network Portland, OR	1	The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy partner of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As such, we support the Health Evidence Review Commission's proposed coverage guidance for cervical cancer screening.	Thank you for taking the time to comment.
	2	<p>The recommendations put forth by the Evidenced-based Guidelines Subcommittee are very similar to the American Cancer Society's guidelines which I've included below:</p> <ul style="list-style-type: none"> • All women should begin cervical cancer screening at age 21 • Women between the ages of 21 and 29 should have a Pap test every 3 years. They should not be tested for HPV unless it is needed after an abnormal Pap test result • Women between the ages of 30 and 65 should have both a Pap test and an HPV test every 5 years. This is the preferred approach, but it is also OK to have a Pap test alone every 3 years • Women over age 65 who have had regular screenings with normal results should not be screened for cervical cancer. Women who have been diagnosed with cervical pre-cancer should continue to be screened • Women who have had their uterus and cervix removed in a hysterectomy and have no history of cervical cancer or pre-cancer should not be screened • Women who have had the HPV vaccine should still follow the screening recommendations for their age group • Women who are at high risk for cervical cancer may need to be screened more often. Women at high risk might include those with HIV infection, organ transplant, or exposure to the drug DES. They should talk with their doctor or nurse 	Thank you for providing this information.
	3	<p>In 2012, it is estimated that 130 women will be diagnosed with cervical cancer in Oregon¹. It is well known that finding the disease at an early stage increases the opportunity for effective treatment and patient survival and we are pleased to see effective preventative and early detection measures being recommended by this committee.</p> <p>Thank you for your time and consideration on this important issue.</p>	Thank you for your comment.

HEALTH EVIDENCE REVIEW COMMISSION (HERC)

DRAFT COVERAGE GUIDANCE: CORONARY ARTERY CALCIUM SCORING

DRAFT for HERC Meeting Materials 8/8/2013

HERC COVERAGE GUIDANCE

Coronary artery calcium scoring (CACS) should not be covered.

RATIONALE FOR GUIDANCE DEVELOPMENT

The HERC selects topics for guideline development or technology assessment based on the following principles:

- Represents a significant burden of disease
- Represents important uncertainty with regard to efficacy or harms
- Represents important variation or controversy in clinical care
- Represents high costs, significant economic impact
- Topic is of high public interest

Coverage guidance development follows to translate the evidence review to a policy decision. Coverage guidance may be based on an evidence-based guideline developed by the Evidence-based Guideline Subcommittee or a health technology assessment developed by the Health Technology Assessment Subcommittee. In addition, coverage guidance may utilize an existing evidence report produced by one of HERC's trusted sources, generally within the last three years.

EVIDENCE SOURCES

Hayes, Inc. (2012). *Coronary artery calcium scoring to assess the risk of coronary artery disease in asymptomatic adults*. Lansdale, PA: Hayes, Inc.

National Institute for Health and Clinical Excellence (NICE). (2010). *Chest pain of recent onset: Assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin*. London: NICE. Retrieved August 31, 2012, from <http://www.nice.org.uk/nicemedia/live/12947/47938/47938.pdf>

U.S. Preventive Services Task Force. (2009). Using Nontraditional Risk Factors in Coronary Heart Disease Risk Assessment 2009. Retrieved August 31, 2012, from <http://www.uspreventiveservicestaskforce.org/uspstf09/riskcoronaryhd/coronaryhdrs.htm>

Washington State Health Care Authority Health Technology Assessment Program. (2009). *Coronary artery calcium scoring (CACS) as a diagnostic test for detection of coronary artery disease*. Olympia, WA: Health Technology Assessment Program. Retrieved August 31, 2012, from <http://www.hta.hca.wa.gov/calscoring.html>

The summary of evidence in this document is derived directly from these evidence sources, and portions are extracted verbatim.

Clinical Background

Coronary artery calcification is part of the development of atherosclerosis. It is an active process that begins as early as the second decade of life and occurs exclusively in atherosclerotic arteries and is absent in the normal vessel wall. A close relationship has been confirmed between the extent of coronary artery calcification and the atherosclerotic plaque burden seen in coronary artery disease (CAD), making calcium a potential marker for diseased arteries.

Coronary calcification is pervasive in patients with confirmed CAD and increases with age. Increasing prevalence of coronary artery calcified plaque parallels the increasing prevalence of coronary atherosclerosis over the lifespan. However, the presence of calcified coronary plaque is not strongly correlated with the extent of histopathologic stenosis. The inner lining of both obstructed and non-obstructed vessels contains coronary artery calcified plaque; therefore, the detection of calcified plaque on cardiac CT is not specific to an obstructive lesion.

Currently, the most common method for determining coronary artery calcium (CAC) score use computed tomography (CT), either electron beam CT or multidetector CT for the detection and quantification of the amount of coronary artery calcium. However, calcification in vessels may be present in both obstructive and nonobstructive lesions and thus, coronary artery calcium is not specific for obstructive CAD.

The role of coronary artery calcium scoring (CACS) as a diagnostic or clinical decision-making tool in symptomatic persons has not been well defined. It is not likely to be a replacement for conventional coronary angiography, which is the gold standard anatomical test for CAD. Some proponents of CACS suggest that it may be most useful in separating persons who are unlikely to have significant coronary artery obstruction from those who should be referred for additional diagnostic testing. From this perspective, those with little or no calcium are less likely to have CAD requiring further evaluation, hospitalization or intervention. Those with a positive CACS are then often referred for stress tests to evaluate myocardial function, perfusion studies and/or invasive conventional coronary angiography and appropriate treatment.

In clinical practice, CACS may be used to determine whether patients presenting with chest pain should have further testing. Coronary artery calcium scoring as a stand-alone diagnostic test, however, is less common. (The more common use appears to be the evaluation of asymptomatic patients.) Coronary artery calcium scoring is increasingly performed in conjunction with CT coronary angiography using multidetector CT.

Electron beam CT and multidetector CT, both used for CACS, expose the patient to ionizing radiation. Potential adverse health effects associated with radiation exposure may be of concern to patients as well as clinicians. Presumably patients with a positive CACS may also have other diagnostic tests that involve ionizing radiation. Thus, radiation exposure related to CACS should be put in the context of additional testing that may be indicated.

Evidence Review

US Preventive Services Task Force Report on Using Nontraditional Risk Factors in Coronary Heart Disease Risk Assessment

The report pertains only to asymptomatic patients, and makes the following recommendations:

Clinicians should use the Framingham model to assess coronary heart disease (CHD) risk and to guide risk-based therapy until further evidence is obtained. Because adding nontraditional risk factors (including CACS) to CHD assessment requires additional patient and clinical staff time and effort, routinely screening with nontraditional risk factors could result in lost opportunities for provision of other important health services of proven benefit.

This recommendation is to be used for those who fall into a 10% to 20% (intermediate) 10-year risk category after being screened for CHD risk by using traditional CHD risk factors. Using a risk assessment tool is a key step in managing CHD risk in patients. One validated method of assessing CHD risk is the Framingham model. Persons with low (<10%) Framingham risk scores do not benefit from aggressive risk factor modification, whereas those with high (>20%) Framingham risk scores do benefit. Examples of persons who fall into the intermediate-risk category include a 60-year-old male smoker with untreated hypertension or a 60-year-old female with untreated hypertension and hyperlipidemia. The current recommendation used the Adult Treatment Panel III Framingham risk calculator (available at <http://hp2010.nhlbihin.net/atp3iii/calculator.asp?usertype.prof>) and does not include diabetic populations.

The USPSTF found no evidence that risk stratification with any nontraditional risk factors including CACS, either independently or in addition to Framingham risk scoring, reduces myocardial infarction or cardiovascular disease mortality compared with risk stratification and treatment on the basis of Framingham scoring alone. Therefore, the USPSTF examined the evidence for the independent and additive predictive value of each nontraditional risk factor in assessing 10-year risk for myocardial infarction and CHD mortality. For those risk factors for which evidence for independent or additive

predictive value is available, the USPSTF evaluated the evidence for the effect such factors may have on recategorizing intermediate-risk persons into low- or high-risk groups.

Regarding CACS, the evidence review found poor- to fair-quality evidence indicating that higher CAC scores on electron beam CT predict CHD events independent of Framingham risk factors, on the basis of a systematic review of eight cohort studies. Three good-quality population cohort studies and five fair-quality studies reported that the highest CAC score groups had significantly greater relative risk estimates than the lowest score groups. Although three of the studies met the technical requirements for a good-quality rating, none of them make a convincing case that CAC adds information about intermediate-risk persons. One of the three included only low-risk persons. Another study, from the Rotterdam Coronary Calcification Study, used self-selected participants who were classified into two categories (10-year Framingham risk of >20% or <20%), and results for the intermediate-risk group (10% to 20%) were therefore not reported separately. Several features of the third study, from the South Bay Heart Watch, limit its applicability to an intermediate risk group. The predictive value of a high CAC score was inconsistent; for example, participants with a Framingham risk score of 11% to 15% and participants with a risk score of 16% to 20% had the same baseline risk (7%). The CAC score also seemed to be imprecise; among participants who had a high CAC score, those with a pretest Framingham risk score of 10% to 15% had a higher posttest risk (19%) than those with a pretest score of 16% to 20%. Finally, participants were potentially self-selected. The five studies rated as fair quality were primarily limited by their use of proxy measures to control for Framingham risk factors or their recruitment of self-selected participants.

In summary, although the eight included studies consistently reported statistically significant relative risks for coronary events with increasing CAC scores, no study uniformly met all three of the following conditions: addressed an intermediate-risk cohort, was population-based or free of selection bias, and appropriately measured or controlled for traditional risk factors.

Hayes Report on Use of CACS in Asymptomatic Adults

The available evidence suggests that CACS adds incremental predictive value over traditional risk factor assessments such as the Framingham Risk Score, particularly among asymptomatic adults at intermediate risk of a CAD event. Among three studies, 20% to 55% of those initially classified as intermediate risk were reclassified once CAC scores were considered. However, it is not yet known whether the addition of CACS to standard risk factor assessment will improve patient-important outcomes (i.e., cardiac events). The one randomized trial comparing scanning with conventional risk factor analysis alone reported that CAC scanning was associated with some improvement in clinical risk factors for CAD, but there was no difference in adverse event rate between the scanned and non-scanned groups. Computed tomography-induced radiation exposure is the single biggest safety concern in relation to CACS.

Washington HTA Report (Coronary Artery Calcium Scoring)

The Washington HTA report addresses the use of CACS in symptomatic patients only.

CACS test characteristics

The role of CACS as a diagnostic test is not clear from the literature and there is no consensus on appropriate thresholds for determining a negative versus positive test. It is not likely to be a replacement for conventional coronary angiography based on test performance characteristics. Some literature suggests that it might be used for triaging symptomatic patients (both stable outpatients, and patients with acute chest pain presenting to the emergency department) and that CACS may reduce the use of conventional coronary angiography.

- A CACS > 0 is highly sensitive (99%, CI = 98% - 99%) for identifying the presence of obstructive CAD, however specificity was only 35%.
- At thresholds of CAC scores ≥ 100 (5 studies) or ≥ 400 (3 studies) the sensitivity is lower (85% and 78% respectively) but specificity is improved (77% and 83%, respectively).

Safety of CACS

The primary safety concerns for CACS relate to radiation exposure and the consequences of incidental findings.

- Radiation exposure
 - To date, no large-scale epidemiologic studies evaluating cancer risk associated with CT in general have been published.
 - There is uncertainty and controversy with regard to the actual risk of low dose radiation. Quantification of risk specific to CACS for an individual patient is not possible.
 - A typical effective dose for CACS is estimated to be 3 mSv (reported range 0.7 -12 mSv) when retrospective and prospective gating are considered together. Exposure is less when scans are prospectively gated. Some experts consider the potential for harm from radiation exposure to be clinically significant particularly given that patients may be likely to have additional tests using radiation.
 - A recent simulation estimating radiation dose and cancer risk suggests that a single scan for CACS may increase lifetime cancer risk. For a single screen at 55 years of age, based on a median effective dose of 2.3 mSv, site-specific estimates for lifetime risk of radiation induced cancer suggest that most cases would be lung cancer (6/100,000 in men, 14/100,000 in women) or breast cancer (4/100,000 in women).
 - The extent to which CACS is an adjunct to coronary CT angiography may increase radiation exposure compared with that for CACS alone.
- Consequences of incidental findings
 - Data from two studies suggests that 7% to 10% of symptomatic persons will have incidental findings during a CT scan for calcium scoring that require

- The follow-up of less serious findings may create patient anxiety in addition to exposing them to the inconvenience, costs and risks of additional testing.

Influence on clinical decision making and patient outcomes

- There is an association between CACS and future events: Patients with higher CACS may experience more cardiac events (e.g. myocardial infarction, revascularization, death) and those with no calcium or low scores may be less likely to have future events. The extent to which CACS truly influences outcomes is unclear, however, since its impact on clinical decision making and treatment is not described.
- While there are a number of studies describing the potential role of CACS as a triage tool for ruling out CAD and identifying those who should have additional testing, none of the studies included a comparison group. If CACS was a perfectly sensitive test, there were no false negatives and some degree of specificity, the benefit of doing CACS as a first test for triage could be estimated in the absence of an explicit comparison group. Without this or a comparison group, it is difficult to assess the incremental benefit of CACS in clinical decision making.

Special populations

- Two moderate quality validation studies in symptomatic diabetic patients suggest that the sensitivity (98-99%) and specificity (25-39%) of CACS for the detection of any calcium is similar to that for general populations from the meta-analysis of Level of Evidence (LoE) I/II studies but that a higher percent (11-25%) of persons with a negative test would have CAD.
- Three moderate quality (LoE II/III) studies described performance characteristics for men and women separately. At a CACS >0, the sensitivities for both groups were 96%-100%. Specificities for women ranged for 41% to 66% and those for men 24% to 57%, somewhat lower. A higher percent (4-11%) of men with a negative test would have CAD compared with women (0-4%). The prevalence of CAD was lower in women (36-47%) compared with men (53-70%). Women present with CAD at an older age (~10 years) than men, which may account for the differences.
- Seven LoE I/II studies explored the relationship of age with test performance characteristics. The prevalence of CAD and presence of calcium increases with age. There are, however somewhat mixed results regarding the extent to which age influences test performance characteristics. While some studies suggest that sensitivity and predictive values go up with increasing age, others suggest that the best sensitivity and specificity may be in middle aged patients (40-60 years).

Economic implications

Coverage Guidance: Coronary Artery Calcium Scoring

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- Two full economic studies and one costing evaluate CACS as a stand-alone test compared with conventional angiography.
- The two moderate quality full economic studies suggest that at a disease prevalence of up to 70%, CACS may be more cost effective than conventional angiography, however incremental cost effectiveness is not described.
- Disease prevalence and CAC score cut-off (and corresponding sensitivity and specificity) appear to influence overall cost-effectiveness.
- Models did not include evaluation of incidental findings and the influence of false-negative and false-positive tests is not clear.
- Coronary artery calcium scoring does not appear to function as a stand-alone test in clinical practice. The potential impact of additional testing done in clinical practice needs to be considered and modeled.
- There is insufficient evidence for conclusions on the long-term cost utility of CACS compared with conventional coronary angiography alone or with regard to other non-invasive tests.

WA HTA Clinical Committee Decision

The WA HTA clinical committee decided against coverage of CACS. Their rationale is outlined below:

- The committee agreed with the evidence report and found that CACS sensitivity and reliability are high for CACS, though specificity is low and like other tests, accuracy is affected by the disease prevalence. While accuracy and reliability are critical, they are only a first step as to whether a test is effective. The committee also agreed that there is no evidence to establish a clinically important threshold: increase in calcium does indicate disease, but the correlation to severity of stenosis is not established – which is key in a disease that is widely prevalent, where serious events occur in some, but are difficult to predict.
- In evaluating effectiveness, the most rigorous question is whether substituting this test, instead of a current diagnostic, results in better treatment and outcomes. In this case, the evidence is insufficient and current clinical practice does not support using this test alone or as a substitute.
- The other diagnostic effectiveness key question discussed by the committee is whether there is evidence that using this test as an added tool to current strategy provides a benefit (clinical or cost). The remaining analysis relate to answering this question.
- One potential use would be in ER where symptomatic patient at low to intermediate risk - could rule out disease. This use would require CACS of 0 value, so the specificity goes down, and at least a 5% group would still receive a negative test, but would have disease. One small retrospective study looked at 4 month follow up on 100 patients in ED where CACS score was taken, along with other tests and concluded that a score of 0 could permit a discharge. CACS studies did not include any RCT or higher quality observational trials to explicitly

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test what different clinical or treatment choices are made. The clinical expert noted that there is usually a need for a functional test to confirm.

- The committee noted that national guidelines do not endorse the use of CACS, though some have permissive statements for use of the test.

NICE Guideline: Chest Pain of Recent Onset

The NICE guideline does not address the use of CACS in patients presenting with acute chest pain. For patients presenting with stable chest pain in the outpatient setting, they make the following recommendations pertaining to CACS:

In people without confirmed CAD, in whom stable angina cannot be diagnosed or excluded based on clinical assessment alone, estimate the likelihood of CAD (see Table 1). Take the clinical assessment and the resting 12-lead ECG [electrocardiogram] into account when making the estimate. Arrange further diagnostic testing as follows:

- If the estimated likelihood of CAD is 61–90%, offer invasive coronary angiography as the first-line diagnostic investigation if appropriate.
- If the estimated likelihood of CAD is 30–60%, offer functional imaging as the first-line diagnostic investigation.
- If the estimated likelihood of CAD is 10–29%, offer CACS as the first-line diagnostic investigation. If the calcium score is:
 - zero, consider other causes of chest pain
 - 1–400, offer 64-slice (or above) CCTA
 - greater than 400, offer invasive coronary angiography.

Table 1. Percentage of people estimated to have coronary artery disease according to typicality of symptoms, age, sex and risk factors

Age (years)	Non-anginal chest pain				Atypical angina				Typical angina			
	Men		Women		Men		Women		Men		Women	
	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi
35	3	35	1	19	8	59	2	39	30	88	10	78
45	9	47	2	22	21	70	5	43	51	92	20	79
55	23	59	4	25	45	79	10	47	80	95	38	82
65	49	69	9	29	71	86	20	51	93	97	56	84

For men older than 70 with atypical or typical symptoms, assume an estimate > 90%.
For women older than 70, assume an estimate of 61–90% EXCEPT women at high risk AND with typical symptoms where a risk of > 90% should be assumed.

Values are percent of people at each mid-decade age with significant coronary artery disease (CAD)¹.
Hi = High risk = diabetes, smoking and hyperlipidaemia (total cholesterol > 6.47 mmol/litre).
Lo = Low risk = none of these three.
The shaded area represents people with symptoms of non-anginal chest pain, who would not be investigated for stable angina routinely.
Note: These results are likely to overestimate CAD in primary care populations. If there are resting ECG ST-T changes or Q waves, the likelihood of CAD is higher in each cell of the table.

Discussion of the evidence for CACS in the NICE guideline is as follows:

Advantages and Disadvantages

The main advantages of calcium scoring are that calcium scanning takes approximately five minutes to perform and interpret, there is minimal radiation exposure (1.5 to 3 mSv) compared with multislice coronary angiography, no contrast material is required, the quantification of plaque (calcium score) enables non invasive temporal tracking of atherosclerosis burden and, although not of direct relevance to the investigation of CAD, it detects significant extra-cardiac findings in 2% to 3% as a coincidental finding. The disadvantages include the following; does not assess whether significant coronary stenoses are present, does not make a functional assessment of myocardial ischaemia, and left ventricular function is not assessed. Although coronary artery calcium is well correlated with total plaque volume or atherosclerotic burden it is not a direct marker of the vulnerable plaque at risk of rupture. However, the greater the calcium score the greater the potential for increased numbers of potentially lipid-rich plaques.

Evidence of Diagnostic Efficacy

No systematic reviews were identified. Ten studies were reviewed in total. With increasing thresholds of Agatston calcium score ranges, (from > 0 to 100, and > 100 in 3 studies, and from > 0 to 100, >100 to 400, and > 400 in 3 studies) the sensitivity decreased and the specificity increased for the detection of significant CAD. No evidence was found for the diagnostic accuracy of coronary calcium scores to diagnose significant CAD in ethnic minority groups in the UK. From economic modelling undertaken for this guideline, there is evidence that for patients with a low pre-test-

¹ Adapted from Pryor DB, Shaw L, McCants CB et al. (1993) Value of the history and physical in identifying patients at increased risk for coronary artery disease. *Annals of Internal Medicine* 118(2),81-90.

probability of CAD (<25%), 64-slice CT coronary angiography preceded by testing using calcium scoring is cost-effective compared to functional testing and invasive coronary angiography.

Economic Evaluations

Of the six economic evaluations included in evidence reviewed for this guideline, only one addressed CACS. Rumberger 1999 compared exercise ECG, stress echocardiography (ECHO), stress thallium and CACS. The incremental analysis showed that electron beam CT using a calcium score threshold of >37, >80 or >168 is cost saving compared with stress ECHO and stress thallium testing. At low to moderate disease prevalence (10% to 20%), electron beam CT using thresholds of >37, >80 or >168 are cost saving compared with exercise ECG. Electron beam CT using a threshold of >0 is cost saving compared with stress thallium testing at 20% CAD prevalence and above.

The NICE guideline authors performed their own economic analysis of a diagnostic strategy that incorporated the use of calcium scoring using 64-slice CT coronary angiography as a precursor to full 64-slice CT coronary angiography. This was done as a way of minimizing the risk of radiation from 64-slice CT coronary angiography, a risk which was not explicitly incorporated into the other models. Results of the base case analysis indicate that for lower risk groups (5% and 20%), the use of calcium scoring as a first line testing strategy is likely to be cost-effective and should be followed by either 64-slice CT coronary angiography alone or with additional invasive coronary angiography as a confirmatory 3rd test. In higher risk populations, (CAD prevalence greater than 40%), a strategy of sending all patients directly to invasive coronary angiography is likely to be cost-effective. The model indicates that MPS with SPECT is excluded through dominance or extended dominance at every level of CAD prevalence. It also indicates that exercise ECG is only cost-effective as a first line investigation strategy at 5% CAD prevalence, but that even in this instance replacing exercise ECG with calcium scoring is likely to improve effectiveness at a reasonable level of additional cost.

