Line: **4**
Condition: SUBSTANCE USE DISORDER (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
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,97810-97814,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99408,99409,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004-H0006,H0010-H0016,H0018-H0020,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502

Line: **5**
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4,64,65)
Treatment: MEDICAL THERAPY/BEHAVIORAL COUNSELING
ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6
CPT: 96150-96154,97810-97814,98966-98969,99078,99201-99215,99224,99324-99350,99366,99406,99407,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: D1320,G0425-G0427,G0436,G0437,G0459,G0463,G0466,G0467,G0469,G0470,G9016,H0038,S9453

Line: **7**
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,65,69,102)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.2-F32.5,F32.9,F33.0-F33.3,F33.40-F33.42,F33.9
CPT: 90785,90832-90840,90846-90853,90867,90868,90870,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: **26**
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F20.0-F20.5,F20.81-F20.9,F25.0-F25.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: **29**
Condition: BIPOLAR DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F30.10-F30.9,F31.0,F31.10-F31.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,S9537,T1005,T1016

Line: **66**
Condition: SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.14,F10.150-F10.180,F10.188,F10.24,F10.250-F10.259,F10.280,F10.288,F10.94,F10.950-F10.959,F10.980,F10.988,F11.14,F11.150-F11.159,F11.188,F11.24,F11.250-F11.259,F11.288,F11.94,F11.950-F11.959,F11.988,F12.150-F12.180,F12.250-F12.280,F12.950-F12.980,F13.14,F13.150-F13.180,F13.188,F13.24,F13.250-F13.259,F13.280,F13.288,F13.94,F13.950-F13.959,F13.980,F13.988,F14.14,F14.150-F14.180,F14.188,F14.24,F14.250-F14.280,F14.288,F14.94,F14.950-F14.980,F14.988,F15.14,F15.150-F15.180,F15.188,F15.24,F15.250-F15.280,F15.288,F15.94,F15.950-F15.980,F15.988,F16.14,F16.150-F16.188,F16.24,F16.250-F16.288,F16.94,F16.950-F16.988,F18.14,F18.150-F18.159,F18.180-F18.188,F18.24,F18.250-F18.259,F18.280-F18.288,F18.94,F18.950-F18.959,F18.980-F18.988,F19.14,F19.150-F19.159,F19.180,F19.188,F19.24,F19.250-F19.259,F19.280,F19.288,F19.94,F19.950-F19.959,F19.980,F19.988
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99184,99201-99239,99281-99285,99291,99292,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0005,H0010,H0011,H0013-H0016,H0020,H0033-H0035,H0045,H0048,H2013,T1006,T1007

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

Line: **101**
Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.3
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239, 99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125, S9480,S9484,T1005,T1016

Line: **126**
Condition: ATTENTION DEFICIT/HYPERACTIVITY DISORDERS (See Guideline Notes 20,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F90.0-F90.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

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: 90846,90849,90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99350, 99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

Line: **177**
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.10-F43.12
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

Line: **197**
Condition: AUTISM SPECTRUM DISORDERS (See Guideline Notes 65,75,126)
Treatment: MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS
ICD-10: F84.0,F84.3-F84.9
CPT: 0359T-0374T,90785,90832-90840,90846-90849,90882,90887,96101,96118,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99415,99416,99441-99449,99487-99498
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0023,H0032,H0034, H0038,H2010,H2011,H2014,H2027,H2032,S9484,T1016

Line: **206**
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,65,86,90,121)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F01.50-F01.51,F02.80-F02.81,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, 99201-99239,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484, T1005,T1016

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

Line: **208**
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 64,65,92)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.0-F32.1,F32.8,F33.8,F34.0,F34.8,F39,N94.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: **216**
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: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: **257**
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F54
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99215,99224-99226,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S9484,T1005,T1016

Line: **282**
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F22-F24,F28-F29,F53
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: **287**
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.00-F50.02
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99184,99201-99239,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: **295**
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.0,R45.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99224,99231-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010-H2013,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

Line: **317**
Condition: GENDER DYSPHORIA (See Guideline Note 127)
Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
ICD-10: F64.1-F64.9,Z87.890
CPT: 14000,14001,15200,15201,17380,19303,19304,19316-19325,19340-19350,53415-53430,54120,54125,54520, 54690,55150-55180,55866,55970,55980,56620,56625,56800-56810,57106,57107,57110,57111,57291-57296, 57335,57426,58150-58180,58260,58262,58275-58291,58541-58544,58550-58554,58570-58573,58660,58661, 58720,58940,90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078, 99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498, 99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032,H0034,H0035, H2010,H2011,H2014,H2027,H2032,H2033,S9484,T1016

Line: **386**
Condition: BULIMIA NERVOSA AND UNSPECIFIED EATING DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.2-F50.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99184,99201-99239,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

ICD-10-CM F50.8 is included on this line only for binge eating disorder. All other diagnoses using this code (i.e. pica in adults) are included on Line 664, pica.