Overall Summary

There is no evidence that risk stratification in asymptomatic patients using CACS reduces myocardial infarction or cardiovascular disease mortality compared with risk stratification and treatment on the basis of Framingham scoring alone. Coronary artery calcium scoring may have a diagnostic role in the “rule out” of obstructive CAD in emergency department patients with acute chest pain and normal ECGs and initial cardiac enzymes, and in outpatients with stable chest pain with a low probability of obstructive CAD. However, there is little data available to support long-term outcomes using calcium scoring as a strategy, and it does not appear to function as a stand-alone test in clinical practice. The potential impact of radiation exposure, both from the CACS and from additional testing done to confirm the diagnosis or to evaluate incidental findings, needs to be considered, and current studies do not adequately address these concerns. One economic evaluation suggests that the most cost-effective course of action for stable outpatients with a low probability of CAD (10-29%) is CACS, followed by CCTA if the CACS score is 1-400, or invasive angiography if the score is greater

Coverage Guidance: Coronary Artery Calcium Scoring

DRAFT for HERC Meeting Materials 8/8/13

than 400, however, this was from the perspective of the UK National Health Service, and applicability to the US setting is limited given differences in costs and the non-existence of accepted follow up algorithms.

COMMITTEE DELIBERATIONS-EbGS

Discussion centered around potential use in asymptomatic, intermediate-risk patients, however, it was felt that the evidence and pathways for use were insufficient to support a coverage recommendation at this time.

COMMITTEE DELIBERATIONS-VbBS

The VbBS decided to make no change in the lack of coverage.

PROCEDURE

Electron beam coronary computed tomography
Multidetector coronary computed tomography
Coronary Artery Calcium Scoring

DIAGNOSES

Coronary artery disease
Chest pain

APPLICABLE CODES

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
410	Acute myocardial infarction
411	Other acute and subacute forms of ischemic heart disease
413	Angina pectoris
414	Other forms of chronic ischemic heart disease
786.5	Chest pain
ICD-9 Volume 3 (Procedure Codes)	
87.41	Computed axial tomography of the heart
CPT Codes	
75571	Computed tomography of heart, without contrast, with qualitative evaluation of coronary calcium
HCPCS Codes	
None	

Note: Inclusion on this list does not guarantee coverage

Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

DRAFT

HERC Coverage Guidance – Coronary Artery Calcium Scoring Disposition of Public Comments

General Comments

Stakeholder	#	Comment	Disposition
Society of Cardiovascular Computed Tomography Vienna, VA	1	It appears that the documents the committee reviewed, while appropriate, under-represented the data available regarding coronary calcium. Below please find some additional information related to the indications addressed. As Medicare and other payers including the California Technology Assessment Forum (Blue Cross/Blue Shield Tech Assessment) have made positive determinations in regarding coronary calcium coverage, we would hope you would consider the following information as supplemental. If it pleases the committee, we would be glad to provide a Professor of Medicine to present the data in a scientific forum to help address the specific questions regarding the science	Thank you for taking the time to comment. Medicare coverage policy as reported in the WA HTA report noted no national coverage decision, and a non-coverage local (Washington) coverage decision. We searched the Medicare Coverage Database and identified no positive coverage decision and one non-coverage local coverage decision from Minnesota. The California Technology Assessment Forum has made determinations on cardiac CT angiography, but we are unable to identify a determination on EBCT or CACS, or a BCBS Technology Assessment on those topics.
	2	Below are some specific comments regarding the document and some additional data. UK NICE GUIDELINES The SCCT would like to point out that the UK Guidelines are based upon very large observational cohorts (>1000 patients) and studies of >8 year follow up, not “One small retrospective study looked at 4 month follow up on 100 patients in ED where CACS score was taken, along with other tests and concluded that a score of 0 could permit a discharge.” There are numerous studies documenting efficacy, without the need of a functional test.	EbGS is aware of the literature used by the NICE guidelines, and that their rationale for coverage of CACS is based on a favorable cost-effectiveness evaluation that is specific to the UK healthcare delivery system. The quote identified is directly from the WA HTA clinical committee findings, not from the EbGS. While the WA HTA clinical committee elected to comment on this one study in their findings report, EbGS agrees that there are other larger case series presented and discussed in the WA HTA report. A total of 5 case series that evaluated patients presenting to the ED were identified. Given that none used a control group, the ability to draw conclusions about the impact of CACS on clinical decisions is limited.
	3	Large studies have documented efficacy of CAC in the emergency department and the ability to safely discharge patients. In a study of 1031 patients that presented to the emergency room with chest pain and had a non-ischemic electrocardiogram, normal initial troponin, and no history of CAD, Nabi et al showed that a CAC score of 0 predicted a normal nuclear stress test and excellent short term outcome. ¹ Event rate was 0.3% at 6 months for those persons who had a CAC of zero (>61% of the total cohort).	¹ Nabi is a case series (N=1031) of patients with chest pain suggestive of ischemia without elevated troponin or EKG changes admitted for observation. Outcomes were as described by the commenter. As a case series, it is unclear how this compares with evaluation using other modalities.
	4	Furthermore, there have been studies with up to 8 years outcome after a negative CAC scan in the ED setting (without any functional testing), validating the safety of a CAC test, demonstrating no events in those with zero calcification. ²	² Georgiou 2001 was published before the date of the WA HTA report and the NICE guideline. The EbGS bases their guidance documents on reviews of the literature that utilize the highest standards of evidence-based medicine. Studies are included or excluded based on transparent, reproducible

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			criteria; therefore the EbGS does not investigate individual studies. The EbGS assumes that the conclusions reached by the authors of these reviews weigh all the available evidence in accordance with the principles of evidence based medicine, and does not attempt to re-review the entire body of evidence to reach its own conclusions.
	5	A meta-analysis of 64,873 patients followed over 4.2 years similarly showed a 0.13% annual event rate for patients with 0 CAC scores. ³ This results in a negative predictive power of >99.5% for a score of zero (no detectable CAC) in symptomatic persons, which is higher than other advocated strategies such as stress testing or nuclear imaging in this setting. There are at least 6 prospective studies documenting the efficacy of the use of CAC testing in the ED or acute setting, all documenting the safety and efficacy of using coronary artery calcium in this setting.	<p>³Sarwar 2009 was a systematic review that included a meta-analysis of 7 studies of symptomatic patients (N=3924). Inclusion criteria were broad and without limitations in study design. While not specifically stated, it appears that none of the seven had a control group, making this meta-analysis simply a large case series. It is unclear how CACS compares to evaluation of the symptomatic patient using other modalities.</p> <p>Of those with zero calcium, there was a 1.8% event rate over a mean follow up of 3.5 years. There was a much larger population of asymptomatic participants (71,595). (Unclear what the 64,873 number cited by the commenter refers to.)</p> <p>Citations for the 6 prospective studies not provided.</p>
	6	We would encourage you to consider this indication, given the support of the American Heart Association ⁴ ,	<p>AHA guidelines state the following: “Coronary calcium assessment may be reasonable for the assessment of symptomatic patients, especially in the setting of equivocal treadmill or functional testing (Class IIb, Level of Evidence: B). There are other situations when CAC assessment might be reasonable. CACP measurement may be considered in the symptomatic patient to determine the cause of cardiomyopathy (Class IIb, Level of Evidence: B). Also, patients with chest pain with equivocal or normal ECGs and negative cardiac enzyme studies may be considered for CAC assessment (Class IIb, Level of Evidence: B).”</p> <p>The AHA uses the following classification for their recommendations:</p> <ul style="list-style-type: none"> • Class I: Conditions for which there is evidence, general agreement, or both that a given procedure or treatment is useful and effective. • Class II: Conditions for which there is conflicting evidence, a divergence of opinion, or both about the usefulness/efficacy of a procedure or treatment. • Class IIa: Weight of evidence/opinion is in favor of usefulness/efficacy.

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			<ul style="list-style-type: none"> • Class IIb: Usefulness/efficacy is less well established by evidence/opinion. • Class III: Conditions for which there is evidence, general agreement, or both that the procedure/treatment is not useful/effective and in some cases may be harmful. <p>The AHA uses the following classification for their Level of Evidence</p> <ul style="list-style-type: none"> • Level of Evidence A: Data derived from multiple randomized clinical trials • Level of Evidence B: Data derived from a single randomized trial or nonrandomized studies • Level of Evidence C: Consensus opinion of experts <p>EbGS makes their decisions based on the best available evidence of effectiveness and harms as represented in the source evidence documents, not on the basis of guidelines that are of unknown quality. In addition, the recommendation on the use of CACS is rated class IIb, for which “efficacy is less well established”.</p>
	7	American College of Cardiology ⁵ ,	<p>The ACC consensus statement states the following for symptomatic patients: “In direct-comparison studies, CAC detection in the symptomatic person has been shown to be comparable to nuclear exercise testing in the detection of obstructive CAD. Given the prognostic information that is implicit in exercise capacity, even when it is combined with imaging, fast CT starts with a disadvantage compared with existing modalities in symptomatic patients who can exercise. Anatomic testing, such as cardiac CT (whether with contrast in the form of CT angiography or without contrast, such as CAC assessment), should be relegated to second line testing or considered when functional testing is either not possible or indeterminate.”</p> <p>“Considerable discussion among the group focused on the best and most proper way to assess clinical appropriateness of tests such as CAC measurement <i>since there have been no clinical trials to evaluate the impact of CAC testing on clinical outcomes</i> [italics added] in either symptomatic or asymptomatic patients.”</p>

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Stakeholder	#	Comment	Disposition
			<p>Also: “Is there evidence that coronary calcium measurement is better than other potentially competing tests in intermediate risk patients for modifying cardiovascular disease risk estimate?”</p> <p>In general, CAC measurement has not been compared to alternative approaches to risk assessment in head-to-head studies. This question cannot be adequately answered from available data.”</p> <p>And: “Is there a role of CAC testing in patients with atypical cardiac symptoms?”</p> <p>Evidence indicates that patients considered to be at low risk of coronary disease by virtue of atypical cardiac symptoms may benefit from CAC testing to help in ruling out the presence of obstructive coronary disease. Other competing approaches are available, and most of these competing modalities have not been compared head-to-head with CAC.”</p> <p>EbGS makes their decisions based on the best available evidence of effectiveness and harms as represented in the source evidence documents, not on the basis of guidelines that are of unknown quality.</p>
	8	UK NICE Guidelines and European guidelines ⁶ in this regard.	<p>The NICE guidelines are included in the guidance document; EbGS is aware of their recommendations and that their rationale for coverage of CACS is based on a favorable cost-effectiveness evaluation that is specific to the UK healthcare delivery system.</p> <p>The European guidelines use essentially the same classification system for their recommendations and evidence levels as the AHA. In addition they include suggested wording based on the Class as follows:</p> <ul style="list-style-type: none"> • Class I – Is recommended • Class IIa – Should be considered • Class IIb – May be considered • Class III – Is not recommended

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			<p>Their recommendations are as follows:</p> <p>“Computed tomography for coronary calcium should be considered for cardiovascular risk assessment in asymptomatic adults at moderate risk.” Class IIa Recommendation, Level of Evidence: B, GRADE: Weak</p> <p>EbGS makes their decisions based on the best available evidence of effectiveness and harms as represented in the source evidence documents, not on the basis of guidelines that are of unknown quality.</p>
	9	<p>“The committee noted that national guidelines do not endorse the use of CACS, though some have permissive statements for use of the test.”</p> <p>There are actually several national guidelines that endorse the use of CACS, that perhaps were not made available to the committee.</p>	<p>As above, this is a direct quote from the findings of the WA HTA Clinical Committee. The WA HTA report that served as their evidence source (and was also one of the source documents for this guidance) included guidelines from the following entities:</p> <p>ACCF/AHA 2007 Clinical Expert Consensus document on CACS by CT in global CV risk assessment and in evaluation of patients with chest pain. (see comment #7).</p> <p>AHA Committee on CV Imaging and Intervention: Assessment of coronary artery disease by CCT 2006 (see comment #6).</p> <p>ACC/AHA expert consensus document on EBCT for the diagnosis and prognosis of CAD (2000).</p> <p>American College of Radiology Appropriateness Criteria (2008): CACS received a score of 3 (most appropriate = 9, least appropriate = 1)</p>
	10	<p>The most notable and specific guideline covering this indication is the 2010 ACCF/AHA Guideline for Assessment of Cardiovascular Risk in Asymptomatic Adults: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines.⁷ This statement advocates for the use of coronary calcium testing for intermediate risk asymptomatic persons, as well as for those with diabetes. This was reinforced by another guideline in 2012 from the European Guidelines on cardiovascular disease prevention in clinical practice (version</p>	<p>The ACCF/AHA guideline (2010) referenced by the commenter makes the following recommendations regarding asymptomatic patients:</p> <p>CLASS IIa (is reasonable to perform)</p> <p>1. Measurement of CAC is reasonable for cardiovascular risk assessment in asymptomatic adults at intermediate risk (10% to 20% 10-year risk). (<i>Level of Evidence: B</i>)</p> <p>CLASS IIb (may be considered)</p> <p>1. Measurement of CAC may be reasonable for cardiovascular risk</p>

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Stakeholder	#	Comment	Disposition
		2012). ⁶	<p>assessment in persons at low to intermediate risk (6% to 10% 10-year risk). (<i>Level of Evidence: B</i>) CLASS III: NO BENEFIT (should not be done) 1. Persons at low risk (<6% 10-year risk) should not undergo CAC measurement for cardiovascular risk assessment. (<i>Level of Evidence: B</i>) CLASS IIa (is reasonable to perform) 1. In asymptomatic adults with diabetes, 40 years of age and older, measurement of CAC is reasonable for cardiovascular risk assessment. (<i>Level of Evidence: B</i>) For European guidelines, see comment #8.</p> <p>Class IIb recommendations are used when “efficacy is less well established”.</p> <p>EbGS makes their decisions based on the best available evidence of effectiveness and harms as represented in the source evidence documents, not on the basis of guidelines that are of unknown quality.</p>
	11	In 2010, the ACCF, AHA, and other organizations, including the Society for Cardiovascular Computed Tomography and the American College of Radiology published appropriate use criteria for cardiac CT for selected patient indications. ⁸ They rated calcium scoring as appropriate in patients at low or intermediate risk but uncertain (optional) in high risk patients.	<p>The referenced guideline states, in summary, patients: “Use of noncontrast computed tomography (CT) for calcium scoring was rated as appropriate within intermediate- and selected low-risk patients.”</p> <p>For asymptomatic patients, appropriateness ranged from appropriate to inappropriate depending on global CHD risk estimate. They consider it appropriate for patients at low risk (<10%) with a positive family history of premature CHD, or for patients with intermediate risk (10-20%). Appropriateness was uncertain for high risk asymptomatic patients, and inappropriate for low risk asymptomatic patients (<10%). For symptomatic patients, no appropriateness scores were provided for CACS (only for CCTA).</p> <p>EbGS makes their decisions based on the best available evidence of effectiveness and harms as represented in the source evidence documents, not on the basis of guidelines that are of unknown quality.</p>
	12	The 2007 ACC Expert Consensus document on Coronary Artery Calcium also endorsed the use of CAC testing for asymptomatic persons, stating “CAC scoring has an increasingly high level of quality evidence on its role in	<p>With regard to asymptomatic patients at intermediate risk, the guideline states the following: “The Committee judged that it may be reasonable to consider use of CAC</p>

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		risk stratification of asymptomatic patients. Recent evidence is supportive that measurement of CAC is predictive of CHD death or MI at 3 to 5 years... The accumulating evidence suggests that asymptomatic individuals with an intermediate FRS may be reasonable candidates for CHD testing using CAC as a means of modifying risk prediction and altering therapy.” ⁵	<p>measurement in such patients based on available evidence that demonstrates incremental risk prediction information in this selected (intermediate risk) patient group. This conclusion is based on the possibility that such patients might be reclassified to a higher risk status based on high CAC score, and subsequent patient management may be modified.”</p> <p>Despite the statement cited by the commenter and the theoretical possibility, there remains no firm evidence to support use of CACS “as a means of modifying risk prediction and altering therapy.”</p> <p>EbGS makes their decisions based on the best available evidence of effectiveness and harms as represented in the source evidence documents, not on the basis of guidelines that are of unknown quality.</p>
	13	Furthermore, the 2010 ACC/AHA Guidelines and the 2012 European guidelines both advocate for the test, with Class IIA recommendations for CAC in asymptomatic persons. This is a stronger recommendation than most other tests evaluated, including advanced lipid testing, C-reactive protein testing, homocysteine testing and treadmill testing, all covered services in your system. It is not consistent to reimburse tests with lower recommendations by the ACC/AHA Guidelines without covering CAC in the same setting. There is no standard to show that a diagnostic test should improve outcomes, it is up to the treatment modality to cover the test.	See comments #8 and #10. While the EbGS appreciates the recommendations from the ACC/AHA, they make their decisions based on the best available evidence of effectiveness and harms as represented in the source evidence documents, not on the basis of guidelines that are of unknown quality. In addition, the cost of CACS is substantially higher than the tests mentioned by the commenter, and potentially higher risk given the radiation exposure incurred by the patient. Further, a number of these tests will be evaluated in a subsequent coverage guidance.
	14	Several randomized prospective trials have demonstrated that undergoing CAC testing has resulted in lower event rates or lower Framingham Risk (Eisner study and St Francis Randomized Trial). This documents that those undergoing CAC testing have evidence of improved health status. This is more substantial and validated data than is available for algorithms that involve Framingham risk assessment, lipid testing or other commonly covered tests. Thus again, this test has or exceeds the necessary evidence for coverage, and exceeds that of many other covered tests used in similar context.	Citations not provided, unable to confirm findings.
	15	All current guidelines, from the European Society of Cardiology, ¹ American College of Cardiology and American Heart Association ² , all give coronary artery calcium a Class IIA recommendation for use in asymptomatic modest (intermediate) risk patients. Regarding CAC, the Joint ESC Statement ¹	EbGS disagrees that “all current guidelines” recommend use of CACS in asymptomatic intermediate risk patients, since the USPSTF does NOT recommend use of CACS in asymptomatic patients, regardless of risk.

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		concludes “Although calcium scanning is widely applied today, it is especially suited for patients at moderate risk. The radiation exposure with the properly selected techniques is <1 mSv.” (Class IIa Recommendation).	
	16	<p>The European Working Group made separate guidelines in 2011⁹ also recommending this test in asymptomatic persons at intermediate risk, and made the very succinct statement “In summary, there is overwhelming evidence that coronary calcification represents a strong marker of risk for future cardiovascular events in asymptomatic individuals and has prognostic power above and beyond traditional risk factors.” We agree that demonstrating improved mortality in those undergoing a CAC scan would be optimal, but not practical. The sample size for such a study has been estimated around 100,000 persons. We have no outcome data showing improved mortality or morbidity with ANY cardiac test currently available. There is NO data that exercise treadmill testing, echocardiography, stress imaging or even cardiac catheterization improve outcomes; yet we understand as clinicians the important role they each play. Even total risk assessment (such as calculating Framingham Risk) has not been validated to improve outcomes.³ Thus, the cumulative evidence is very strong supporting CAC testing in the specific population of intermediate risk, and consistent with every published guideline, should be covered and applied in this population.</p> <p>Thank you for your time and consideration.</p>	EbGS agrees that there is no evidence of improved outcomes with the use of CACS, and it has the potential to be more costly and less safe than alternative diagnostic modalities. With regard to asymptomatic patients, EbGS disagrees that “every published guideline” supports coverage, since the USPSTF does NOT recommend use of CACS in asymptomatic patients.

HEALTH EVIDENCE REVIEW COMMISSION (HERC)
COVERAGE GUIDANCE: CORONARY COMPUTED TOMOGRAPHY
ANGIOGRAPHY

DRAFT for HERC Meeting Materials 8/8/13

HERC COVERAGE GUIDANCE

Coronary Computed Tomography Angiography (CCTA) is not recommended for coverage.

RATIONALE FOR GUIDANCE DEVELOPMENT

The HERC selects topics for guideline development or technology assessment based on the following principles:

- Represents a significant burden of disease
- Represents important uncertainty with regard to efficacy or harms
- Represents important variation or controversy in clinical care
- Represents high costs, significant economic impact
- Topic is of high public interest

Coverage guidance development follows to translate the evidence review to a policy decision. Coverage guidance may be based on an evidence-based guideline developed by the Evidence-based Guideline Subcommittee or a health technology assessment developed by the Health Technology Assessment Subcommittee. In addition, coverage guidance may utilize an existing evidence report produced by one of HERC's trusted sources, generally within the last three years.

EVIDENCE SOURCES

Clark, E.E. (2011). *Coronary computed tomographic angiography*. Portland: Center for Evidence-based Policy. Retrieved August 31, 2012, from <http://www.ohsu.edu/xd/research/centers-institutes/evidence-based-policy-center/med/index.cfm>

Institute for Clinical and Economic Review. (2012). *Update on Coronary CT Angiography: New clinical trial evidence*. Boston: Institute for Clinical and Economic Review. Retrieved September 18, 2012, from <http://www.icer-review.org/index.php/Completed-Appraisals/ccta.html>

National Institute for Health and Clinical Excellence (NICE). (2010). *Chest pain of recent onset: Assessment and diagnosis of recent onset chest pain or discomfort of suspected*

cardiac origin. London: NICE. Retrieved August 31, 2012, from <http://publications.nice.org.uk/chest-pain-of-recent-onset-cg95>

Ollendorf, D.A. (2009). *Coronary computed tomographic angiography for the detection of coronary artery disease*. Boston: Institute for Clinical and Economic Review. Retrieved September 18, 2012, from <http://www.icer-review.org/index.php/Completed-Appraisals/ccta.html>

The summary of evidence in this document is derived directly from these evidence sources, and portions are extracted verbatim.

SUMMARY OF EVIDENCE

Clinical Background

Coronary computed tomographic angiography (CCTA) is a diagnostic imaging test that uses a computed tomographic (CT) scanner to non-invasively image the coronary arteries of the heart. Since obstructive coronary artery disease (CAD) is common in the United States (US) adult population and is responsible for most of the heart attacks, the ability to identify stenosis of the coronary arteries in patients with chest pain becomes important. Coronary computed tomographic angiography can be used in place of other intermediate tests such as stress electrocardiogram (ECG), stress nuclear perfusion imaging and stress echocardiography (ECHO) to either increase or decrease the likelihood of CAD as the cause of chest pain. In contrast to CCTA which provides anatomic information about the coronary arteries, these tests evaluate myocardial ischemia (indicators that the heart muscle is not receiving adequate blood flow).

The development of multi-slice CT scanners has led to increased use of CCTA with nearly half of all cardiology practices in the US leasing or owning cardiac CT equipment. Advocates of CCTA recommend it for patients with low to intermediate risk of CAD who present with acute onset of chest pain [primarily in the emergency department (ED) setting] and with stable chest pain suggestive of CAD (primarily in the outpatient setting). Additionally CCTA is being advocated for patients with high risk of CAD and atypical chest pain, evaluation of patients with symptoms after coronary stent placement and screening of asymptomatic patients with high risk of CAD. Both patient selection criteria and equipment capabilities affect the diagnostic efficacy of CCTA. Radiation dose and financial costs for CCTA are significant.

Evidence Review

MED Report (Clark 2011)

Patient and technical factors affect the use and quality of CCTA. Patients selected for CCTA: 1) should not be obese; 2) should not have arrhythmias or heart rates more than 65 beats per minute; 3) should be able to hold their breath for more than 20 seconds; 4) should be able to tolerate a standard dose of contrast material; and 5) should not have significant coronary artery calcifications. Multi-slice CT scanners should have at least 64 slices to perform CCTA adequately. The performance and interpretation of CCTA requires special training, and a minimum of 50 cases per year is recommended to maintain competence in the procedure.

Coronary computed tomographic angiography has a very high sensitivity ($\geq 97\%$) and moderate to moderately high specificity (72-93%) for the detection of coronary artery stenosis, based on moderate quality evidence. A CCTA test sensitivity of 97% means it will detect almost all (97%) of those who have at least one obstructed coronary artery, and only miss 3% of such patients. Thus if the CCTA test is negative it will very likely be a "true negative" and the patients can be sent home. On the other hand, a CCTA test specificity of 72% to 93% means that in a population of patients without obstructive CAD, the test will only be negative 72% to 93% of the time. In the other 7% to 28% of patients without obstructive CAD, it will be a falsely positive test. Practically speaking, a positive CCTA test will often require further testing (invasive angiography) in order to determine if it is a true positive test or a false positive test. These results can be further influenced by the prevalence of obstructive CAD in the population on which the test is used, as described in the body of the report.

These performance characteristics support the use of CCTA to "rule out" obstructive CAD in ED patients with acute chest pain and normal ECGs and initial cardiac enzymes, and in outpatients with stable chest pain, a population with low to intermediate probability of obstructive CAD. Coronary computed tomographic angiography in these situations can be used to identify those patients with no CAD (i.e., negative CCTA in a patient with low to intermediate [pre-test] probability of CAD), so they can be safely discharged from the ED without further evaluation. This is substantiated by one small RCT (n = 197) and seven observational studies suggesting that ED patients with low to intermediate pre-test probability of CAD and a negative CCTA do not have increased cardiac events over the subsequent year.

In patients with low to intermediate risk of CAD, CCTA appears to have better diagnostic accuracy than stress ECG and stress nuclear perfusion imaging, based on low to moderate quality evidence. A single, poor quality, before and after study suggests that CCTA may reduce the number of subsequent tests including stress nuclear

perfusion imaging and invasive coronary angiography. A number of validated clinical prediction rules exist that clinicians can use to assess the [pre-test] probability of obstructive CAD prior to ordering a CCTA.

The MED report did not find studies that addressed screening asymptomatic patients, although they did not specifically search for such evidence.

The amount of radiation dose for CCTA is similar to a CT scan of the abdomen or an invasive coronary angiography, and is estimated to be 8-14 mSv. In addition to radiation exposure and contract reactions or nephropathy, the other potential harms of CCTA are incidental findings. There are relative benefits and harms from the incidental findings noted on CT of the chest (findings in the chest obtained during a CCTA). Approximately 40% to 80% of patients undergoing CCTA will have a finding that is not related to the coronary arteries; 5% to 20% will have a finding deemed clinically important enough for further evaluation. Although some of the patients with these incidental findings will have been judged to have received some benefit, findings from the few studies that have examined this question suggest that the proportion of patients receiving some benefit is very low, while additional risks, anxieties and costs are generated by the additional investigations.

[\[Evidence Source\]](#)

NICE Guideline: Chest Pain of Recent Onset

Acute chest pain (evaluation in the ED)

The NICE guideline does not recommend the use of CCTA as a first line test for evaluation of patients in the ED with acute chest pain. The guideline assessment of CCTA in this setting is as follows:

In the past few years a number of pilot studies have examined the utility of multislice CT in the ED in the differential diagnosis of acute chest pain. To date these studies consist of small numbers of patients (around 100 patients), they have been conducted primarily in the USA, and they are limited in scope because each represents the experience of one centre. There are differences in study protocols, patient recruitment, scanners used, angiography protocols and angiographic analyses. This makes direct comparison of these studies difficult with respect to reviewing and interpretation. The authors of these studies, while stating the potential promise of multislice CT, do emphasise that further evaluation needs to be done. There are other considerations as given below:

- Currently the use of multislice CCTA in the ED would reduce diagnostic time, however this becomes less important with the evolving technology of reduce waiting time for biomarker assay results.

- Multislice CCTA will identify a group of patients with sub clinical CAD i.e. disease that is not the cause of the current chest pain episode. The significance of this will need to be evaluated in large studies in the recruitment of unselected consecutive chest pain patients.
- It has not been established if the patient in the ED should receive a dedicated CT coronary angiogram, or have an entire thoracic scan. A dedicated CT coronary angiogram would give the best possible images of the coronary arteries, but allows limited visualisations of other structures that may be responsible for chest pain. The benefit of an entire scan is that it would rule out pulmonary embolism and aortic dissection, however, this would involve increased radiation dose, increased scanning time, and possible less than optimal visualisation of coronary arteries.
- The best use of the multislice CT scanner in the ED has not been established. Images could be obtained as soon as possible after initial assessment (history, risk factors, examination) and the first set of cardiac enzymes. In which case the multislice CCTA results would be used as a component of the decision to discharge or admit the patient. Alternatively multislice CCTA could be used to aid in determining what further monitoring and treatment is indicated after a decision has been made to admit the patient. Hence it is unclear at which point multislice CCTA would fit into an algorithm used in the ED, and what would be the most cost-effective use of multislice CCTA in the ED. This may have implications on cost-effectiveness.
- Current preliminary findings indicate that multislice CCTA in the ED has potential for the ruling out of CAD. When stenosis of > 50% is detected the patient would undergo further non invasive or invasive testing, but the precise course of further evaluation is uncertain at this stage due to the limited literature. Resolving this could potentially be a large piece of work, and would impact on the current care pathway.
- Owing to the limited number of studies, health economic evaluation of multislice CCTA in the ED may be difficult, particularly as there is no information regarding the subsequent testing of patients when stenosis is > 50%.

Stable Chest Pain (outpatient evaluation)

The NICE guideline makes the following recommendations pertaining to CCTA:

In people without confirmed CAD, in whom stable angina cannot be diagnosed or excluded based on clinical assessment alone, estimate the likelihood of CAD (see Table 1). Take the clinical assessment and the resting 12-lead ECG into account when making the estimate. Arrange further diagnostic testing as follows:

- If the estimated likelihood of CAD is 61–90%, offer invasive coronary angiography as the first-line diagnostic investigation if appropriate.
- If the estimated likelihood of CAD is 30–60%, offer functional imaging as the first-line diagnostic investigation.
- If the estimated likelihood of CAD is 10–29%, offer coronary artery calcium scoring as the first-line diagnostic investigation. If the calcium score is:
 - zero, consider other causes of chest pain
 - 1–400, offer 64-slice (or above) CCTA
 - greater than 400, offer invasive coronary angiography.

Table 1. Percentage of people estimated to have coronary artery disease according to typicality of symptoms, age, sex and risk factors

Age (years)	Non-anginal chest pain				Atypical angina				Typical angina			
	Men		Women		Men		Women		Men		Women	
	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi
35	3	35	1	19	8	59	2	39	30	88	10	78
45	9	47	2	22	21	70	5	43	51	92	20	79
55	23	59	4	25	45	79	10	47	80	95	38	82
65	49	69	9	29	71	86	20	51	93	97	56	84
For men older than 70 with atypical or typical symptoms, assume an estimate > 90%. For women older than 70, assume an estimate of 61–90% EXCEPT women at high risk AND with typical symptoms where a risk of > 90% should be assumed.												
Values are percent of people at each mid-decade age with significant coronary artery disease (CAD) ¹ . Hi = High risk = diabetes, smoking and hyperlipidaemia (total cholesterol > 6.47 mmol/litre). Lo = Low risk = none of these three. The shaded area represents people with symptoms of non-anginal chest pain, who would not be investigated for stable angina routinely. Note: These results are likely to overestimate CAD in primary care populations. If there are resting ECG ST-T changes or Q waves, the likelihood of CAD is higher in each cell of the table.												

¹ Adapted from Pryor DB, Shaw L, McCants CB et al. (1993) Value of the history and physical in identifying patients at increased risk for coronary artery disease. *Annals of Internal Medicine* 118(2),81-90.

Discussion of the evidence for CCTA in the NICE guideline is summarized as follows:

Advantages and Disadvantages

The advantages of CCTA compared with coronary angiography are that it is less invasive, it can capture thousands of images of a beating heart in seconds, and it may also be relatively less expensive. However 64-slice CCTA requires an injection of iodine-containing contrast and has been regarded as a moderate to high radiation diagnostic technique (12 to 15 mSv), although recent technical advances are improving radiation efficiency considerably. Further disadvantages of 64-slice CT coronary angiography include; poor correlation with coronary angiography in calcified vessels as extensive calcification obscures imaging of coronary arteries, poor correlation with coronary angiography for quantifying stenosis severity when $> 50\%$ and in vessels < 2 mm, no functional assessment of myocardial ischaemia and the potential for motion artifacts due to beating of the heart.

Evidence for Diagnostic Efficacy

For the diagnosis of CAD, five systematic reviews of 64-slice CCTA reported higher sensitivities (ranging from 96% to 99%) and specificities (ranging from 88% to 97%) compared with the non-invasive tests of stress ECHO, stress myocardial perfusion scintigraphy using single photon emission computed tomography (SPECT), stress MR perfusion imaging and stress MR wall motion abnormalities. There is evidence from short term diagnostic economic models that for patients with a low to moderate pre-test likelihood of CAD, 64-slice CCTA (with or without prior exercise ECG) as the initial investigation is cost-effective compared to invasive coronary angiography alone.

Evidence for Risks

The NICE guideline reports on a study that estimated the life attributable risk (LAR) of cancer incidence associated with radiation exposure from 64-slice CCTA. These LARs varied fivefold depending on age and gender, from 1 in 143 for a 20 year old woman to 1 in 3261 for an 80 year old man. The effective dose of radiation from a single scan was reported as a range from 9 to 29 mSv.

Economic Evaluations

Of the six economic evaluations included in evidence reviewed for this guideline, two addressed CCTA. Neither one specified whether they applied to stable or acute chest pain. One compared exercise ECG, dobutamine stress ECHO, dobutamine stress MRI, electron beam CT with calcium scoring and multislice CT coronary angiography as initial diagnostic tests, where only those patients with a positive or indeterminate test result would subsequently undergo invasive coronary angiography (Dewey 2007). Based on this analysis, multislice CT coronary angiography clearly dominates exercise ECG, stress ECHO, stress MRI and calcium scoring with electron beam CT as initial diagnostic strategies for CAD at all levels of disease prevalence modelled. This model

did not include any costs for harms of radiation exposure or for evaluation of incidental findings.

The other economic analysis compared 64-slice CCTA compared with exercise ECG, myocardial perfusion scintigraphy with SPECT and invasive coronary angiography in the investigation of CAD (Mowatt 2008). The analysis found that 64-slice CCTA appears to be superior to myocardial perfusion scintigraphy with SPECT for the diagnosis of CAD in all clinical dimensions and also in terms of cost. The report concludes that the high sensitivity and negative predictive value of 64-slice CCTA suggest scope for avoiding unnecessary invasive coronary angiography in those referred for investigation but who do not have CAD. Given the small risk of death associated with invasive coronary angiography, 64-slice CCTA might also confer a small immediate survival advantage. Avoidance of unnecessary invasive coronary angiography may result in cost savings, even if positive results require confirmation by invasive coronary angiography. However, at higher CAD prevalence, these cost savings are likely to disappear. This model included the costs of complications arising from the interventions, but did not specifically address the harms of radiation or the additional costs of evaluation of incidental findings.

The NICE guideline development group performed their own economic analysis of a diagnostic strategy that incorporated the use of calcium scoring using 64-slice CCTA as a precursor to full 64-slice CCTA. This was done as a way of minimizing the risk of radiation from 64-slice CCTA, a risk which was not explicitly incorporated into the other models. Results of the base case analysis indicate that for lower risk groups (5% and 20%), the use of calcium scoring as a first line testing strategy is likely to be cost-effective and should be followed by either 64-slice CCTA alone or with additional invasive coronary angiography as a confirmatory 3rd test. In higher risk populations, (CAD prevalence greater than 40%), a strategy of sending all patients directly to invasive coronary angiography is likely to be cost-effective. The model indicates that myocardial perfusion scintigraphy with SPECT is excluded through dominance or extended dominance at every level of CAD prevalence. It also indicates that exercise ECG is only cost-effective as a first line investigation strategy at 5% CAD prevalence, but that even in this instance replacing exercise ECG with calcium scoring is likely to improve effectiveness at a reasonable level of additional cost.

[\[Evidence Source\]](#)

Institute for Clinical and Economic Review Report

This cost effectiveness analysis evaluated a variety of diagnostic strategies using stress ECHO, CCTA, SPECT and invasive coronary angiography in two scenarios, in the outpatient setting and in the ED assuming either a 30% or 10% prevalence of CAD. All

analyses were performed without considering harm, benefit, or costs of radiation-exposure or incidental findings, although they did incorporate an estimate for the evaluation of pulmonary nodules. “CCTA *alone*” resulted in about 14% incidental findings and thus required follow-up as compared to 0% to 5% in the other strategies. Strategies including either CCTA or SPECT as the first or only test exposed all patients to radiation, as opposed to 20% to 40% of patients exposed in strategies with stress-ECHO as the first or only test.

Asymptomatic patients

Use of CCTA as a screening tool in asymptomatic patients was not evaluated in this report.

Emergency department patients with chest pain

When used as triage in the ED, they found that the model “is consistent with other published cost-effectiveness analyses in suggesting that when used as part of a triage strategy for low-to-intermediate risk chest pain patients in the ED, CCTA will allow the more rapid discharge of nearly half of all patients and decrease the number of false negative diagnoses while reducing the number of angiographies compared to the current standard of care. According to the model CCTA is also cost-saving, with about \$719 in savings per patient in comparison to SOC [standard of care]. Taking into account the additional follow-up costs for the 14% of patients who undergo CCTA and have incidental findings (approximately \$100 per patient receiving CCTA), the cost-savings are reduced to approximately \$619, but remain in favor of CCTA. However, CCTA does expose every patient to radiation, whereas only about 43% of the patients in SOC are exposed via invasive angiography.”

In 2012, ICER updated this report to incorporate the findings of two large, multicenter randomized clinical trials of CCTA versus standard ED evaluation. “These trials enrolled nearly 2500 patients at 14 sites, and unlike the earlier trial, included patients at intermediate risk of acute coronary syndromes. Findings were very similar between the two studies. CCTA was found to significantly increase the percentage of patients discharged home from the ED relative to standard care, and reduced time in hospital by seven to eight hours on average. There were no deaths at 28 to 30 days in either study, and no statistically-significant differences in rates of major cardiovascular events. In one study, however, patients in the CCTA arm received more downstream diagnostic testing than those receiving standard evaluation; the increased costs from additional testing eliminated any savings from earlier discharge in the CCTA arm, and average total strategy costs were found to be similar between the groups.”

“ICER previously found the evidence on comparative clinical effectiveness to be ‘Comparable’ between CCTA and standard triage care in the ED setting; these recent findings confirm the original rating. The original rating for comparative value was ‘High’,

however, based primarily on evidence of earlier ED discharge. In light of these recent data on increased resource use following CCTA, we [ICER] would recommend changing CCTA's comparative value rating to 'Reasonable/Comparable'."

Outpatients with chest pain

In the outpatient model, "at a CAD prevalence of 30%, CCTA produces a higher number of true positives and fewer false negatives relative to other 1- or 2-test strategies, and lower diagnostic phase costs than nearly all other tests; at a prevalence of 10%, differences in test performance are diminished but the pattern of costs remains the same. When alternative estimates of CCTA's diagnostic accuracy are employed, the balance of false-positive and false-negative shifts, but has little impact on comparative cost between the strategies. However, when a more aggressive strategy for management of mild-moderate stenosis is employed, CCTA becomes more costly than several other strategies due to a higher rate of referral for invasive coronary angiography."

"Considering a lifetime horizon, quality-adjusted life expectancy is quite similar across the strategies, with a difference of only about 2 weeks between the most and least effective strategies. At 30% CAD prevalence, a single-test strategy with CCTA appears to be more effective and less costly than SPECT, and a reasonable value when compared to Stress ECHO (incremental cost-effectiveness ratios of \$13,000 to \$16,000/QALY). When prevalence is reduced to 10%, however, while cost-effectiveness is similar for CCTA vs. stress ECHO, SPECT is more effective than CCTA at a ratio of approximately \$80,000/QALY. A shift from conservative to aggressive management of mild-moderate stenosis affects the lifetime results only marginally, as does the use of alternative estimates of CCTA's diagnostic accuracy."

"Because the range of effectiveness results is so narrow, the model is highly sensitive to changes in selected parameters, in particular the costs of the various strategies. For example, at a cost of \$248 or less, CCTA would dominate all other strategies, while for CCTA costs of \$1,083, \$1,916, and \$2,749, the cost-effectiveness ratios would be \$50,000/QALY, \$100,000/QALY, and \$150,000/QALY, respectively."

[\[Evidence Source\]](#)

Overall Summary

Coronary computed tomographic angiography may be useful to "rule out" obstructive CAD in ED patients with acute chest pain and normal ECGs and initial cardiac enzymes, and in outpatients with stable chest pain in a population with low to intermediate probability of obstructive CAD. Cost-effectiveness analyses show either that CCTA is comparable or less costly than other diagnostic strategies, although for the most part, they did not consider the economic consequences of the harms of radiation

or further evaluation of incidental findings. However, understanding how CCTA would be used in a clinical practice setting, and whether the cost-effectiveness assumptions are applicable as it would be used in clinical practice, is unclear. Use in other patient populations is not recommended due to unacceptable false positive or false negative results. Use in asymptomatic patients has not been evaluated.

COMMITTEE DELIBERATIONS-EbGS

At its December 6, 2012 meeting, the EbGS discussed whether to include coverage for CCTA for use in the emergency department in patients with lower risk for coronary artery disease, to speed discharge. After discussion the subcommittee did not find evidence of benefit to patients strong enough to outweigh the concerns regarding radiation exposure, overuse of the service, and the lack of clarity of defined pathways for use of this tool.

COMMITTEE DELIBERATIONS-VbBS

The VbBS discussed making no change in the lack of coverage.

PROCEDURE

Coronary computed tomographic angiography

DIAGNOSES

Coronary artery disease

Chest pain

APPLICABLE CODES

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
410	Acute myocardial infarction
411	Other acute and subacute forms of ischemic heart disease
413	Angina pectoris
414	Other forms of chronic ischemic heart disease
ICD-9 Volume 3 (Procedure Codes)	
87.41	Computed axial tomography of the heart
CPT Codes	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts, with contrast, including 3D image post-processing
HCPCS Level II Codes	
None	

Note: Inclusion on this list does not guarantee coverage

Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

DRAFT

HERC Coverage Guidance – Coronary Computed Tomography Angiography Disposition of Public Comments

General Comments

Stakeholder	#	Comment	Disposition
ICER	1	<p>We read with great interest your draft guidance on this topic, and we appreciate very much being one of the trusted sources you cite in the guidance. We realize that you often include verbatim text from other reviews in your guidance, but we wanted to call your attention to text from our review that might be misconstrued as coming from the HERC rather than our organization. Specifically, text on page 9 of your guidance reads “the original rating for comparative value was ‘High’, however, based primarily on evidence of earlier emergency department discharge. In light of these recent data on increased resource use following CCTA, we would recommend changing CCTA’s comparative value rating to ‘Reasonable/Comparable’.” Some stakeholders might feel as though you are making a recommendation to change ICER’s rating of comparative value, when in fact it was ICER itself that made the recommendation. You might consider clarifying this by putting a parenthetical next to word “we” indicating the source of the recommendation.</p>	<p>Thank you for your comment. The EbGS appreciates the importance of clarifying the source of recommendations. Change made to the document as suggested.</p>

Section 6: New CGs Recommended by HTAS

MINUTES

Health Technology Assessment Subcommittee
Meridian Park Community Health Education Center
19300 SW 65th Avenue, Tualatin, OR
June 24, 2013
1:00-4:00pm

Members Present: Alissa Craft, DO, MBA, Chair; James MacKay, MD, Vice-Chair (via phone); Gerald Ahmann, MD; George Waldmann, MD; Tracy Muday MD; Timothy Keenen, MD (arrived 3:37 PM).

Members Absent: None.

Staff Present: Darren Coffman; Wally Shaffer, MD, MPH; Jason Gingerich.

Ad Hoc Experts: FAI Surgery - Andrea Herzka, MD (OHSU); GERD - Drew Schembre, MD (Swedish Medical Center, Seattle, WA); DXA - E. Michael Lewiecki, MD (New Mexico Clinical Research & Osteoporosis Center).

Also Attending: Alison Little, MD (CEBP); Shannon Vandergriff (CEBP); Joanie Cosgrove (LHNW); Bill Struyk (Johnson and Johnson); Denise Taray (DMAP).

1. CALL TO ORDER

Alissa Craft called the meeting of the Health Technology Assessment Subcommittee (HTAS) to order at 1:00 pm. She introduced new member Tracy Muday, MD.

2. MINUTES REVIEW

No changes were made to the April 22, 2013 minutes.

Action: Minutes approved as submitted, **5-0 (Absent: Keenen)**.

3. STAFF REPORT

Coffman reviewed the updated Guidance Development Framework, adding pathway II.3.B for situations where there is insufficient or mixed evidence for the treatment and its relative risk is unknown.

Coffman reported on the status of the coverage guidance on the treatment of sleep apnea in adults. HERC decided that if the algorithm resulted in a weak recommendation to not cover the surgery, as they suspected, it would not need to go through the entire process. As that is the case, it is being returned to VbBS for reconsideration for application to the Prioritized List.

Shaffer noted HTAS may wish to keep track of this. At the moment HERC wants to make a change related to surgery. However the OHP medical directors have raised concerns about the AHI levels in the guidance not being directly supported by the evidence. It may come back to this subcommittee, particularly since the guidance was developed before HERC adopted the algorithm and modified GRADE methodology.

Coffman noted that all other coverage guidances forwarded to HERC by HTAS were accepted without changes. VbBS considered HTAS developed coverage guidances on diagnosis of sleep apnea, continuous blood glucose monitoring, self monitoring of blood glucose, and carotid endarterectomy. No changes to the CG are being recommended for the latter two which have yet to be considered by HERC, but the guidelines are somewhat different than the guidances. For example, 50 blood glucose test strips per 90 days are recommended to be covered instead of 100 for those type 2 diabetics not requiring multiple daily insulin injections who meet certain criteria.

4. REVIEW OF NEW DRAFT COVERAGE GUIDANCES

A. Femeroacitabular Impingement (FAI) Syndrome

Wally Shaffer reviewed the draft coverage guidance included in the meeting materials. There are no significant harms of the treatment beyond those typical of surgery. The limitations of the evidence were summarized pretty well in the summary accompanying the NICE guideline review. The Washington HTA found insufficient to recommend coverage but NICE came to a different conclusion, establishing coverage under a registry approach.

Andrea Herzka, the appointed expert on this topic, said that very few surgeons are performing surgery for FAI syndrome prophylactically. Surgical patients typically have debilitating pain, have failed a trial of conservative management, and have functional limitations in addition to having a labral tear and FAI morphology shown radiologically. There is some controversy in teenagers as to whether steroid injection into the joint and extensive PT is better than proceeding straight to surgery.

She considers this treatment similar to ACL surgery in that they are being fixed all the time. The patient is not told they won't get arthritis (although it may be prevented); rather the goal is to alleviate pain and restore function.

Herzka shared slides she recently presented at Grand Rounds. The patient is typically between the ages of 16-50, with symptoms that start out as mild then progress (difficulty getting in and out of the car very common). There isn't great literature on the natural history of the disease. Initially there was an assumption that all patients with labral tear are destined for doom, but that doesn't appear to be the case.

Herzka indicated that radiologists nationwide can detect the FAI morphology pretty well on x-ray, MRI, and MRI arthrogram. About 20% of men and 2% of women of European decent have the cam type and 17% of women have the pincer type. Most common is a combination of cam/pincer types, especially in patients over 35. In Asian populations prevalence is much lower. Herzka said for some we shouldn't receive a trial of 3 months of PT because when

the cartilage gets to a certain stage, the operation becomes more difficult, but there is no consensus.

Herzka reviewed the history of the different surgical approaches through a series of studies. Initially Ganz did an open hip dislocation with complete removal of the labrum. Later he sewed it back down and the patients did much better, which is supported by studies by Philipon and Larson, who performed the procedure arthroscopically. Clohisy used a mini-open arthroplasty. This is level 4 cohort retrospective study, but all of the studies consistently show good results in disabled populations where everything else has failed. She said that because there are not other good options, commercial insurers have created a pathway to coverage through medical necessity criteria. The data is not ideal and, to a point, insufficient; there is no data for PT alone. All we can say is that the vast majority of surgical patients have failed PT.

Initially the Modified Harris Hip Score was used to measure outcomes, but more recently used the Hip Outcome Score (HOS), while others have used a Return-to-Sports Score. Return to same level of sport has been tracked and 70-90%. There is no comparison versus what percent just do, but if you're getting by and you are satisfied with conservative management, surgery shouldn't be done.

Jim Mackay asked what the natural history is. Mackay indicated he practiced for many years and doesn't recall seeing people with these complaints. Herzka said there was a study of contralateral hips for those only having surgery on one hip. Those patients who got arthritis on surgical hip also got it in the other hip. In the Villar study, 43 hips with mild to moderate arthritis and a with pistol grip deformity, 2/3 went on to develop arthritis and 1/3 didn't. So not all those with labral tears are predisposed to arthritis and it is not known why some are and some aren't. So there is no great natural history. There is no study looking at the population who had symptoms for 7+ years and simply modified their lifestyle and became inactive because there was no treatment available.

Patients are typically thin and athletic, but there is a population of middle-aged women in there 40s and early 50s. They are symptomatic with sitting and ADLs and they benefit well as long as they don't have arthritis at the time of surgery. It was acknowledged that some patients are no doubt helped by this surgery, but there is no high level evidence of its effectiveness.

Craft invited public comment but there was none provided.

Action: A motion was made and seconded to approve the draft coverage guidance as appears below. **Motion approved 5-0 (Absent: Keenen).**

This version will now go out for public comment. Shaffer noted Herzka had submitted a number of articles which Dr. Little will review. These will be considered at the same time the public comments are reviewed.

HERC COVERAGE GUIDANCE

Surgery for femoroacetabular impingement syndrome is not recommended for coverage (*strong recommendation*).

B. Upper Endoscopy for GERD

Shaffer introduced the evidence included in the packet. He noted this involves very common symptoms and while endoscopy gives a more definitive diagnosis, the more scopings performed the more expense there is. One of the basic concerns is where to draw the line in terms of not detecting malignancies by not doing endoscopies. He reviewed the box language proposed by staff which draws the line as age 50, but that is not based strictly on the evidence. Endoscopy is recommended only after persistent symptoms following treatment under 50, but right away for those over 50. There is also a question about when to repeat endoscopies, which is suggested to be at a 9-year interval.

Shaffer said it is difficult to find the benefit from early endoscopy when looking through the studies. Overall there does not appear to be a clinically relevant benefit for UI for GERD symptoms. There are malignancy risks, which some studies reported to increase for males >35 and females >57. Authors thought age 55 was the most logical, but the subcommittee can discuss what age that should be. As for repeat endoscopy, if the initial test is negative, there was insufficient evidence to find benefit within the term of the study, which was 9 years. Endoscopy is relatively safe, but other treatment strategies are less costly. The only other consideration is whether to require a failure of PPI therapy, test and treat protocol for H pylori, or both in the younger patient.

Shaffer indicated he did get an email response from Drew Schembre, MD, the expert appointed on this topic who is expected to call in. Schembre basically agreed with the draft recommendations, however he did have concerns about patients on long-term PPI who would go without endoscopy if their symptoms are managed, especially those who are higher risk of esophageal cancer (e.g., smokers, family history of Barrett's, familial polyposis syndrome).

Mackay thought "uninvestigated dyspepsia" is a broad term and would like to see it changed to "chronic dyspepsia." "Recurrent" or "clinically significant" or a reference to alarm symptoms was also suggested as alternative language. It was agreed to add a disclaimer that this guidance does not apply to coverage of endoscopy for patients presenting with alarm symptoms and list the examples of anemia, weight loss and dysphasia (hemotenesis was also considered but dismissed).

Waldmann suggested a reference to "recurrent" or "chronic" symptoms, while MacKay proposed the language "unless the patient has persistent symptoms following completion of an appropriate course...."

At this time Schembre came on by phone. Craft indicated the subcommittee was leaning towards not having two categories of age ranges and instead requiring everyone to have a trial of PPI unless they have classic alarm symptoms. Schembre cautioned that this may be stepping into dangerous waters. The risk for asymptomatic precancerous development is significantly higher in older group, especially white males. It is those whose symptoms are well controlled who you should be worried about. If it was just a matter of treating the reflux you wouldn't look at all, but you are also trying to identify people at greatest risk for cancer and other problems who should be followed in surveillance program. A trial of PPI helps select out those who do well and the focus can turn to looking for indicators to select those at highest risk.

Discussion returned to the interval of repeat endoscopy. Nine years seemed arbitrary to some, with five years maybe making some sense. Others questioned whether to repeat the test at all. If someone has an endoscopy and the worry is that they have Barrett's, they never need another one unless their symptoms change.

Waldmann asked whether chewing tobacco would be in a high risk category and Schembre thought it probably would. Some also question whether those smoking marijuana in modern Washington would also fit, but it has not been studied.

It was noted that half who have Barrett's have no symptoms and are not taking PPIs. There is also a significant subgroup taking OTC medications who have low-grade symptoms and don't make much of it. The total prevalence of Barrett's varies but there is a 2% prevalence among asymptomatic white males. The notion of symptoms driving detection of Barrett's is limited. It is debated, but rate of Barrett's progressing to cancer is probably about 0.2 to 0.3 percent per year (12,000 new cases of adenocarcinoma per year).

Schembre said almost all esophageal cancers start as Barrett's, as they have a 40x higher risk. A small subgroup may not have Barrett's. There are well defined risk factors. The incidence of esophageal cancer is rising in all populations, for a variety of reasons, including H. pylori, increasing body masses and other environmental factors, but there is still a 4 or 5 to 1 male-to-female ratio. If you're looking at the topic of identifying unneeded upper endoscopies, a 30-year old professional under a lot of stress has virtually zero risk. Many would say let's treat but others would say let's do an endoscopy first and then talk, which is what we are trying to prevent. Someone with longstanding reflux deserves endoscopy and acid suppression; otherwise you would never have an opportunity to identify people with Barrett's who have been on OTC medications for 10 years. Schembre offer to provide literature on the evidence behind scoping that population as well as broader references on incidence, prevalence, trends and risk factors.

Craft asked the subcommittee what they would like to do. It could be sent out for comment based on the evidence; the expert comments don't have to be incorporated first. Waldmann made a case for separating the ages out and others agreed. Craft found a rate of 0.5 percent with Barrett's get cancer.

Little was asked where the 9-year interval came from, to which she responded a cohort study that doesn't really address the question. Ahmann has always heard 5-10 years, while Craft pointed out ASGE says no need to repeat test if initial one is negative. ASGE also says to repeat it every 3 years for those with Barrett's, while Ahmann has failed to see one convert to cancer over his 30 years of practice, yet everyone gets nervous about it.

While the evidence is lacking, it was agreed to leave the interval at years with the idea it can be altered based on public comment.

Action: A motion was made and seconded to approve the draft guidance as follows to be released for public comment. **Motion approved 5-0 (Absent: Keenen).**

HERC COVERAGE GUIDANCE

Upper endoscopy for uninvestigated dyspepsia or GERD symptoms is not recommended for coverage in patients less than 50 years of age unless the patient has persistent symptoms following completion of an appropriate course of PPI therapy or an H. pylori test and treat protocol (strong recommendation).

Upper endoscopy for uninvestigated dyspepsia or GERD symptoms is recommended for coverage in patients at least 50 years of age (strong recommendation).

Repeat endoscopy within nine years is not recommended for coverage for patients with dyspepsia after non-malignant findings on initial endoscopy (weak recommendation).

This guidance does not apply to coverage of endoscopy for patients presenting with “alarm symptoms” including, but not limited to, anemia, weight loss, and dysphagia.

C. Use of DXA in screening for and monitoring of osteoporosis

Shaffer felt this was a complex topic. Again, the more screening we do the more expense there is. The initial draft guidance is an attempt at trying to come up with some reasonable limits. The core source for this draft guidance is a USPSTF review published in 2010 and a NICE guideline. We were looking for evidence on frequency for those with both normal and low bone density. The additional source of Gourley et al was used to address frequency. DXA is the gold standard for diagnosing osteoporosis and fracture prediction.

No RCTs show the effect of screening on the fracture rate or the morbidity or mortality associated with fractures. However, evidence from drug studies have been reviewed in developing the evidence summary. Biphosphates (and others) have been shown to be effective in primary prevention, implying that if you can screen and get the appropriate individuals started on treatment, you can reduce the risk of fracture. The evidence is better for vertebral fractures and better in women than men. There is little risk in the use of DXA; rather the main risk is related to the drug treatment that follows. USPSTF says risk is relatively small compared to the risks of osteoporosis. There was inadequate evidence in men for use in primary prevention. The NICE guideline, which the fourth paragraph derives from, identifies risk categories that don't come from the evidence summary.

While the USPSTF identifies categories for increased use of DXA for measuring bone density, it does not address frequency. The Gourley study prospectively followed 4950 women over 66, categorized by initial bone density, and came up with rates of progression to osteoporosis which was used as the basis for the frequencies shown in the draft guidance. Shaffer then reviewed grade table and pointed out the Policy Landscape section that included the American College of Rheumatology recommendation that screening not be performed more often than every 2 years, even for those at high risk, and an interval as long as 10 years for healthy women >67 with normal bone density.

Waldmann noted the fourth paragraph addresses current or recent corticosteroids, but is silent on chronic use of steroids. If that were to be added what would be the dose? And what about inhaled steroids for asthma and allergic rhinitis? Muday pulled up the FRAX tool. It list glucocorticoids as a major risk factor – current oral use or previous exposure for at least 3

months at a dose equivalent to 5 mg or more and no mention of inhaled use. Waldmann thought this might be a good addition.

Michael Lewiecki, MD, the appointed expert on this topic said 10 million Americans have osteoporosis and another 4 million have osteopenia. Fractures have serious consequences: pain, disability, death and fracture related healthcare costs, despite the fact that we have excellent drugs. The problem is that most patients with osteoporosis are not being diagnosed, many of those diagnosed are not treated, and those prescribed are not taking the drugs long enough. It doesn't make much sense to him to create administrative roadblocks to a test that is underutilized.

Muday feels that concern that people who are appropriate for the screening aren't getting screened should not mean we should restrict over-screening. We see this in breast cancer. People who get screened get many screens. What we would like to see is the screens more widely used and not repeated so frequently.

Lewiecki addressed the question of who ought to be screened. If the initial screen shows good bone density and the individual has a low fracture risk, then you can wait a long time. But you need to screen appropriately in the first place. If, however, the fracture risk is high, you need to monitor the effects of treatment to make sure you are getting the desirable effect. Most will follow-up in one year and continue monitoring until stable and improved. Ahmann felt most wait for 2 years before retesting. Lewiecki said that while some do, he would not want to take medicine for 2 years without feedback about whether it is working or not.

At this time Shaffer reviewed the process, explaining that Dr. Lewiecki's comments will be added to those provided during the public comment period and the subcommittee will discuss in September as they work towards a final recommendation.

Lewiecki said the average Medicare reimbursement is \$50 per DXA. That's far below the cost of performing the test. Reimbursement is so low, many facilities are closing down and access is becoming difficult. It is not an expensive test so you may be penny wise and pound foolish to further restrict DXA.

Many members disagreed. We're making a big deal of it because we're finally getting the data to show outcomes. There is a wider margin of error than the changes in bone density it is supposedly detecting over short intervals. Also, if the patient is on a drug holiday the screening should be stopped. Even if the reimbursement is only \$50, that can add up because of the prevalence of the disease.

Ahmann asked whether there is evidence that men taking three months of prednisone gives them a higher risk of a fracture? Muday said it probably depends on other factors and it was agreed to remove the fourth paragraph of the draft presented. Furthermore, there was not felt to be the need to define "routine" screening in this case.

Keenen indicated DXA is sometimes used prior to surgery and it was clarified that this guidance instead applies to screening.

Action: A motion was made to approve and seconded to make changes to the initial draft coverage guidance resulting in the guidance below and post it for public comment.

Motion approved 6-0.

HERC COVERAGE GUIDANCE

Osteoporosis screening by dual-energy X-ray absorptiometry (DXA) is recommended for coverage only for women aged 65 or older, and for men or younger women whose fracture risk is equal to or greater than that of a 65 year old white woman who has no additional risk factors. Fracture risk should be assessed by the World Health Organization's FRAX tool or similar instrument (*strong recommendation*).

Repeat osteoporosis screening by DXA, for women with normal bone density, is not recommended for coverage more frequently than once every fifteen years (*weak recommendation*).

Routine osteoporosis screening by DXA is not recommended for coverage in men (*weak recommendation*).

For individuals with low bone mineral density, monitoring by repeat DXA scanning is not recommended for coverage more often than once every two years for those with osteoporosis or advanced osteopenia (T score of -2.00 or lower), once every four years for moderate osteopenia (T score between -1.50 and -1.99), and once every fifteen years for mild osteopenia (T score between -1.01 and -1.49), unless there has been significant change in the individual's risk factors. Repeat testing should only be covered if the results will influence clinical management or if rapid changes in bone density are expected (*weak recommendation*).

5. PUBLIC COMMENT

No public comment was offered following the discussion of the three topics or at the end of the meeting.

6. ADJOURNMENT

The meeting was adjourned at 3:40 pm. The next meeting is scheduled for September 23, 2013 from 1:00-4:00 pm in Room 117B&C of the Meridian Park Hospital Community Health Education Center in Tualatin.

HTAS Coverage Guidance Summary

Oregon Health Evidence Review Commission

August 8, 2013



Center for Evidence-based Policy

Coverage Guidance

For HERC review and approval:

- PET Scanning for Breast Cancer

PET Scanning for Breast Cancer

Evidence Summary

- *Choosing Wisely*[®] campaign recommends:
 - NOT performing PET scanning in early stage breast cancer (DCIS, stage I, IIa, IIb)
 - No evidence demonstrating clinical benefit
 - Unnecessary imaging can lead to harm
 - NOT performing PET scanning for surveillance of asymptomatic patients who have been treated for breast cancer with curative intent
- Initial staging
 - Detecting axillary lymph node metastasis: PET vs. axillary lymph node dissection alone or in combination with sentinel lymph node biopsy
 - PET: sensitivity (27-94%); specificity (67-100%)
 - PET/CT: sensitivity (48-80%); specificity (84-100%)
 - Detecting distant metastases: PET vs. conventional imaging or biopsy
 - PET: sensitivity (80-100%); specificity (83-96.7%)

PET Scanning for Breast Cancer

Evidence Summary

- Detection of recurrence
 - PET: significantly higher sensitivity and specificity vs. conventional imaging tests
 - PET/CT: higher sensitivity than CT, no significant difference in specificity
 - MRI and PET: similar accuracy, equal to or better than scintigraphy in visualizing bone metastases (other than osteoblastic lesions)
- Monitoring response to treatment
 - Evidence is insufficient

PET Scanning for Breast Cancer

HTAS Deliberations

- The subcommittee elected to remove the words, “routine” and “routinely” as they create ambiguity. The subcommittee did not find evidence that PET scans would be appropriate for these indications even in nonroutine circumstances, such as monitoring response to treatment of a cancer originally detected by PET scan.

VbBS Deliberations

- It was concluded that there is insufficient evidence to support opening up PET scans for breast cancer and no changes were made to the Prioritized List.

PET Scanning for Breast Cancer

HERC Coverage Guidance

- PET scanning is not recommended for coverage in initial staging of breast cancer at low risk for metastasis (asymptomatic individuals with newly identified ductal carcinoma in situ, or clinical stage I or II disease).
- PET scanning is not recommended for coverage as a modality to monitor response to treatment of breast cancer.
- PET scanning is not recommended for coverage for surveillance testing for asymptomatic individuals who have been treated for breast cancer with curative intent.

HEALTH EVIDENCE REVIEW COMMISSION (HERC)
COVERAGE GUIDANCE: PET SCANNING FOR BREAST CANCER

DRAFT for HERC Meeting Materials 8/8/13

HERC COVERAGE GUIDANCE

PET scanning is not recommended for coverage in initial staging of breast cancer at low risk for metastasis (asymptomatic individuals with newly identified ductal carcinoma in situ, or clinical stage I or II disease).

PET scanning is not recommended for coverage as a modality to monitor response to treatment of breast cancer.

PET scanning is not recommended for coverage for surveillance testing for asymptomatic individuals who have been treated for breast cancer with curative intent.

RATIONALE FOR GUIDANCE DEVELOPMENT

The HERC selects topics for guideline development or technology assessment based on the following principles:

- Represents a significant burden of disease
- Represents important uncertainty with regard to efficacy or harms
- Represents important variation or controversy in clinical care
- Represents high costs, significant economic impact
- Topic is of high public interest

Coverage guidance development follows to translate the evidence review to a policy decision. Coverage guidance may be based on an evidence-based guideline developed by the Evidence-based Guideline Subcommittee or a health technology assessment developed by the Health Technology Assessment Subcommittee. In addition, coverage guidance may utilize an existing evidence report produced by one of HERC's trusted sources, generally within the last three years.

EVIDENCE SOURCES

Choosing Wisely[®], the ABIM Foundation. (2012). Lists. Retrieved July 6, 2012, from http://choosingwisely.org/?page_id=13

HAYES, Inc. (2010). *Positron emission tomography (PET) and combined positron emission tomography-computed tomography (PET-CT) for breast cancer staging*. Lansdale, PA: HAYES, Inc.

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Pennant, M., Takwoingi, Y., Pennant, L., Davenport, C., Fry-Smith, A., Eisinga, A., et al. (2010). A systematic review of positron emission tomography (PET) and positron emission tomography/computed tomography (PET/CT) for the diagnosis of breast cancer recurrence. *Health Technology Assessment*, 14(50).

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The summary of evidence in this document is derived directly from these evidence sources, and portions are extracted verbatim.

SUMMARY OF EVIDENCE

Clinical Background

Breast cancer affects 1 in 13 women in their lifetime. Treatment options have developed significantly over the past decade and have had an impact on survival. Initial staging and the diagnosis of BC recurrence is important to allow appropriate treatment. Positron emission tomography (PET) and positron emission tomography/computed tomography (PET/CT) are technologies that have application in the detection and management of cancer. The adoption of PET or PET/CT depends not only on their diagnostic accuracy but also on their comparative advantage over existing diagnostic approaches.

Choosing Wisely® Campaign 2012

In 2010, Howard Brody, MD, PhD, Director of the Institute for Medical Humanities and a family medicine professor at the University of Texas, challenged medical specialty societies to identify five tests and treatments that are commonly performed in their respective fields despite a lack of evidence that they provide meaningful benefit to major categories of patients. Dr. Brody's commentary, "Medicine's Ethical Responsibility for Health Care Reform—The Top Five List," was published in the *New England Journal of Medicine*, and spawned the American Board of Internal Medicine (ABIM) Foundation's *Choosing Wisely®* campaign. *Choosing Wisely®* is part of a multi-year effort of the ABIM

Coverage Guidance: PET Scanning for Breast Cancer

DRAFT for HERC Meeting Materials 8/8/13

Foundation to help physicians be better stewards of finite health care resources. Originally conceived and piloted by the [National Physicians Alliance](#) through a [Putting the Charter into Practice grant](#), nine medical specialty organizations, along with Consumer Reports, have identified five tests or procedures commonly used in their field, whose necessity should be questioned and discussed. Each participating organization was free to determine how to create its own list, provided that it used a clear methodology and adhered to the following set of shared guidelines:

- Each item should be within the specialty's purview and control.
- The tests and/or interventions should be used frequently and/or carry a significant cost.
- Each recommendation should be supported by generally accepted evidence.
- The selection process should be thoroughly documented and publicly available on request.

One of the organizations that chose to participate in the *Choosing Wisely*[®] campaign is the American Society of Clinical Oncologists (ASCO). The Cost of Care Task Force of ASCO worked for several months to identify a list for ASCO to consider as its Top Five, first by suggesting a number of practices they believed were overused, then by performing a literature search to ensure that the items identified were supported by available evidence.

Two of the recommendations on ASCO's top five list pertain to PET scanning, and are presented below, along with clinical rationale. Citations supporting these recommendations are provided in the text with superscripted numerals. Full references can be found at the end of this document.

Don't perform PET, CT, and radionuclide bone scans in the staging of early breast cancer at low risk for metastasis.

Early-stage breast cancer (including ductal carcinoma in situ, and clinical stages I and II) is a potentially curable disease and a common problem faced by surgical, medical, and radiation oncologists.¹ Curative treatment of localized breast cancer can be accomplished by excision of the primary tumor followed with radiation therapy, or by mastectomy. Depending on a variety of factors, including the biomarkers associated with the primary cancer, systemic treatment—including hormonal therapy, chemotherapy, and biologic therapy—may be appropriate. Because the staging determination is critical to appropriate application of surgical, radiation, and systemic treatment with their associated short-term and long-term toxicities, there is great pressure to accurately assess disease stage in each patient.

Clinical staging (based on history and a physical examination by an oncology-trained physician), combined with serum tests of liver function and alkaline phosphatase, is the standard method to separate early breast cancer from metastatic or locally advanced breast cancer. Patients with locally advanced breast cancer (e.g., stage III) have a higher risk of occult metastatic disease, which may be discovered by FDG PET or PET/CT scanning, and use of these tests in this setting is appropriate.

The available evidence-based guideline does not recommend FDG PET or CT scanning for patients with stages I, IIa, and IIb breast cancer who are asymptomatic and have no findings on routine clinical and pathologic staging to suggest a more advanced stage.² The guideline is based on information available from retrospective studies of imaging in early-stage breast cancer. These studies show that the low incidence of occult liver and bone metastases (< 6%) is mostly in patients with stage III cancer, not in those with stages I and II,^{3,4} and many of the findings are falsely positive (i.e., not due to metastatic cancer).⁵ FDG PET is inferior to physical examination and sentinel lymph node biopsy for detecting axillary lymph node metastases.^{6,7} In patients with large, stage III tumors or inflammatory breast cancer, FDG PET detects occult metastases in 10% to 21% of patients.⁸⁻¹²

In addition to excess cost, unwarranted testing leads to needless exposure of the patient to dangers of invasive procedures stimulated by false-positive results, the inherent anxiety and uncertainty associated with a false positive result, and unjustified exposure to ionizing radiation in women at low risk of dying as a result of breast cancer.¹³

Don't perform surveillance testing (biomarkers) or imaging (PET, CT, and radionuclide bone scans) for asymptomatic individuals who have been treated for breast cancer with curative intent.

Surveillance testing with serum tumor markers or imaging with PET, CT, and radionuclide bone scans has been shown to have clinical value for certain cancers (e.g., colorectal). However for breast cancer that has been treated with curative intent, several studies have shown there is no benefit from routine imaging or serial measurement of serum tumor markers in asymptomatic patients. False-positive tests can lead to harm through unnecessary invasive procedures, overtreatment, and misdiagnosis.

The majority of patients with breast cancer diagnosed today present with early-stage, node-negative disease that is found on screening mammography.¹ As a result of earlier diagnosis and the efficacy of adjuvant therapies (chemotherapy, radiation, endocrine therapy), most of these women have a normal life expectancy and a low risk for recurrence. Surveillance for breast cancer recurrence in this setting is particularly low yield given the low prevalence of recurrence. For a surveillance or screening test to be

considered useful, it must have high sensitivity and specificity, as well as a significant positive predictive value, the latter being highly dependent on the prevalence of the condition. Furthermore, screening tests need to add value through detecting early-stage disease for which treatment will improve survival outcomes. To date, there is no evidence from randomized trials that earlier detection of asymptomatic breast cancer recurrence (outside of the breast, as a local recurrence, or new primary) improves survival outcomes.^{14,15,16-18} In addition, these studies suggest that most breast cancer recurrence is detected through clinical symptoms and not through screening. Thus, making patients aware of the potential symptoms of a breast cancer recurrence (e.g., pain, new lumps, dyspnea) is an important strategy in breast cancer surveillance.

Other imaging strategies such as standard chest radiograph, bone scans, and abdominal ultrasound did not change survival outcomes in the two randomized trials conducted in the 1990s,^{17,18} and thus are not recommended for routine surveillance. Chest and abdominal CT scans or whole-body PET scans have not been evaluated as surveillance strategies for follow-up of early-stage breast cancer, even though they may be of value for the diagnostic evaluation of clinically evident recurrent breast cancer.¹⁴ Given the low prevalence of distant recurrence in early-stage breast cancer, and the high likelihood of false-positive findings and/or incidental findings that will lead to further testing, there is no evidence to support the use of these imaging strategies.^{14,16}

Evidence Review

The evidence sources presented below pertain to the diagnostic characteristics of PET scanning compared to other diagnostic modalities for various stages of breast cancer. None of the literature identified pertains to whether any imaging is indicated in each clinical situation.

Staging

Hayes 2010

Detection of Axillary Lymph Node Metastasis: Twelve of the studies compared the accuracy of the interventions to that of axillary lymph node dissection alone or in combination with sentinel lymph node biopsy. The sensitivity of PET in detecting axillary lymph node metastasis was reported as poor (27% to 61%) in five studies, moderate (68% and 80%) in two studies, and high (90.1% and 94.4%) in two studies. The corresponding specificity of PET was reported as moderate (67% to 89%) in four studies and high (95 to 100%) in five studies. The sensitivity of PET/CT was moderate (70% and 80%) in two studies and poor (48.5%) in one study. The specificity was moderate (84%) in one study and high (100%) in a second study. One study did not report on specificity, and none of the studies directly compared the performance of PET with PET/CT; therefore, there is no evidence that assesses the incremental impact that

PET/CT has on detecting metastasis. Direct comparison was made between PET and only one other imaging technique. Technetium 99 methoxyisobutylisonitrile ($^{99m}\text{Tc-MIBI}$) SPECT with or without planar scintigraphy demonstrated a slightly lower sensitivity of 38% (compared with 50%) in detecting axillary lymph node metastasis. Specificity was equivalent to that of PET/CT.

Detection of Distant Metastasis: Four studies assessed the performance of $^{18}\text{F-FDG}$ PET relative to conventional imaging or biopsy in identifying distant metastasis. In the three studies that reported the results per patient, sensitivity was in the range from 80% to 100% and specificity was 83% to 96.7%. The study population sizes ranged from 40 to 119. Two of the studies were retrospective. In the fourth study, in which the results were reported per lesion, PET sensitivity was 95.2% and specificity was 90.9% in 40 patients. The analysis in this study was also retrospective. Two of the studies compared the performance of $^{18}\text{F-FDG}$ PET with technetium-99m-labeled hydromethylene diphosphonate ($^{99m}\text{Tc-HMDP}$). In one study, $^{99m}\text{Tc-HMDP}$ was less sensitive but more specific than PET, while in the second study, $^{99m}\text{Tc-HMDP}$ was less accurate than PET. In a third study, $^{99m}\text{Tc-MDP}$ was as sensitive as $^{18}\text{F-FDG}$ PET but significantly less specific in a population of 40 patients. The fourth study reported that $^{18}\text{F-FDG}$ PET in 119 patients was more sensitive and less specific than conventional imaging in 116 patients.

Surveillance/Detection of Recurrence

[NCCC 2009](#)

Two systematic reviews and 15 small comparative studies or case series formed the evidence base for the topic on imaging to determine disease extent. Other than the reviews, papers were generally of poor to medium quality, and many were retrospective studies. Magnetic resonance imaging (MRI) and FDG-PET were equal to or better than scintigraphy in visualizing bone metastases, other than osteoblastic lesions, but whole body MRI was better than FDG-PET at detecting distant metastases, particularly in abdominal organs, brain, and bone. Magnetic resonance imaging also detected previously unidentified metastases, including those that were non-skeletal, and in one study, the treatment plan was changed accordingly in ~43% of patients. Computed tomography had a high diagnostic value in detecting local breast cancer recurrence and, when the field was extended to include the pelvis, also had a higher diagnostic accuracy in detecting bone metastases than scintigraphy.

[Pennant 2010](#)

In studies where direct comparisons of PET were made to conventional imaging tests (X-rays, CT, ultrasound and bone scintigraphy) and test performance was assessed based on individual patients (rather than lesions), PET had significantly higher sensitivity (89% vs. 79%) and significantly higher specificity (93% vs. 83%). Test

performance did not appear to vary according to the type of conventional imaging test that was compared with PET. Indirect comparisons gave similar findings. For studies that assessed test accuracy based on lesions, no significant differences in sensitivity or specificity between PET and conventional imaging tests were observed.

In studies where direct comparisons of PET/CT were made to CT (no studies of PET/CT and other imaging tests were identified), PET/CT had significantly higher sensitivity (95% vs. 80%), but the increase in specificity was not significant. Indirect comparisons gave the same findings.

For studies where test performance was assessed based on individual patients, three studies compared PET with different types of MRI technology. In each of these studies, there were no significant differences in the sensitivity or specificity of PET compared with MRI. One study compared PET/CT and MRI on a lesion basis, and there were no significant differences in sensitivity or specificity for PET/CT compared with MRI.

In the analysis of studies directly comparing PET/CT and PET, PET/CT had significantly higher sensitivity (96% vs. 85%), but the increase in specificity was not significant compared with PET (89% vs. 82%). The same pattern of results was observed for the indirect comparison of all PET/CT and PET studies. For studies that assessed test accuracy based on lesions, indirect comparison of PET/CT and PET showed no significant differences in sensitivity or specificity between PET/CT and PET.

Changes in patient management in study participants ranged from 11% to 74% (median 27%). These changes included initiation and avoidance of medical treatment such as hormone therapy and chemotherapy. In the three studies where only changes in management directly due to PET or PET/CT were considered (patients were not correctly diagnosed by conventional imaging techniques), estimates ranged from 11% to 25%.

In subgroup analysis, the accuracy of PET did not appear to be related to the location of disease or to whether PET was conducted with or without knowledge of previous clinical history and imaging studies. Characteristics of patient populations varied in many respects, and it was not possible to draw definite conclusions about patient characteristics that may have an impact on test accuracy.

Monitoring response to treatment

[NCCN 2009](#)

The evidence available to address this question is limited to six small (n=18 to 274) case series. Reviewed imaging modalities include MRI (comparing fat-suppressed-long-echo-time-inversion images to T1-weighted-sequence images), plain radiography, FDG-

PET and fluoroestradiol-PET. The paucity and poor quality of studies prevents meaningful analysis of efficacy.

Overall Summary

The *Choosing Wisely*[®] campaign recommends that PET scanning NOT be performed in early stage (DCIS, stage I, IIa and IIb) breast cancer because there is no evidence demonstrating a clinical benefit, and unnecessary imaging can lead to harm through unnecessary invasive procedures, over-treatment, and unnecessary radiation exposure. It also recommends that PET scanning NOT be performed for surveillance of asymptomatic patients who have been treated for breast cancer with curative intent.

For initial staging, compared to axillary lymph node dissection alone or in combination with sentinel lymph node biopsy, the sensitivity of PET in detecting axillary lymph node metastasis was reported as widely variable, ranging from 27% to 94%. The corresponding specificity of PET ranged from 67% to 100%. Assessment of the accuracy of PET/CT was limited to three trials, which reported sensitivity ranging from 48% to 80%, while the specificity ranged from 84% to 100%. For detection of distant metastases at the time of initial staging, accuracy results for PET relative to conventional imaging or biopsy were mixed, with sensitivity ranging from 80% to 100% and specificity from 83% to 96.7%.

For detection of recurrence, PET had significantly higher sensitivity and specificity compared to conventional imaging tests. Positron emission tomography/CT had a higher sensitivity than CT, no significant difference in specificity. Magnetic resonance imaging and PET have similar accuracy, and were equal to or better than scintigraphy in visualizing bone metastases, other than osteoblastic lesions.

For monitoring response to treatment, the evidence is insufficient to draw conclusions.

COMMITTEE DELIBERATIONS-HTAS

At its November 26, 2012 meeting of HTAS, a previous draft of the coverage guidance contained the words “routine” and “routinely” to allow for exceptions in nonroutine cases for monitoring treatment response or surveillance testing in individuals previously treated. After discussion, the subcommittee elected to remove the words, “routine” and “routinely” as they create ambiguity. The subcommittee did not find evidence that PET scans would be appropriate for these indications even in nonroutine circumstances, such as monitoring response to treatment of a cancer originally detected by PET scan. The subcommittee made no significant changes to the coverage guidance during the February 25, 2013 HTAS meeting.

COMMITTEE DELIBERATIONS-VbBS

VbBS reviewed the Draft Coverage Guidance and the current non-coverage of PET scans for breast cancer on the Prioritized List. HTAS chose not to make a positive recommendation about when PET is appropriate because of a dearth of evidence. It was concluded that there is insufficient evidence to support opening up PET scans for breast cancer and no changes were made to the Prioritized List.

PROCEDURE

PET scanning

DIAGNOSES

Cancer of the breast

APPLICABLE CODES

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
174	Malignant neoplasm of female breast
233.0	Carcinoma in situ of breast
ICD-9 Volume 3 (Procedure Codes)	
92.18	Radioisotope scan; total body
92.19	Radioisotope scan; other sites
CPT Codes	
78811-3	PET imaging
78814-6	PET/CT imaging
79005-99	Systemic radiopharmaceutical therapy
HCPCS Codes	
None	

Note: Inclusion on this list does not guarantee coverage

ASCO References

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Coverage Guidance: PET Scanning for Breast Cancer

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6.1a PETBreastCancer-Draft-7-8-13.docx

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Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

DRAFT

HERC Coverage Guidance – PET Scanning for Breast Cancer Disposition of Public Comments

Stakeholder	#	Comment	Disposition
<i>American Cancer Society Cancer Action Network</i> Portland, OR	1	The American Cancer Society Cancer Action Network (ACS CAN), the non-partisan advocacy affiliate of the American Cancer Society issues these comments in response to the Healthcare Evidence Review Commission's (HERC) draft guidance regarding PET scanning for breast cancer which was posted for public comment on December 11, 2012.	Thank you for your comment.
	2	After thoroughly reviewing the three recommendations on PET scanning for breast cancer, we agree with the recommendations that PET scanning should not be used in the initial staging of breast cancer at low risk for metastasis, nor should it be used for surveillance testing for asymptomatic individuals who have been treated for breast cancer with curative intent. These standards are also agreed upon by the American Society of Clinical Oncology and the National Comprehensive Cancer Network.	Thank you for your comment.
	3	However, we ask that the Commission consider additional review of the statement regarding the use of PET scans as a modality for monitoring response to treatment of breast cancer. Periodic use of PET scanning in women with metastatic disease undergoing chemotherapy is appropriate in some circumstances, such as when making a clinical decision whether treatment needs to be altered and especially for the evaluation of bone metastases. While we recognize that this guidance has been issued to reduce the unnecessary utilization of PET scans, we respectfully ask the Commission to consider re-evaluating this recommendation, to guarantee cancer patients appropriate access to PET scans.	No evidence provided by commenter to support the use of PET in determining change in treatment course for patients with metastatic disease, of the benefits of PET in evaluation of bone metastases. Evidence in the primary source included only 6 small case series and was insufficient to draw conclusions.
	4	ACS CAN stands ready to assist the Commission in re-evaluating the recommendation and conducting additional review of appropriate use of PET scans, to ultimately develop guidance that results in appropriate utilization and the best outcomes for cancer patients. We thank you for the opportunity to comment on this issue and look forward to working closely with the Commission in the near future.	Thank you for your offer of assistance.

Section 7: New CGs Recommended by EbGS

HEALTH EVIDENCE REVIEW COMMISSION (HERC)

COVERAGE GUIDANCE: INDUCTION OF LABOR

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HERC COVERAGE GUIDANCE

Induction of labor is recommended for coverage for the following indications (*strong recommendation*):

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis

Induction of labor is recommended for coverage for the following indications (*weak recommendation*):

- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥ 6)

Induction of labor is not recommended for coverage for the following indications (*weak recommendation*):

- Macrosomia (in the absence of maternal diabetes)
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with an unfavorable cervix (for example, a Bishop score <6)
- Intrauterine growth restriction/Small for gestational age, preterm (without other evidence of fetal compromise)

Induction of labor is not recommended for coverage for the following indications (*strong recommendation*):

- Elective purposes <39 weeks (without a medical or obstetrical indication)

Note: Definitions for strength of recommendation are provided in Appendix A GRADE Element Description

RATIONALE FOR GUIDANCE DEVELOPMENT

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- Represents a significant burden of disease
- Represents important uncertainty with regard to efficacy or harms
- Represents important variation or controversy in clinical care
- Represents high costs, significant economic impact
- Topic is of high public interest

Coverage guidance development follows to translate the evidence review to a policy decision. Coverage guidance may be based on an evidence-based guideline developed by the Evidence-based Guideline Subcommittee or a health technology assessment developed by the Health Technology Assessment Subcommittee. In addition, coverage guidance may utilize an existing evidence report produced by one of HERC's trusted sources, generally within the last three years.

EVIDENCE SOURCES

American College of Obstetrics and Gynecology (ACOG). (2009). Induction of labor. ACOG Practice Bulletin No. 107, American College of Obstetricians and Gynecologists. *Obstetrics & Gynecology*, 114, 386-97. Guideline summary available at: <http://www.guidelines.gov/content.aspx?id=14884>

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The summary of evidence in this document is derived directly from these evidence sources, and portions are extracted verbatim.

Coverage Guidance: Induction of Labor

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SUMMARY OF EVIDENCE

Clinical Background

The use of induction of labor (IOL) in the U.S. doubled between 1990 and 2006. Rates of labor induction vary substantially from state to state, from a low of 13.2% (California) to a high of 35.2% (Utah). The rate of increase in medically indicated IOL has been slower than the overall increase, suggesting that the increase in elective inductions has been more rapid. The increase in the overall use of induction is likely multifactorial. There appear to have been shifts in the threshold for induction at earlier gestations with both medically indicated and elective IOL. The practices and preferences of individual physicians also have an effect on the use of IOL and the subsequent risk of cesarean delivery. Women's requests may also contribute to increased demand for elective induction of labor (EIOL).

Evidence Review

Elective Induction – Maternal Outcomes

Two systematic reviews of randomized controlled trials found a slight decrease in cesarean delivery with EIOL. A Cochrane review that included three RCTs found that women induced at 37 to 40 (completed) weeks of gestation had a lower risk of cesarean delivery (RR 0.58; 95% CI 0.34-0.99) compared to expectant management. Another systematic review (also including three RCTs, two of which were in the Cochrane review) also reported a decreased risk of cesarean delivery, although it did not reach statistical significance (OR 0.58; 95% CI 0.22-1.50). Similarly, both reviews found an increased risk of operative vaginal delivery, with only one being statistically significant (RR 1.71; 95% CI 1.23-2.39 and OR 1.41; 95% CI 0.83-2.44, respectively). One of these reviews found no difference in perinatal death or stillbirth, while the other did not report this outcome. No other outcomes were reported in these reviews.

Observational studies, on the other hand, using spontaneous labor control groups found an increased risk of cesarean delivery for nulliparous women (six studies) with number needed to harm (NNH) of 4 to 29. However, comparing EIOL to a spontaneous labor control group instead of all women who are not induced but are managed expectantly tends to overestimate the risk of cesarean delivery with EIOL because it does not include those women who develop an indication for IOL, who will have a higher risk of cesarean. Multiparous women may also have an increased risk of cesarean delivery with a NNH of 62 based on one study, although a second study did not find a significant difference. Two studies, one in multiparas and one in nulliparas, evaluated the influence of Bishop score (a measure of readiness for labor) and the use of preinduction cervical ripening. The Bishop score is calculated as outlined in the table below:

Bishop Score

Criterion	Score (points)			
	0	1	2	3
Dilation (cm)	0	1-2	3-4	5-6
Effacement (%)	0-39	40-59	60-79	>80
Fetal Descent	-3	-2	-1, 0	+1, +2
Cervix Consistency	Firm	Medium	Soft	Not applicable
Cervix Position	Posterior	Middle	Anterior	Not applicable

Both studies stated that preinduction cervical ripening was generally used when the Bishop score was less than six. They found conflicting results on the impact of cervical ripening on cesarean section rates, with cervical ripening in multiparous women decreasing risk of cesarean, and in nulliparous women, the use of cervical ripening increased risk of cesarean delivery. Other maternal outcomes reported by these observational studies include the use of epidural anaesthesia, post-partum hemorrhage, maternal fever, perineal tears and a composite measure of postpartum complications. Of these, the only outcomes that found significant differences between the two groups were the use of epidural anaesthesia, which is increased with EIOI, and perineal tears, which are decreased with EIOI. In addition, the one study that reported the composite measure of postpartum complications found that it was increased in patients undergoing EIOI.

Elective Induction – Neonatal Outcomes

Other than mortality and stillbirth, neonatal outcomes were only reported in observational studies, which found increased risk of admission to a neonatal intensive care unit (NICU) with EIOI in three of four studies, although only one of these was statistically significant. The fourth study found more admissions to the NICU in the spontaneous labor group, but the difference was not statistically significant. This outcome was only stratified by weeks of gestation in one case series, which found a statistically significantly higher risk when induction occurred at 37 and 38 weeks, compared to 39 to 41 weeks. Other neonatal outcomes examined included meconium stained amniotic fluid, birth weight, five minute apgar score less than seven, cord blood pH, breastfeeding, use of positive pressure ventilation and neonatal death. Four studies reported on birth weight, and all found small, statistically significant increases in the

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EIOL group. Three studies found the incidence of meconium stained amniotic fluid to be higher in women undergoing spontaneous labor (two statistically significant), although meconium aspiration syndrome was not reported in any of the studies. Statistically significant differences were not found for any of the other outcomes.

Regarding health service outcomes, five studies reported on the length of labor. Three found a shorter first stage of labor with EIOL, and one found a shorter total length of labor (all statistically significant). The fifth study found that the total time spent on the labor and delivery unit was greater in the EIOL group, although statistical significance was not reported.

Indications and Contraindications for IOL

Evidence is sparse for a number of commonly cited indications for IOL. A best evidence review was conducted by Mozurkewich et al in 2009. They found that the only indications for IOL supported by strong evidence of net benefit were gestational age beyond 41 weeks and prelabor rupture of membranes at term.

The only indication for which there was evidence of harm was suspected macrosomia, but there was no evidence of improved fetal outcomes. However, observational studies suggest an increase in the risk of cesarean section.

One additional study was identified in a search of the literature after the date of this best evidence review. An RCT comparing EIOL with expectant management in women with mild preeclampsia or gestational hypertension at term found a lower risk of a composite measure for maternal outcome (mortality, eclampsia, abruption, progression to more severe disease, postpartum hemorrhage) in the EIOL group. There was no significant difference in the risk of cesarean section or admission to the NICU.

There are other indications for IOL that were not addressed in the evidence report, and for which no evidence was found. These include fetal demise, breech presentation and severe preeclampsia at term, as well as a variety of other maternal conditions not specified above.

[\[Evidence Source\]](#)

Recommendations from Others

The *American College of Obstetrics and Gynecology (ACOG)* identifies specific indications for induction of labor, including but not limited to the conditions listed below:

- Premature rupture of membranes,
- Eclampsia, preeclampsia, gestational hypertension,
- Fetal compromise (severe IUGR, isoimmunization, oligohydramnios),
- Placental abruption,

- Chorioamnionitis,
- Maternal medical conditions (e.g. diabetes, renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome),
- Fetal compromise (e.g., severe fetal growth restriction, isoimmunization, oligohydramnios),
- Post-term pregnancy, and
- Logistical reasons (risk for rapid labor, distance from hospital).

In addition, for patients with gestational diabetes, they state the following:

No good evidence to support routine delivery before 40 weeks of gestation. There are no data to support a policy of cesarean delivery purely on the basis of GDM. It would appear reasonable to recommend that patients with GDM be counseled regarding possible cesarean delivery without labor when the estimated fetal weight is 4,500 g or greater.

For patients with pregestational diabetes, they state:

Early delivery may be indicated in some patients with vasculopathy, nephropathy, poor glucose control, or a prior stillbirth. In contrast, patients with well-controlled diabetes may be allowed to progress to their expected date of delivery as long as antenatal testing remains reassuring. Expectant management beyond the estimated due date generally is not recommended. Cesarean delivery may be considered if the estimated fetal weight is greater than 4,500 g in women with diabetes. Induction of labor in pregnancies with a fetus with suspected macrosomia has not been found to reduce birth trauma and may increase the cesarean delivery rate.

For suspected fetal macrosomia, they state:

Recent large cohort and case-control studies demonstrate the safety of allowing a trial of labor for estimated birth weights of more than 4,000 g. Despite the poor predictive value of an estimated fetal weight beyond 5,000 g and a lack of evidence supporting cesarean delivery at any estimated fetal weight, most, but not all, authors agree that consideration should be given to cesarean delivery in this situation.

For breech presentation, they state:

Mode of delivery should depend on the experience of the healthcare provider. Cesarean will be the preferred mode for most physicians. Planned vaginal delivery may be reasonable. (No comment regarding induction)

[\[Evidence Source\]](#)

The *National Institute for Clinical Excellence (NICE)* has the following recommendations regarding induction of labor:

Induction of labor should be offered in the following circumstances:

- Post-term pregnancy,
- Preterm, prelabor rupture of membranes after 34 weeks,
- Prelabor rupture of membranes at term after 24 hours, and
- Maternal diabetes, any type (after 38 completed weeks gestation).

Induction of labor should not be routinely offered in the following circumstances:

- Maternal request,
- Breech presentation,
- Severe IUGR,
- History of precipitous labor, and
- Suspected macrosomia¹.

Induction of labor may be offered depending on the desires of the patient in the following circumstances:

- Fetal demise.

Indications for which there are contradictory recommendations between ACOG and NICE are the following:

- Severe IUGR,
- History of precipitous labor, and
- Maternal diabetes (after 38 completed weeks gestation).

[\[Evidence Source\]](#)

Evidence Summary

Randomized trials suggest that EIOL may decrease the risk of Cesarean section, but increase the risk of operative delivery overall. On the other hand, observational evidence suggests that the risk of cesarean section may be increased with EIOL,

¹ Evidence statement to support this recommendation is based on a systematic review of RCTs that found no significant difference between IOL and expectant management on cesarean rates, operative delivery or neonatal outcomes, but non-RCT evidence of increased cesarean section rate, without improvement in neonatal outcomes

particularly in nulliparous women with an unfavorable cervix who undergo EIOL with preinduction cervical ripening, and that it is associated with an increased risk of epidural anaesthesia use and a decreased risk of perineal tearing. Observational evidence also suggests that EIOL may increase the risk of NICU admission for infants, particularly at less than 39 weeks. It also is associated with slightly higher birth weights, and a decreased risk of meconium stained amniotic fluid. EIOL has strong evidence of net benefit for gestational age over 41 weeks and prelabor rupture of membranes, and moderate evidence of net benefit for mild preeclampsia or gestational hypertension at term. Elective IOL for macrosomia is the only indication for which there is evidence of net harm. There are a number of indications for EIOL for which there is insufficient evidence of net benefit or harm. Indications for which there is conflicting recommendations between clinical guidelines include severe IUGR, maternal diabetes and history of precipitous labor.

GRADE FRAMEWORK

The HERC develops recommendations by using the concepts of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system. GRADE is a transparent and structured process for developing and presenting evidence and for carrying out the steps involved in developing recommendations. There are four elements that determine the strength of a recommendation, as listed in the table below. The HERC reviews the evidence and makes an assessment of each element, which in turn is used to develop the recommendations presented in the coverage guidance box. Balance between desirable and undesirable effects, and quality of evidence, are derived from the evidence presented in this document, while estimated relative costs, values and preferences are assessments of the HERC members.

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Breech	Presumed potential harm exceeds benefit (“considerable risk of maternal and neonatal morbidity” – NICE)	No evidence and unlikely that additional evidence research will be conducted	Less costly than cesarean but risk of major morbidity increasing costs	Limited variability, against IOL	IOL is not recommended for coverage for breech, without other indications for induction <i>Weak recommendation</i>
Cardiac disease (maternal)	Uncertain tradeoffs (2 case series and 1 poorly done case-control study do not provide sufficient evidence for benefit or harm of IOL)	Very low	Less costly	Moderate variability, would be dependent on the clinical circumstances	IOL is recommended for coverage for women with cardiac disease; there may be clinical circumstances in which benefits outweigh harms that are not captured in the available evidence. <i>Weak recommendation</i>
Chorioamnionitis	Presumed benefit exceeds harm	No evidence and unlikely that additional evidence research will be conducted	Less costly	Limited variability, most women would choose IOL given risk of severe morbidity	IOL is recommended for coverage <i>Strong recommendation</i>

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Diabetes (gestational and pre-existing)	Uncertain tradeoffs (MED report - 1 RCT found reduced macrosomia at 38 wks (NNT=8), but no difference in patient oriented outcomes (insulin-requiring DM). NICE reports decreased risk of shoulder dystocia (multiple cohort studies), without increased harms (e.g. CS rate); increased risk of stillbirth in pre-existing DM (population inquiry) but unknown if induction decreases stillbirth rate	Moderate	Likely cost neutral, assuming decreased risk of shoulder dystocia	Limited variability, most women would choose IOL given risk of shoulder dystocia and stillbirth.	IOL is recommended for coverage for gestational and pre-existing diabetes <i>Weak recommendation</i>
Eclampsia (IOL vs. Cesarean)	Uncertain tradeoffs (1 small RCT found reduced maternal length of stay, underpowered, developing country setting) Most of the time C/S will be indicated to expedite delivery, however given the variation in clinical possibilities, IOL may be indicated in limited situations.	Low, and unlikely that additional evidence research will be conducted	Less costly	Limited variability, most women would choose immediate delivery using whatever method is most expeditious	IOL is recommended for coverage in eclampsia; delivery is imperative. <i>Strong recommendation</i>
Elective < 39 weeks	Net harm - increase in NICU admissions based on 3 cohort studies, 1 statistically significant	Low	More costly	Moderate variability, most women would opt against IOL given the increased risk to the fetus, however, many women are interested in early delivery for a variety of reasons	IOL is not recommended for coverage for elective purposes < 39 weeks <i>Strong recommendation</i>

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Elective ≥39 weeks 0 days to 40 weeks 6 days	Unclear; reduced risk of C/S based on RCTs, but observational studies suggest increased risk of C/S, particularly in nulliparous women, and increased risk of NICU admissions	Low	More costly with unfavorable cervix; Less costly with a favorable cervix.	Moderate variability. Some women and clinicians prefer elective deliveries for convenience or maternal intolerance of pregnancy	IOL is recommended for coverage for elective purposes ≥39 weeks 0 days to 40 weeks 6 days in women with a favorable cervix. <i>Weak recommendation</i> IOL is not recommended for coverage for elective purposes ≥39 weeks 0 days to 40 weeks 6 days in women with an unfavorable cervix. <i>Weak recommendation</i>
Fetal Demise	Presumed potential benefit (prevents possibility of infection or coagulopathy)	No evidence and unlikely that additional evidence research will be conducted	Less costly due to potential maternal morbidity	No variability. Virtually all women would choose to have IOL.	IOL is recommended for coverage for fetal demise <i>Strong recommendation</i>
Gastroschisis	Uncertain tradeoffs (1 RCT underpowered to detect most outcomes of interest)	Low	More costly	Moderate variability, would be dependent on the clinical circumstances	IOL is recommended for coverage in gastroschisis; there may be clinical circumstances in which benefits outweigh harms that are not captured in the available evidence. <i>Weak recommendation</i>
Gestational hypertension	Uncertain	No evidence	More costly	Moderate variability, would be dependent on the clinical circumstances	IOL is recommended for coverage for women with gestational hypertension; there may be clinical circumstances in which benefits outweigh harms. <i>Weak recommendation</i>

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Intrahepatic cholestasis of pregnancy	Uncertain tradeoffs [1 case control study found no diff in outcomes; 1 case series found reduced intrauterine death at 38 wks compared to historical controls (NNT=63)]	Very low and unlikely that additional evidence research will be conducted	More costly	Limited variability. Most women would choose IOL given risk of fetal demise.	IOL is recommended for coverage for intrahepatic cholestasis of pregnancy <i>Weak recommendation</i>
IUGR/SGA (preterm)	Tradeoffs (1 large RCT found that IOL does not reduce perinatal mortality or longer term disability. Cesarean delivery is reduced with EM)	High	More costly	Moderate variability, would be dependent on the clinical circumstances	IOL is not recommended for coverage for suspected IUGR/SGA in preterm infants without other evidence of fetal compromise <i>Weak recommendation</i>
IUGR/SGA (term)	Uncertain tradeoffs (1 RCT underpowered found no differences in maternal or fetal outcomes)	Low	More costly	Limited variability most women would choose IOL when clinically indicated	IOL is recommended for coverage as an option for IUGR/SGA at term <i>Weak recommendation</i>
Macrosomia	Net harm - Does not improve outcomes and may increase Cesarean deliveries	Moderate	Increased costs	Moderate variability, most women would opt against IOL given the increased risk of C/S, however, women are interested in early delivery due to maternal intolerance of pregnancy	IOL is not recommended for coverage for suspected macrosomia <i>Weak recommendation</i>
Oligohydramnios	Uncertain tradeoffs (small, single RCT found no diff in outcomes between 41 and 42 weeks, but underpowered to detect benefit)	Low	Hospitalization lengthier but compared to increased antenatal monitoring. Likely cost-neutral.	Limited variability, most women would choose IOL if clinically indicated	IOL is recommended for coverage for oligohydramnios <i>Weak recommendation</i>

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Placental Abruption	Uncertain	No evidence	Likely cost neutral or cost saving	Limited variability, most women would choose IOL if clinically indicated	IOL is recommended for coverage for placental abruption <i>Weak recommendation</i>
Post-term pregnancy (gestational age >41 weeks 0 days)	Net benefit (2 large SRs of 12-16 RCTs found IOL beyond 41 wk 0 days may reduce perinatal mortality and meconium aspiration syndrome. IOL not found to increase cesarean delivery.)	High	Likely cost-saving given benefit/harm ratio	Limited variability, most women would choose IOL given benefits to fetus	IOL is recommended for coverage for post-term pregnancy (gestational age beyond 41 and 0/7 weeks) <i>Strong recommendation</i>
PPROM (preterm)	Uncertain tradeoffs (single SR with 4 small RCTs found that expedited IOL may reduce chorioamnionitis, but RCTs did not incorporate interventions now considered standard for this condition)	Moderate	IOL would shorten maternal hospitalization but prolong NICU hospitalization, but may prevent significant neonatal complications, likely cost neutral	Moderate variability, would be dependent on the clinical circumstances	IOL is recommended for coverage for PPRM <i>Weak recommendation</i>
Preeclampsia (mild, term)	Net benefit (1 RCT found lower risk of maternal morbidity)	Moderate	Less costly	Limited variability, most women would choose IOL given maternal benefits	IOL is recommended for coverage for mild preeclampsia at term <i>Strong recommendation</i>
Preeclampsia (mild, preterm)	Uncertain trade offs	None	Likely cost neutral	Moderate variability, would be dependent on the clinical circumstances	IOL is recommended for coverage for mild preeclampsia (preterm) <i>Weak recommendation</i>
Preeclampsia (severe, term)	Benefits likely outweigh harms	No evidence	Less costly	Limited variability, most women would choose IOL when clinically indicated	IOL is recommended for coverage for severe preeclampsia in term infants <i>Strong recommendation</i>

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Preeclampsia (severe, <34 weeks, IOL vs. Cesarean)	Uncertain tradeoffs (7 case series found that IOL at 30-34 wks was commonly associated with a cesarean delivery, but that the IOL may help to improve fetal lung maturity compared to cesarean without labor)	Very low	Less costly	Moderate variability, would be dependent on the clinical circumstances	IOL is recommended for coverage above cesarean section for preterm severe preeclampsia, however is not generally recommended above expectant management. <i>Weak recommendation</i>
Preeclampsia (severe, <34 weeks, IOL vs. EM)	Uncertain tradeoffs (EM for preterm (28-34 wks. in one RCT and 28-32 wks. in the other) severe preeclampsia improves neonatal outcomes, based on 2 small RCTs)	Moderate	More costly	Moderate variability, would be dependent on the clinical circumstances	IOL is recommended for coverage as an option for severe preeclampsia prior to 34 weeks gestation. It appears to be preferable to cesarean section, and there may be clinical circumstances in which benefits of induction outweigh harms that are not captured in the available evidence. <i>Weak recommendation</i>
Preeclampsia (severe, 34-37 weeks)	Benefits likely outweigh harms	No evidence	Neutral	Limited variability, most women would choose IOL when clinically indicated	IOL is recommended for coverage in severe preeclampsia in preterm infants <i>Weak recommendation</i>
PROM (term)	Net benefit [3 SRs containing 6-23 RCTs each found expedited IOL (2 to 12 hours after rupture of membranes) reduces maternal infections and neonatal admission to NICU]	High	Likely cost-saving given benefit/harm ratio	Limited variability, most women would choose IOL given risk of infection	IOL is recommended for coverage for PROM at term <i>Strong recommendation</i>

Indication	Balance between desirable and undesirable effects	Quality of evidence*	Resource Allocation	Values and preferences	Coverage Recommendation
Twin gestation	Uncertain tradeoffs (1 RCT of IOL at 37 wks for twins underpowered to detect benefit or harm)	Low	Likely less costly on average than elective cesarean, although half would result in CS.	Large variability in preferences. 50% likelihood that second twin will require CS even if first is vaginally delivered.	IOL is recommended for coverage for twin gestation <i>Weak recommendation</i>

* In all cases except for Breech and Fetal Demise, the Quality of Evidence rating was assigned by the primary evidence source, not the Evidence-based Guidelines Subcommittee

Note: GRADE framework elements are described in Appendix A

POLICY LANDSCAPE

There is a current quality measure developed by the Joint Commission for Accreditation of Hospitals Organization that pertains to elective induction of labor. The measure is titled “Perinatal care: percentage of patients with elective vaginal deliveries or elective cesarean sections at greater than or equal to 37 and less than 39 weeks of gestation completed”. This measure is not currently endorsed by the National Quality Forum. No related measures were found from other entities when searching the [National Quality Measures Clearinghouse](#).

In addition there is a statewide effort to have Oregon hospitals agree to a hard stop on elective induction at 39 and 0 weeks gestation.

COMMITTEE DELIBERATIONS – EbGS

The Evidence-based Guidelines Subcommittee reviewed the evidence. In the case of induction of labor, the key considerations involved recognizing that all women will have delivery one way or another, that the data on induction only has harm identified for patients electively prior to 39 weeks and in suspected macrosomia. For all other indications there was either evidence of benefit, a suggestion of benefit based on historical case-control or other low quality studies, and considerable patient preference for the opportunity for induction if there would be no increased risk.

Several conditions were moved from weak to strong recommendations (a difference from the algorithm placement) based on committee deliberations. They include: mild and severe preeclampsia at term and eclampsia. These were moved to strong recommendations for coverage based on the fact that there is a considerable risk of major morbidity and delivery is the treatment for these conditions. Breech was left out of the coverage guidance box, because it is not an indication by itself for induction.

There were extensive discussions about elective induction of labor between 39 to 41 weeks. Given that the highest quality evidence reviewed (RCTs) indicated there may be a net benefit of decreased cesarean sections, and the statewide and national efforts focused on the 39 week induction cutoff, the decision was made to make a weak recommendation for coverage for elective inductions with a favorable cervix from 39 to 41 weeks but a weak recommendation against coverage for elective inductions if the cervix was unfavorable (decision supported by RCTs and observational studies which suggested evidence of harm).

COMMITTEE DELIBERATIONS – VBBS

The VbBS modified the induction of labor guideline for the Prioritized List as follows:

GUIDELINE NOTE 85, INDUCTION OF LABOR

Line 1

Induction of labor is covered for:

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis
- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥ 6)

Induction of labor is not covered for the following:

- Macrosomia (in the absence of maternal diabetes)
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with an unfavorable cervix (for example, a Bishop score <6)
- Elective purposes <39 weeks (without a medical or obstetrical indication)
- Intrauterine growth restriction/Small for gestational age, preterm (without other evidence of fetal compromise)

Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

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Appendix A. GRADE Element Descriptions

Element	Description
Balance between desirable and undesirable effects	The larger the difference between the desirable and undesirable effects, the higher the likelihood that a strong recommendation is warranted. The narrower the gradient, the higher the likelihood that a weak recommendation is warranted
Quality of evidence	The higher the quality of evidence, the higher the likelihood that a strong recommendation is warranted
Resource allocation	The higher the costs of an intervention—that is, the greater the resources consumed—the lower the likelihood that a strong recommendation is warranted
Values and preferences	The more values and preferences vary, or the greater the uncertainty in values and preferences, the higher the likelihood that a weak recommendation is warranted

Strong recommendation

In Favor: The subcommittee is confident that the desirable effects of adherence to a recommendation outweigh the undesirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences.

Against: The subcommittee is confident that the undesirable effects of adherence to a recommendation outweigh the desirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences.

Weak recommendation

In Favor: the subcommittee concludes that the desirable effects of adherence to a recommendation probably outweigh the undesirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences, but is not confident.

Against: the subcommittee concludes that the undesirable effects of adherence to a recommendation probably outweigh the desirable effects, considering the quality of evidence, cost and resource allocation, and values and preferences, but is not confident.

Quality of evidence across studies for the treatment/outcome

High = Further research is very unlikely to change our confidence in the estimate of effect.

Moderate = Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low = Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low = Any estimate of effect is very uncertain.

Appendix B. Applicable Codes

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
650	Normal delivery
659.0	Failed mechanical induction
659.1	Failed medical or unspecified induction
V22.0	Supervision of normal first pregnancy
V22.1	Supervision of other normal pregnancy
V22.2	Pregnant state, incidental
V30	Single liveborn
V39	Liveborn unspecified whether single twin or multiple
ICD-10 Diagnosis Codes	
O80	Single spontaneous delivery
Z34.0	Supervision of normal first pregnancy
Z34.8	Supervision of other normal pregnancy
Z34.9	Supervision of normal pregnancy, unspecified
ICD-9 Volume 3 (procedure codes)	
Other procedures inducing or assisting delivery	
73.0	Artificial rupture of membranes
73.1	Other surgical induction of labor: Induction by cervical dilation
73.4	Medical induction of labor
Forceps, vacuum, and breech delivery	
72.0 – 72.9	Forceps, vacuum, and breech delivery
Cesarean section and removal of fetus	
74.0 – 74.4, 74.9	Cesarean section and removal of fetus
CPT Codes	
Dilation	
57800	Dilation of cervical canal, instrumental (separate procedure)
59200	Insertion of cervical dilator (e.g., laminaria, prostaglandin) (separate procedure)
Infusions	
96365	Intravenous infusion for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
96366	Intravenous infusion for therapy, prophylaxis, or diagnosis; each additional hour
96367	Each additional sequential infusion up to 1 hour
96368	Concurrent infusion
Care associated with vaginal delivery	
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only, with or without postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612, 59614	Vaginal delivery only, after previous cesarean delivery
Care associated with Cesarean	
59510	Routine Obstetric care including antepartum care, Cesarean delivery, and

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	postpartum care
59514	Cesarean Delivery only
59515	Cesarean Delivery only, including postpartum care 59618: Routine Obstetric care including antepartum care, Cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean Delivery only, following attempted vaginal delivery after previous Cesarean delivery.
59622	Cesarean Delivery only, following attempted vaginal delivery after previous Cesarean delivery. Including postpartum care
HCPCS Level II Codes	
J2590	Pitocin 10 units. [NOTE: Appears in a listing of "Drugs Administered Other Than Oral Method J0000-J9999."]
S0191	Misoprostol, oral, 200 mcg [NOTE: Appears in a listing of Temporary National Codes (Non-Medicare), S0012-S9999)

Note: Inclusion on this list does not guarantee coverage

Appendix C. HERC Guidance Development Framework – IOL Indications

Post-term Pregnancy (Gestational Age >41 weeks 0 days), PROM (Term) and Maternal Diabetes

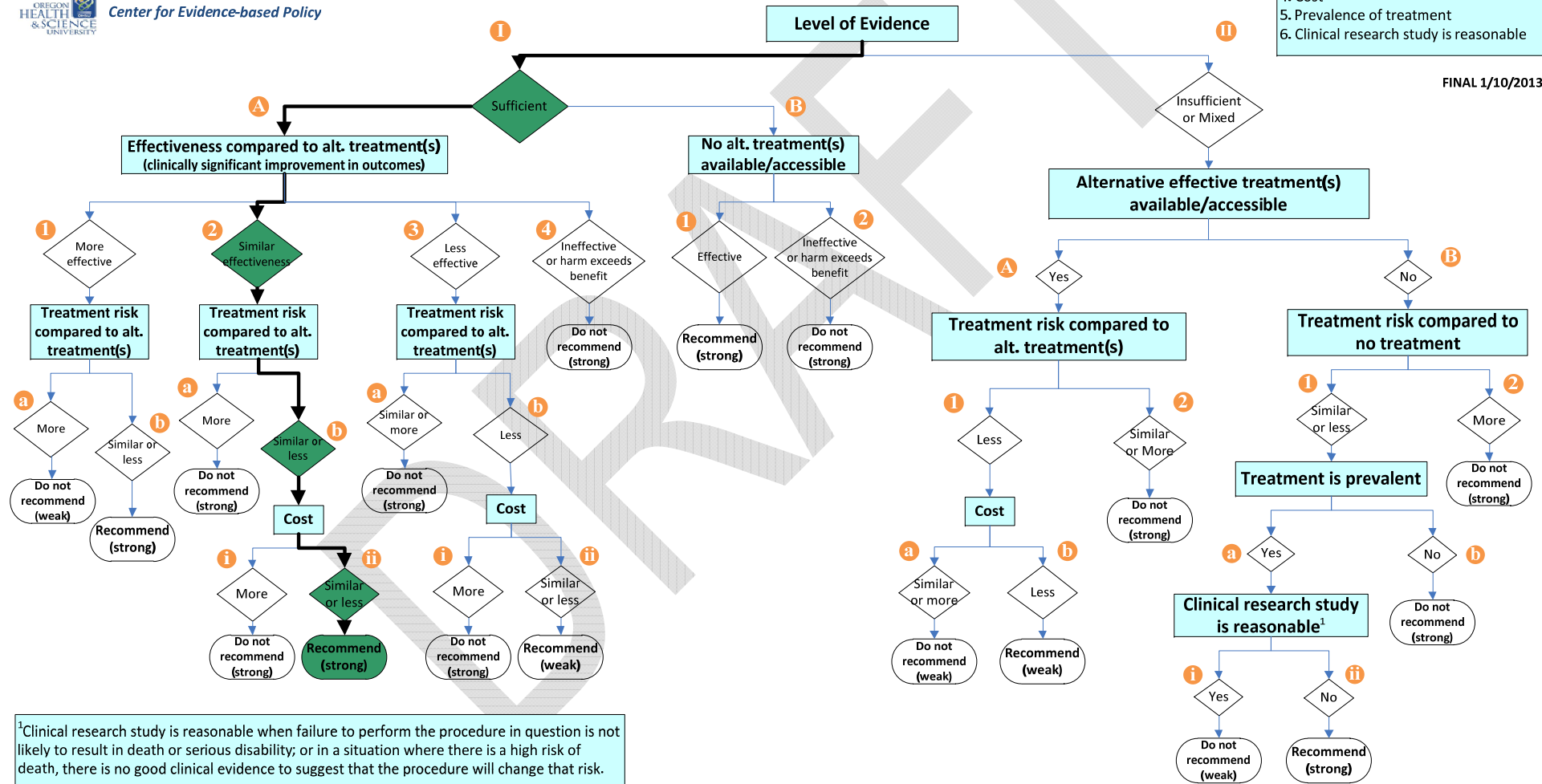


HERC Guidance Development Framework

Refer to HERC Guidance Development Framework Principles for additional considerations

- Decision Point Priorities**
1. Level of evidence
 2. Effectiveness & alternative treatments
 3. Harms and risk
 4. Cost
 5. Prevalence of treatment
 6. Clinical research study is reasonable

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DRAFT

PPROM (Preterm), Mild or Severe Preeclampsia, IUGR (term), Gastroschisis, Intrahepatic Cholestasis, Oligohydramnios, Maternal Cardiac Disease, Twins, Placental Abruption, Chorioamnionitis, Gestational Hypertension (Assumes some degree of fetal or maternal compromise), Eclampsia (IOL vs. Cesarean), Elective – Gestational Age 39-41 weeks with favorable cervix

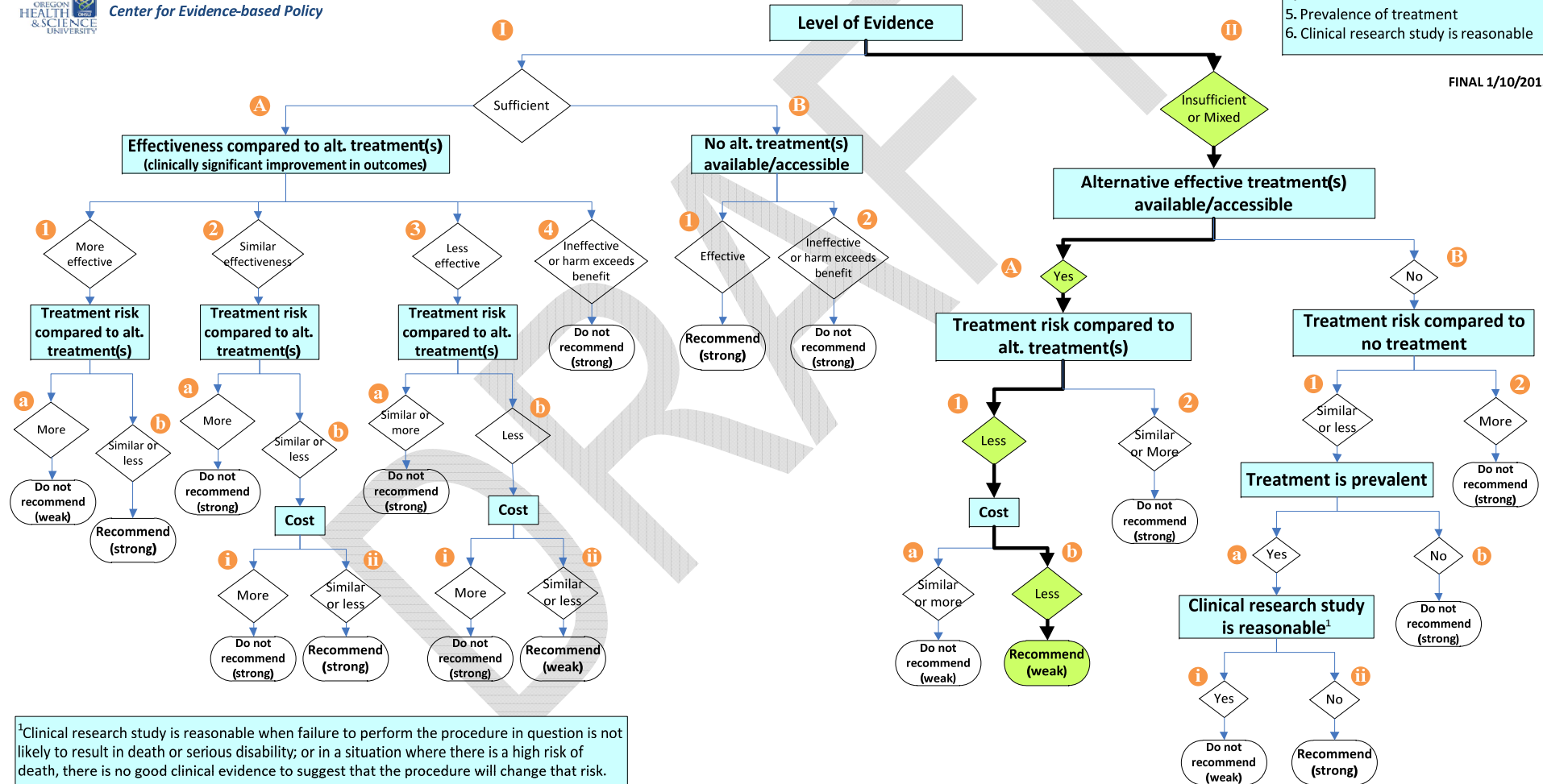


HERC Guidance Development Framework

Refer to *HERC Guidance Development Framework Principles* for additional considerations

- Decision Point Priorities**
1. Level of evidence
 2. Effectiveness & alternative treatments
 3. Harms and risk
 4. Cost
 5. Prevalence of treatment
 6. Clinical research study is reasonable

FINAL 1/10/2013



DRAFT

Fetal Demise

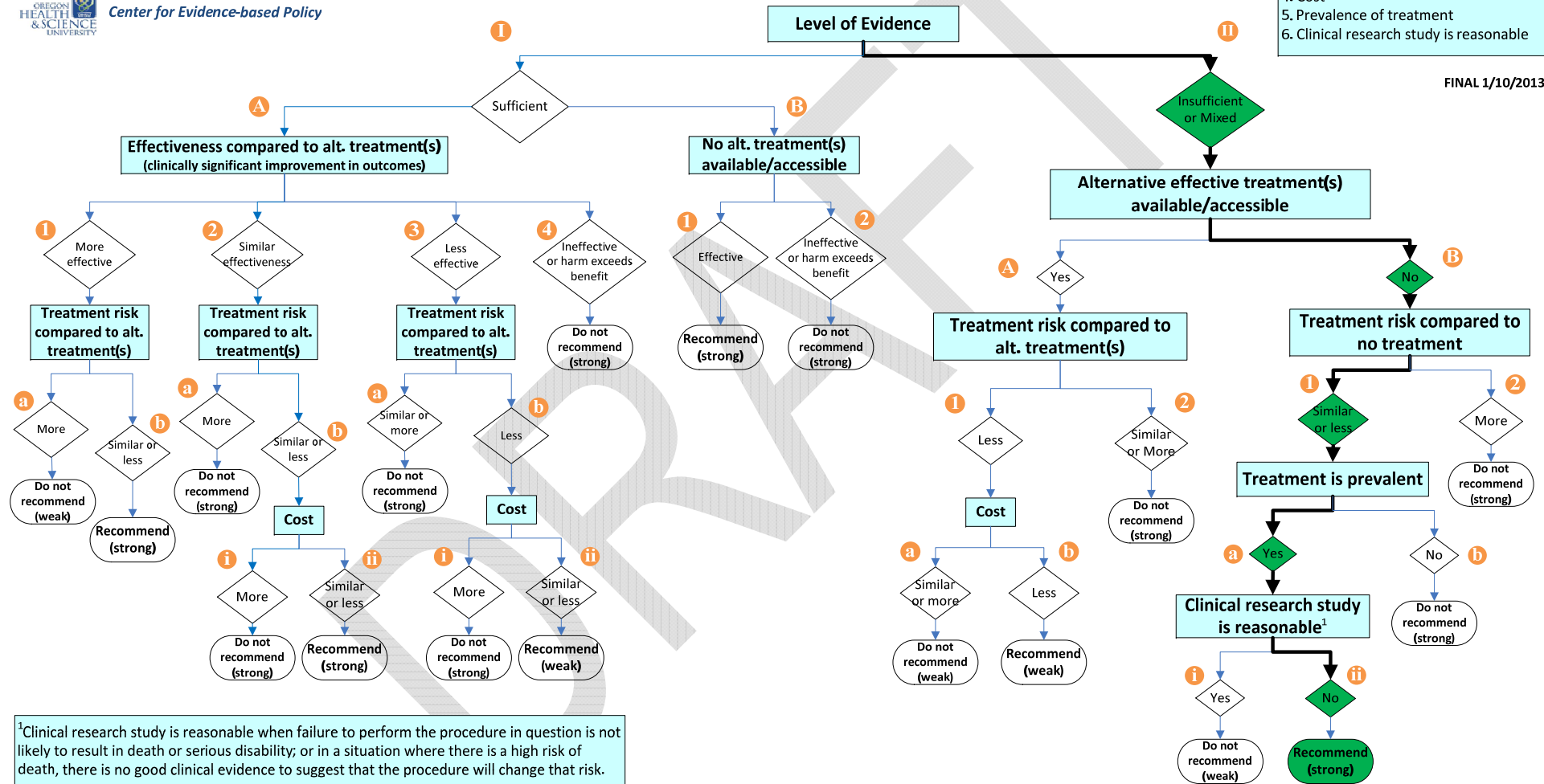


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FINAL 1/10/2013



¹Clinical research study is reasonable when failure to perform the procedure in question is not likely to result in death or serious disability; or in a situation where there is a high risk of death, there is no good clinical evidence to suggest that the procedure will change that risk.

Suspected IUGR/SGA (Preterm) and Suspected Macrosomia



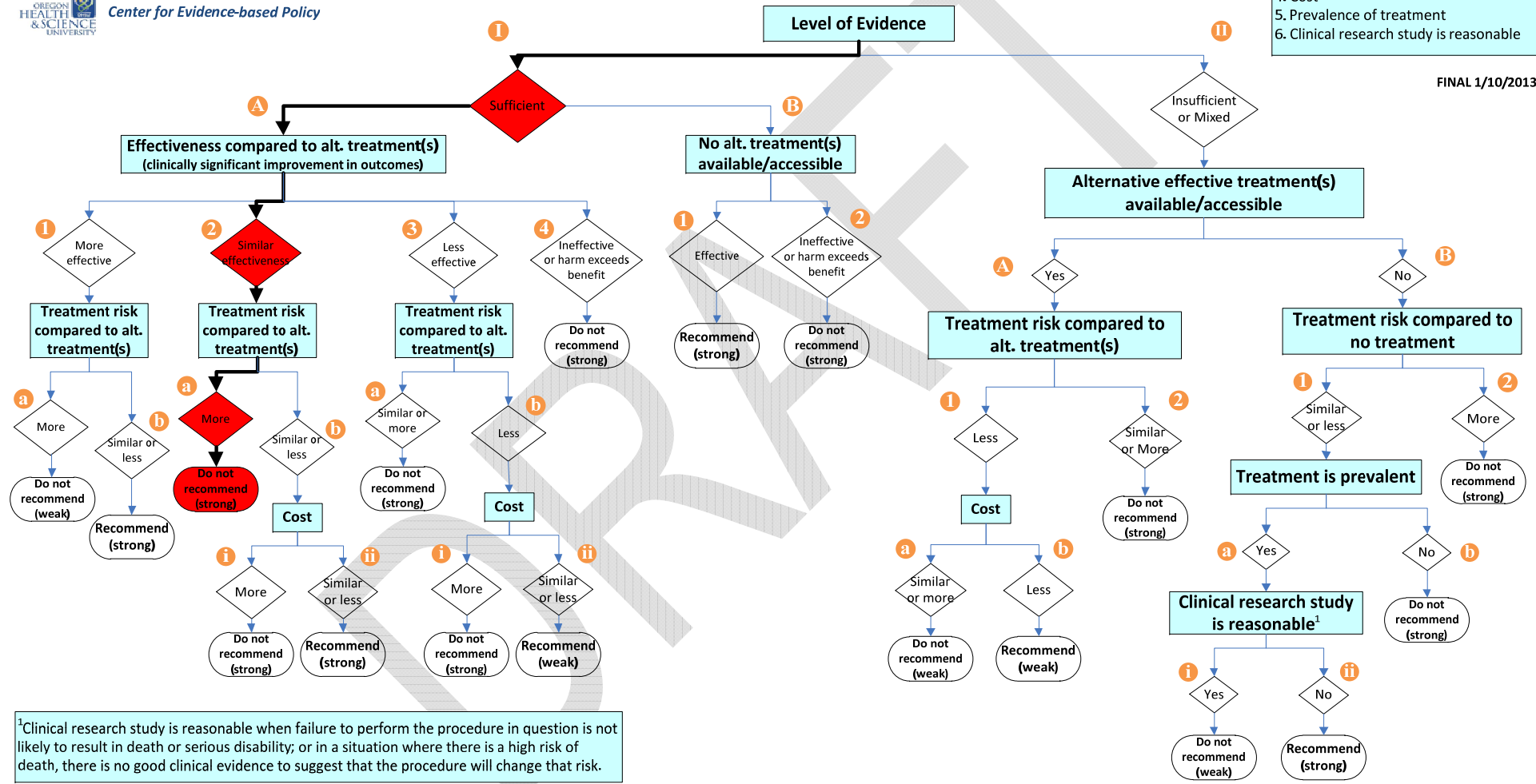
OREGON HEALTH & SCIENCE UNIVERSITY
Center for Evidence-based Policy

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Elective – Gestational Age < 39 weeks, Elective – Gestational Age 39-41 weeks with unfavorable cervix



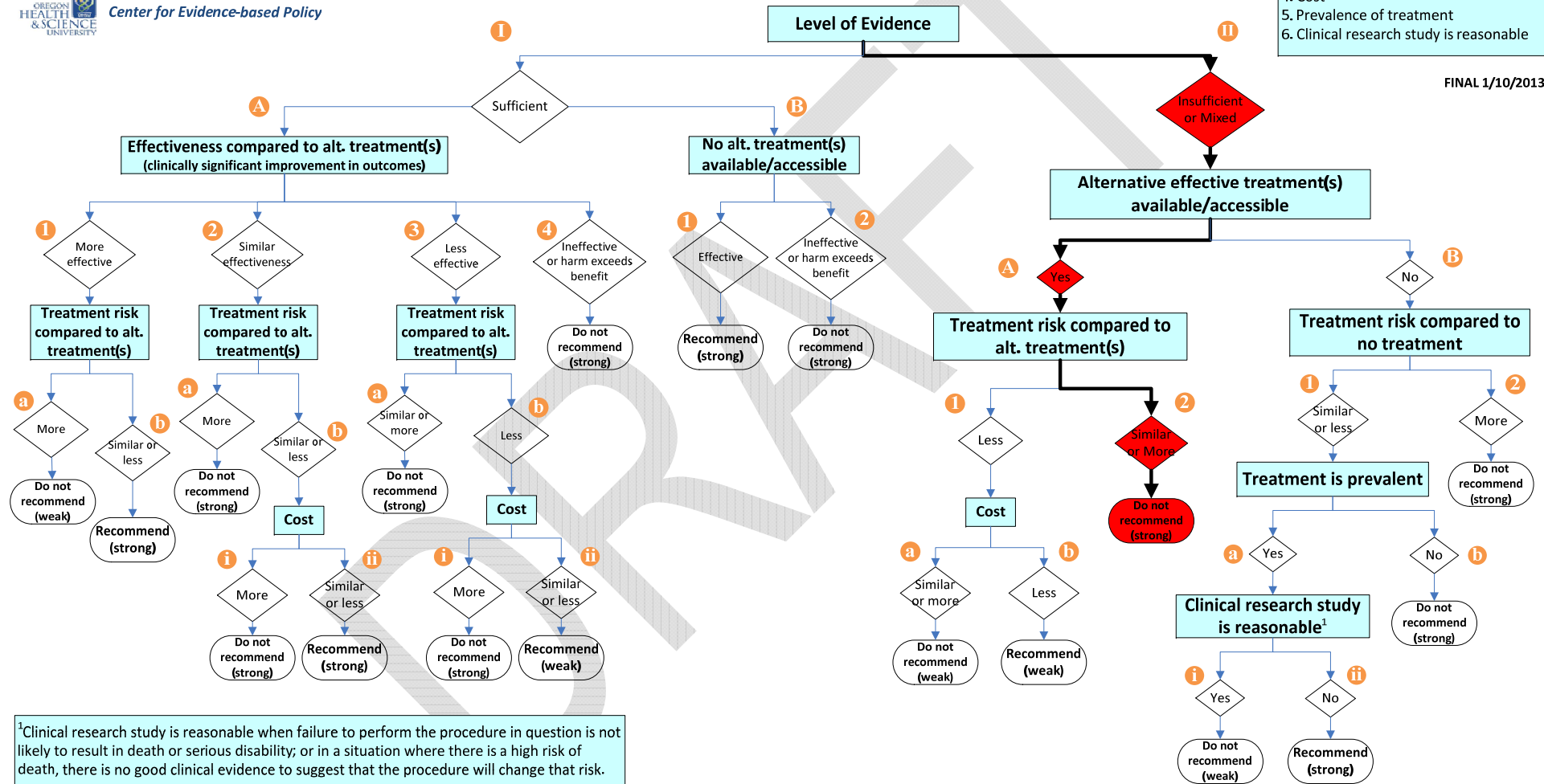
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¹Clinical research study is reasonable when failure to perform the procedure in question is not likely to result in death or serious disability; or in a situation where there is a high risk of death, there is no good clinical evidence to suggest that the procedure will change that risk.

HERC Coverage Guidance – Induction of Labor Disposition of 2nd Round of Expert Comments

Stakeholder	#	Comment	Disposition
Duncan Neilson, MD, Legacy Health	1	Jennifer A. Hutcheon, Sarka Lisonkova, K.S. Joseph. Epidemiology of pre-eclampsia and the other hypertensive disorders of pregnancy . <i>Best Practice & Research Clinical Obstetrics & Gynaecology, Volume 25, Issue 4, 2011, 391-403.</i>	Review article discusses prevalence, risk factors and outcomes. Discusses paradoxical relationship between hypertension in pregnancy and gestational age-specific perinatal mortality, and offers theories to explain this. Hypertensive disorders of pregnancy are already included as being recommended for coverage for IOL, no change to guidance.
	2	K.S. Joseph. Incidence-based measures of birth, growth restriction, and death can free perinatal epidemiology from erroneous concepts of risk . <i>Journal of Clinical Epidemiology, Volume 57, Issue 9, 2004, 889-897.</i>	Describes potential rationale for “the paradox of intersecting perinatal mortality curves”, and presents alternative calculations, including the gestational age-specific birth, death and IUGR rates. No direct action for coverage guidance taken.
Mark Tomlinson, MD, Providence Health and Services, Oregon	3	Here are two of Aaron’s recent articles both large vital statistic studies showing the “U” shaped perinatal mortality curve with advancing gestation, and the second questioning the commonly held belief that there is increased harm (more CS) with induction compared expectant management: Rosenstein MG, Cheng YW, Snowden JM, et al. The risk of stillbirth and infant death stratified by gestational age in women with gestational diabetes. <i>Am J Obstet Gynecol 2012;206:309.e1-7.</i>	Retrospective cohort study showing that the risk of expectant management (EM) is lower than the risk of delivery for women with gestational diabetes (GDM) at 36 weeks (RR not calculated), but by 39 weeks, the risk of EM is higher than the risk of delivery (RR=0.89; 95% CI 0.52-1.5). Risk is the sum of stillbirth and infant death. This increased risk appears to be due to increased risk of stillbirth in the GDM women, since there was no difference in risk of infant death at this gestational age. Gestational DM already included as being recommended for coverage for IOL, no change to guidance.
	4	Cheng YW, Kaimal AJ, Snowden JM, et al. Induction of labor compared to expectant management in low-risk women and associated perinatal outcomes. <i>Am J Obstet Gynecol 2012;207:502.e1-8.</i>	Retrospective cohort study of low risk nullips at term (39-42 wks). Women who had induction were compared to women who delivered later (either spontaneous or induced). Women with oligohydramnios and preeclampsia were excluded from the IOL group but allowed in the “delivered later” group. IOL at 39 weeks resulted in lower risk of C/S (aOR=0.90; 95%CI 0.88-0.91), labor dystocia, having a 5-minute Apgar <7, meconium aspiration syndrome and NICU admission compared to later delivery. Similar findings were seen from women induced at 40 weeks. While authors report potential confounding by some high-risk women remaining in the IOL group, biasing estimates on C/S to the null, they do not mention potential confounding resulting from differing inclusion criteria (women with oligohydramnios and preeclampsia were excluded from the IOL group but not the “delivered later” group), which would bias in the opposite direction.
	5	I hope these articles will give some precedence for removing the “against” recommendation from elective induction between 39 and 41 wks.	Previously EbGS and VBBS/HERC made the decision to not cover elective induction of labor < 41 weeks. The rationale was that this was thought to increase harms (cesarean sections, and neonatal outcomes in earlier gestations) and also increase costs. Data available now suggests that harms are not increased, and in select populations may result in decreased risk of CS and rare improvement in composite indicators. Guidance language changed to “Induction of labor is recommended for coverage for the following indications (<i>weak recommendation</i>): Elective

HERC Coverage Guidance – Induction of Labor Disposition of 2nd Round of Expert Comments

Stakeholder	#	Comment	Disposition
			purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (e.g., bishop score ≥6).

HERC Coverage Guidance – Induction of Labor Disposition of 2nd Round of Public Comments

Stakeholder	#	Comment	Disposition
Oregon Perinatal Collaborative <i>Suzanne Lubarsky, MD, NW</i> Permanente <i>Megan Bird, MD,</i> Tuality Healthcare <i>Mark Tomlinson, MD,</i> Providence Health and Services, Oregon <i>Aaron Caughey, MD,</i> Oregon Health and Sciences University <i>Laurel Durham, RN,</i> Providence Health and Services <i>Katherine Criswell, RN,</i> Providence Health and Services <i>Duncan Neilson, MD,</i> Legacy Health <i>Helen Philips, RN, MS,</i> Legacy Health <i>Richard Lowensohn, MD,</i> March of Dimes <i>Yvonne Gordon, RN,</i> March of Dimes <i>Patrice Chatterton,</i> Kaiser Permanente	1	<p>We agree that making policy decisions regarding the clinical practice of labor induction at term should be based on optimal data. We assert that the best and most relevant data are only relatively recently available. We wish to point out two considerations which complicate interpretation of prior studies:</p> <p>1) Accurate determination of gestational age (only available with sufficient resolution since the routine practice of first trimester ultrasound) and</p> <p>2) The tendency to group spontaneous labors with induced labors in comparing delivery outcomes at a given gestational age.</p>	Thank you for your comment. EbGS agrees that grouping spontaneous and induced labors results in potentially biased results.
	2	<p>With regard to the first of these points, high resolution gestational age vs. overall perinatal mortality (stillbirth plus neonatal death) curves now show that the nadir of the curve (lowest risk of perinatal death) is at 39-40 weeks, and overall mortality increases by 41 weeks. Studies which include less accurate gestational dating (menstrual plus clinical indicators) will systematically overestimate gestational age, as the distribution of ovulation times relative to last menses is not Gaussian, but skewed toward the longer times. Including such studies in the policy-making will falsely overestimate the safety of longer gestation (beyond 40 weeks). Thus only the most recent large scale studies employing first trimester ultrasound dating should be used for determining optimal delivery time. We have previously supplied several such studies to the HERC committee demonstrating this curve.</p>	Thank you for providing these articles (see comments in the 2 nd Round of Expert Comments disposition).
	3	<p>Secondly, the clinical decision to induce labor only applies if a patient hasn't delivered spontaneously at a given gestational age. The question is, if a patient hasn't delivered by a given gestational age (e.g., 39 or 40) what is the relative risk of induction vs. expectant management? This issue has only recently been addressed carefully in the OB literature (reference below) and the conclusion is that induction may actually be favored over expectant management for patients who have reached that nadir of perinatal mortality which occurs at 39-40 weeks in the otherwise uncomplicated gestation.</p>	Only one study provided was in low risk women (a second study was provided that addressed optimal age for delivery in women with gestational diabetes). The study of low risk women had some limitations that could result in significant bias (differing inclusion criteria between spontaneous labor and IOL groups).
	4	<p>An additional consideration is that our Oregon Perinatal Collaborative (including the major health systems, payors, and the March of Dimes) has recently successfully implemented a hard-stop policy virtually State-wide, preventing elective delivery of uncomplicated pregnancies prior to 39 weeks.</p> <p>There is a large national consensus on the validity of this practice. If a State policy board attempts to change that date to 41 weeks without strong data to validate that change, the validity and credibility of the Collaborative, which continues to have potential to improve Obstetric practice state wide, will certainly be damaged, and we would risk losing the ground we've gained to date.</p>	EbGS is aware of the statewide collaborative efforts.

HERC Coverage Guidance – Induction of Labor Disposition of 2nd Round of Public Comments

Stakeholder	#	Comment	Disposition
<p><i>Diane Waldo RN,</i> Oregon Association of Hospitals and Health Systems</p> <p><i>Shelora Mangan,</i> <i>RN,</i> Legacy Health</p>	5	<p>For these reasons we request that HERC acknowledge the data supporting induction of labor beginning at 39 weeks of gestation when the clinical setting is appropriate rather than the currently proposed 41 week gestational age.</p> <p>Cheng YW, Kaimal AJ, Snowden JM, Nicholson JM, Caughey AB. Induction of labor compared to expectant management in low-risk women and associated perinatal outcomes. Am J Obstet Gynecol. 2012 Dec;207(6):502.e1-8. doi: 10.1016/j.ajog.2012.09.019. Epub 2012 Sep 22.</p>	<p>The previous IOL Coverage Guidance recommended non-coverage for elective induction of labor < 41 weeks, but was not implemented for OHP. The rationale was that this was thought to increase harms (cesarean sections, and neonatal outcomes in earlier gestations) and also increase costs. Data available now suggests that harms are not increased, and in select populations may result in decreased risk of CS and rare improvement in composite indicators (see comment #4 in the 2nd Round of Expert Comments disposition).</p> <p>Guidance language changed to “Induction of labor is recommended for coverage for the following indications (<i>weak recommendation</i>): Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (e.g., bishop score ≥6).</p>

HEALTH EVIDENCE REVIEW COMMISSION (HERC)
COVERAGE GUIDANCE: NEUROIMAGING FOR HEADACHE

DRAFT for HERC Meeting Materials 8/8/2013

HERC COVERAGE GUIDANCE

Neuroimaging is not recommended for coverage in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).

Neuroimaging is recommended for coverage with headache when a red flag* is present.

*The following represent red flag conditions for underlying abnormality with headache:

- new onset or change in headache in patients who are aged over 50
- thunderclap headache: rapid time to peak headache intensity (seconds to 5 min)
- focal neurologic symptoms (e.g. limb weakness, lack of coordination, numbness or tingling)
- non-focal neurological symptoms (e.g. altered mental status, dizziness)
- abnormal neurological examination
- headache that changes with posture
- headache wakening the patient up (nota bene migraine is the most frequent cause of morning headache)
- headache precipitated by physical exertion or Valsalva maneuver (e.g. coughing, laughing, straining)
- patients with risk factors for cerebral venous sinus thrombosis
- jaw claudication
- nuchal rigidity
- new onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
- new onset headache in a patient with a history of cancer
- cluster headache, paroxysmal hemicrania, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA)

RATIONALE FOR GUIDANCE DEVELOPMENT

The HERC selects topics for guideline development or technology assessment based on the following principles:

- Represents a significant burden of disease
- Represents important uncertainty with regard to efficacy or harms
- Represents important variation or controversy in clinical care

- Represents high costs, significant economic impact
- Topic is of high public interest

Coverage guidance development follows to translate the evidence review to a policy decision. Coverage guidance may be based on an evidence-based guideline developed by the Evidence-based Guideline Subcommittee or a health technology assessment developed by the Health Technology Assessment Subcommittee. In addition, coverage guidance may utilize an existing evidence report produced by one of HERC's trusted sources, generally within the last three years.

EVIDENCE SOURCES

Clark, E.E., Little, A., & King, V. (2010). *Red flags and imaging in headache*. Portland, OR: Center for Evidence-based Policy, Oregon Health & Science University.

Key Sources Cited in MED Report:

Detsky, M.E., McDonald, D.R., Baerlocher, M.O., Tomlinson, G.A., McCrory, D.C., & Booth, C.M. (2006). Does this patient with headache have a migraine or need neuroimaging?. *JAMA*, 296(10), 1274-1283.

Frishberg, B.M., Rosenberg, J.H., Matchar, D.B., McCrory, D.C., Pietrzak, M.P., Rozen, T.D., et al. (2000). Evidence-based guidelines in the primary care setting: Neuroimaging in patients with nonacute headache. US Headache Consortium. Minneapolis, MN: American Academy of Neurology. Retrieved from <http://www.aan.com/professionals/practice/pdfs/gl0088.pdf>

McCormack, R.F., & Hutson, A. (2010). Can computed tomography angiography of the brain replace lumbar puncture in the evaluation of acute-onset headache after a negative noncontrast cranial computed tomography scan?. *Academic Emergency Medicine*, 17(4), 444-451.

Scottish Intercollegiate Guidelines Network. (2008). *Diagnosis and Management of Headaches in Adults*. A National Clinical Guideline. Edinburgh: Scottish Intercollegiate Guidelines Network. Retrieved from <http://www.sign.ac.uk/pdf/qrg107.pdf>

The summary of evidence in this document is derived directly from these evidence sources, and portions are extracted verbatim.

SUMMARY OF EVIDENCE

Clinical Background

Headache is a common condition. Lifetime prevalence of headache is estimated at more than 90% and annual prevalence is estimated at 20% to 40%. Most headaches

are classified as primary, meaning that they are not associated with organic disease. Secondary headaches are caused by underlying organic disease. The prevalence of organic disease or significant intracranial abnormality causing headache is low. Since headaches are common and there are many causes, clinical evaluation may be difficult. Red flags have been proposed to help identify patients with significant intracranial abnormality. MRI and CT are often used to identify significant intracranial abnormalities. MRI and CT of the brain are commonly performed, high cost imaging procedures. The combination of high prevalence of headaches, low prevalence of significant intracranial abnormalities and frequent use of MRI and CT may lead to unnecessary harms through radiation and false positives (incidental findings).

Statistical Background for Interpreting the Evidence

The statistic used to quantify the usefulness of a feature in predicting a finding is the likelihood ratio (LR). A likelihood ratio incorporates both the sensitivity and the specificity of the test and provides a direct estimate of how much a test result will change the odds of having a disease. Sensitivity is the ability of a test to correctly identify people with a condition. A test with high sensitivity will nearly always be positive for people who have the condition. Specificity is the ability of a test to identify correctly people without a condition. A test with high specificity will rarely be wrong about who does NOT have the condition. The LR for a positive result (LR+) tells you how much the odds of the disease increase when a test is positive. The LR for a negative result (LR-) tells you how much the odds of the disease decrease when a test is negative. Likelihood positive ratios that are > 1.0 increase the probability of disease and likelihood negative ratios less than 1.0 (e.g., 0.2, 0.05) decrease the probability of disease. Likelihood ratios have a large and more significant impact on the probability of disease when they are > 10 or < 0.1.

Evidence Review

Headache Prevalence

There are a number of epidemiologic surveys of different populations from the US and elsewhere, which give widely varying prevalence rates. Migraine headache in adults in the US is reported at 6% to 18% per year, while tension headaches have been reported as 38% of adults per year. Frequent or severe headaches have been reported in 10% to 28% of children per year. Headaches were the presenting complaint for 2% of all emergency room visits in a sample of emergency room visits in one sample, while sudden severe headache was the presenting complaint in 0.7%.

Prevalence of Significant Intracranial Abnormality

Of the two systematic reviews identified, McCormack (2010) reports that patients presenting to the emergency room with sudden severe headache have a prevalence of

subarachnoid hemorrhage of 3% to 16%. Another study reported subarachnoid hemorrhage in 25% of 148 patients who presented to general practitioners with thunderclap headache in the Netherlands over 5 years. Frishberg (2000) reports average prevalence of significant intracranial abnormality in migraine patients of 0.18% and average prevalence of significant intracranial abnormality in tension headache of 0%. Individual studies report prevalence of significant intracranial abnormalities in adults with chronic headache of 0.7%, in adults with headache of 1.2%, and in adults with a normal neurological examination of 0.9%.

For children, individual studies have reported the prevalence of significant intracranial abnormalities in children with chronic headache to be 2%, and in children with headache presenting to a specialty clinic to be 10%, although in the latter study, positive findings included Chiari malformation, sinusitis, dilated Virchow Robin spaces, gliosis, arachnoid cysts, leukomalacia. Most of these would not be considered significant intracranial abnormalities or responsible for headaches by most authors, and their inclusion in the significant intracranial abnormality category overstates the prevalence of significant intracranial abnormality in these patients.

Red Flags (Clinical Features that Distinguish Between Patients with and without Significant Intracranial Abnormality)

There are two systematic reviews that examine clinical features (red flags) as predictors for the presence of significant intracranial abnormalities on neuroimaging (Detsky 2006; Frishberg 2000). Several additional retrospective and prospective case series address the value of red flags in the prediction of significant intracranial abnormalities in patients with headaches.

Detsky (2006) performed a systematic review of 11 case series assessing performance characteristics of screening questions and clinical examination in predicting the presence of underlying intracranial pathology on neuroimaging. Clinical features with a high positive likelihood ratio include cluster headache (LR + = 11), abnormal neurological examination (LR + = 5.3), “undefined headache” (LR + = 3.8), headache with aura (LR + = 3.2) and headache with focal symptoms (LR + = 3.1). Clinical features with low negative likelihood ratios included absence of an abnormal neurological examination (LR - = 0.71), headache not aggravated by Valsalva maneuver (LR - = 0.70), absence of vomiting (LR - = 0.47) and defined type (migraine and tension) headache (LR - = 0.66).

Frishberg (2000) performed a systematic review of 28 case series. Clinical features with a high positive likelihood ratio included abnormal neurological exam (LR + = 1.7-5.4), rapidly increasing headache frequency (LR + = 12), headache awakening from sleep (LR+ = 1.7 - 98), history of dizziness, lack of coordination, numbness or tingling (LR+ = 49), headache with Valsalva maneuver (LR+ = 2.3). Clinical features with a low negative

likelihood ratio included absence of abnormal neurological exam (LR - = 0.7), absence of rapidly increasing headache frequency (LR - = 0.73), headache not awakening from sleep (LR - = 0.72), absence of headache with Valsalva maneuver (LR - = 0.67).

In one case series adult patients with non-acute headache referred to a neurology clinic, neuroimaging studies identified significant intracranial abnormalities in 1.2% of patients. The only red flag that had a significant positive likelihood ratio for significant intracranial abnormality was abnormal neurological examination (LR + = 42). Gender of patient, intensity of headache, duration of headache, worsening of headache all had LR that were close to 1.0.

Two studies from emergency rooms in Italy evaluated a clinical pathway (guideline) for the emergency room evaluation of non-traumatic headaches. One study grouped patients into three clinical scenarios and the other grouped patients into four clinical scenarios. The three common scenarios were Group 1: sudden, severe headache, “worst headache ever”, abnormal neurological signs, associated syncope, nausea or vomiting or headache after exertion. Group 2: recent onset of headache, worsening headache or first headache in patient age > 40 yrs. Group 3: usual headache but more severe, longer in duration or not responding to drugs. The additional Group 4 was severe headache with fever or neck stiffness. Groups 1, 2 and 4 received a CT scan in the emergency room. Group 3 did not receive CT. Computed tomography (CT) and 6 month clinical follow-up were used to make the final diagnosis. The first study reported only one missed diagnosis of 247 patients using the clinical pathway and noted a reduction in neurological consultations and shorter hospital stays compared to a similar group of patients from the year prior to the initiation of the clinical pathway. The second study reported that sensitivity of the clinical pathway was 100% and specificity was 64%, while positive likelihood ratio was 2.67 and negative likelihood ratio was 0.04.

Diagnostic Parameters for Neuroimaging in Patients with Headache

There is no comparative evidence demonstrating superior diagnostic performance in detecting significant intracranial abnormalities for either CT or MRI.

Effect of Neuroimaging on Patient Management or Outcomes

There is no evidence that suggests that MRI or CT use results in altered management or improved outcomes for patients with headache, whether the neurologic exam is normal or not.

Four good quality guidelines were identified in this report, one of which was from the Scottish Intercollegiate Guidelines Network (SIGN), published in 2008. They identify the following red flags which should prompt referral for further investigation:

- new onset or change in headache in patients who are aged over 50,
- thunderclap headache: rapid time to peak headache intensity (seconds to 5 min),
- focal neurologic symptoms (e.g., limb weakness, aura <5 min or >1 hour),
- non-focal neurological symptoms (e.g., cognitive disturbance),
- change in headache frequency, characteristics or associated symptoms,
- abnormal neurological examination,
- headache that changes with posture,
- headache wakening the patient up,
- headache precipitated by physical exertion or valsalva manoeuvre (e.g., coughing, laughing, straining),
- patients with risk factors for cerebral venous sinus thrombosis,
- jaw claudication or visual disturbance,
- neck stiffness,
- fever,
- new onset headache in a patient with a history of human immunodeficiency virus (HIV) infection,
- new onset headache in a patient with a history of cancer.

In addition, the guideline recommends the following:

- Brain MRI should be considered in patients with cluster headache, paroxysmal hemicrania or SUNCT.

Overall Summary

The prevalence of headache is high in adults, children and emergency room patients. The prevalence of significant intracranial abnormalities in headache patients is low, occurring 1% to 2% of children and adults, with the exception of subarachnoid hemorrhage in patients presenting to the emergency room with sudden, severe (thunderclap) headache, which has a prevalence between 3% and 25%. The red flags that have likelihood ratios sufficiently high to be helpful in predicting the presence of significant intracranial abnormalities are cluster headaches, rapidly increasing headache frequency, headache awakening from sleep, headache with a history of dizziness, lack of coordination, numbness or tingling and an abnormal neurologic examination. There are no individual red flags that have likelihood ratios sufficiently low to be helpful in predicting the absence of significant intracranial abnormalities, although some clinical

pathways may reach this goal. There is no evidence that suggests that MRI or CT use results in altered management or improved outcomes for patients with headache and a normal neurologic exam.

SUBCOMMITTEE DELIBERATIONS (EbGS)

The EbGS elected to use the SIGN language over an option presented by staff based on the evidence review; the SIGN-based language allows additional medically appropriate indications. The subcommittee also elected to change several phrases in the previous guidance that were too vague or subjective, and were not indications for imaging by themselves; for example, the language for neck stiffness was changed to “nuchal rigidity” to ensure objective evidence of neck stiffness.

SUBCOMMITTEE DELIBERATIONS (VbBS)

The VbBS discussed modifying the coverage guidance language further for clarity and approved a modified diagnostic guideline.

DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE

Neuroimaging is not covered in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).

Neuroimaging is covered for headache when a red flag* is present.

*The following represent red flag conditions for underlying abnormality with headache:

- A. New onset or change in headache in patients who are aged over 50
- B. Thunderclap headache: rapid time to peak headache intensity (seconds to 5 minutes)
- C. Focal neurological symptoms (e.g. limb weakness, lack of coordination, numbness or tingling)
- D. Non-focal neurological symptoms (e.g altered mental status, dizziness)
- E. Abnormal neurological examination
- F. Headache that changes with posture
- G. Headache wakening the patient up (NB migraine is the most frequent cause of morning headache)
- H. Headache precipitated by physical exertion or valsalva maneuver (e.g. coughing, laughing, straining)
- I. Patients with risk factors for cerebral venous sinus thrombosis
- J. Jaw claudication
- K. Nuchal rigidity

- L. New onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
- M. New onset headache in a patient with a history of cancer
- N. Cluster headache, paroxysmal hemicrania, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA)

APPLICABLE CODES

CODES	DESCRIPTION
ICD-9 Diagnosis Codes	
191	Malignant neoplasm of brain
192.1	Malignant neoplasm of cerebral meninges
225.0	Benign neoplasm of brain
225.2	Benign neoplasm of cerebral meninges
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges
320,321,322	Meningitis
331.0-9	Hydrocephalus
323	Encephalitis
324	Intracranial abscess
346.0-9	Migraine and variants
339.0	Cluster Headache and other trigeminal autonomic cephalgias
339.1	Tension type headache
339.2	Post-traumatic headache
339.4	Complicated headache syndromes
339.8	Other specified headache syndromes
348.0	Cerebral cysts
348.4	Compression of brain
349.89	Other specified disorders of the nervous system
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432	Other and unspecified intracranial hemorrhage
461	Acute sinusitis
473	Chronic sinusitis
741.0	Spina bifida with hydrocephalus
742.0	Encephalocele
742.2	Reduction deformities of the brain
779.7	Periventricular leukomalacia

784.0	Headache
784.2	Mass in head
ICD-9 Volume 3 (procedure codes)	
87.03	CAT scan of head
88.91	MRI of brain and brainstem
92.11	Radioisotope scan and function study: cerebral
CPT Codes	
70450	CT Head without contrast material
70460	CT head with contrast material
70470	CT head without followed by with contrast material
70496	CT angiography with contrast material, including post processing
70544	MRI brain without contrast material
70545	MRI brain with contrast material
70546	MRI brain without followed by with contrast material
70551	MRI brain including brainstem without contrast material
70552	MRI brain including brainstem with contrast material
70553	MRI brain including brainstem without followed by with contrast material
HCPCS Level II Codes	
None	

Note: Inclusion on this list does not guarantee coverage

Coverage guidance is prepared by the Health Evidence Review Commission (HERC), HERC staff, and subcommittee members. The evidence summary is prepared by the Center for Evidence-based Policy at Oregon Health & Science University (the Center). This document is intended to guide public and private purchasers in Oregon in making informed decisions about health care services.

The Center is not engaged in rendering any clinical, legal, business or other professional advice. The statements in this document do not represent official policy positions of the Center. Researchers involved in preparing this document have no affiliations or financial involvement that conflict with material presented in this document.

HERC Coverage Guidance – Neuroimaging for Headache Disposition of 2nd Round of Public Comments

Stakeholder	#	Comment	Disposition
Oregon Medicaid Managed Care Medical Director	1	<p>Please consider changing “neck stiffness” a subjective complaint to a physical exam finding of nuchal rigidity or any other positive tests suggesting meningeal irritation, such as Kernigs or Brudzinskis signs.</p> <p>http://www.turner-white.com/pdf/hp_jul99_signs.pdf</p>	<p>Both references in the source document use the term neck stiffness, but EbGS agrees that subjective neck stiffness is common, and an objective sign would be a more useful screening measure.</p> <p>Guidance document changed to “nuchal rigidity”.</p>