Line: **394**
Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F93.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005,T1016

Line: **397**
Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.00-F40.02,F41.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

Line: **412**
Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F44.0-F44.2,F44.81-F44.89,F48.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

Line: **417**
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F21
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

Line: **419**
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F41.1-F41.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99215,99224, 99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005, T1016

Line: **425**
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 64,65,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.3,F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019, H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151, S9125,S9480,S9484,T1005,T1016

Line: **437**
Condition: PERSISTENT DEPRESSIVE DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F34.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9480,S9484,T1016

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: E50.5,F98.4
CPT: 0359T-0374T,90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

Line: **449**
Condition: ADJUSTMENT DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.20-F43.8,F98.9,Z62.810-Z62.898,Z63.4,Z63.8,Z71.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010-H2012, H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016

Line: **451**
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F95.0-F95.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-99215, 99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0038,H2010-H2014,H2021,H2022,H2027,H2032,S9484,T1016

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

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: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350, 99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484, T1005,T1016

Line: **462**
Condition: SIMPLE PHOBIAS AND SOCIAL ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.10-F40.11,F40.210-F40.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9484,T1016

Line: **466**
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F42,F45.22,F63.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019, H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S9480,S9484,T1005, T1016

Line: **474**
Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F98.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350, 99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484, T1005,T1016

Line: **477**
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016

Line: **483**
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.0-F91.2,F91.8-F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019, H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151, S9125,S9480,S9484,T1005,T1016

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

Line: **498**
Condition: PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F65.0-F65.4,F65.50-F65.9,F66
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S9484,T1016

Line: **526**
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-10: F10.181,F10.281,F10.981,F11.181,F11.281,F11.981,F12.188,F12.288,F12.988,F13.181,F13.281,F13.981,F14.181,F14.281,F14.981,F15.181,F15.281,F15.981,F19.181,F19.281,F19.981,F52.0-F52.1,F52.21-F52.4,F52.6-F52.9,N52.01-N52.9,N53.11-N53.19,R37
CPT: 54400-54417,90785,90832-90840,90846-90853,90882,90887,93980,93981,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99360,99366,99374,99375,99379-99404,99408-99416,99429-99449,99471-99476,99487-99498,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0035,H0038,H2011,H2014,H2027,H2032,S9484,T1016

Line: **549**
Condition: IMPULSE DISORDERS (See Guideline Notes 58,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.1-F63.2,F63.81-F63.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: **554**
Condition: SOMATIC SYMPTOMS AND RELATED DISORDERS (See Guideline Notes 64,65)
Treatment: CONSULTATION
ICD-10: F44.0-F44.7,F44.81-F44.9,F45.0-F45.1,F45.20-F45.9,F52.5,F68.10-F68.13
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S9484,T1016

Line: **576**
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: 90846,90849,90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9484,T1005,T1016

Line: **614**
Condition: ABUSE OF NONADDICTIVE SUBSTANCES
Treatment: MEDICAL THERAPY
ICD-10: F55.0-F55.8
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99408,99409,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004-H0006,H0015,H0016,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502

Line: **635**
Condition: PICA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.8,F98.3
CPT: 90785,90832-90840,90847,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

Line:	**653**
Condition:	MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment:	EVALUATION
ICD-10:	F11.90,F12.90,F13.90,F14.90,F15.90,F16.90,F18.90,F19.90,F48.8,F93.8
CPT:	98966-98969,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS:	G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

STATEMENTS OF INTENT

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

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.

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.

GUIDELINE NOTE 4, TOBACCO DEPENDENCE

Line 5

Pharmacotherapy and behavioral counseling are included on this line, alone or in combination, for at least 2 quit attempts per year. A minimum of four counseling sessions of at least 10 minutes each (group or individual, telephonic or in person) are included for each quit attempt. More intensive interventions and group therapy are likely to be the most effective behavioral interventions.

Inclusion on this line follows the minimum standard criteria as defined in the Oregon Public Health Division "Standard Tobacco Cessation Coverage" (based on the Patient Protection and Affordable Care Act), available here:
https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

Lines 34,50,61,72,75,76,78,85,95,96,135,136,140,154,157,164,182,187,188,200,201,205,206,212,259,261,276,290,292,297,305, 306,314,322,346,350,351,353,360,361,364,366,381,382,392,406,413,421,423,427,428,436,447,459,467,470,471,482,490,501, 512,532,558,561,574,592,611,666 (Lines 351, 366 and 532 represent lines 374, 412 and 545 from the Oct. 1, 2015 Prioritized List†)

A total of 30 visits per year of rehabilitative therapy (physical, occupational and speech therapy, and cardiac and vascular rehabilitation) are included on these lines when medically appropriate. Additional visits, not to exceed 30 visits per year, may be authorized in exceptional circumstances, such as in cases of rapid growth/development.

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES (CONT'D)

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation are only included on these lines when the following criteria are met:

1. therapy is provided by a licensed physical therapist, occupational therapist, speech language pathologist, physician, or other practitioner licensed to provide the therapy,
2. there is objective, measurable documentation of clinically significant progress toward the therapy plan of care goals and objectives,
3. the therapy plan of care requires the skills of a medical provider, and
4. the client and/or caregiver cannot be taught to carry out the therapy regimen independently.

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit.

Spinal cord injuries, traumatic brain injuries, or cerebral vascular accidents are not subject to the visit limitations during the first year after an acute injury.

GUIDELINE NOTE 20, ATTENTION DEFICIT/HYPERACTIVITY DISORDERS IN CHILDREN

Line 126

Use of ICD-10-CM F90.9, Attention deficit/hyperactivity disorder, unspecified type, in children age 5 and under, 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 5 and under diagnosed with disruptive behavior disorders, including those at risk for ADHD, first line therapy is evidence-based, structured "parent-behavior training. Second line therapy is pharmacotherapy.

For children age 6 and over who are diagnosed with ADHD, pharmacotherapy alone or pharmacotherapy with psychosocial/behavioral treatment are included on this line for first line therapy.

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

GUIDELINE NOTE 54, CONDUCT DISORDER

Line 483

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit/hyperactivity disorder (ADHD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 58, IMPULSE DISORDERS

Line 549

Impulse disorders rarely occur in isolation from other psychiatric diagnosis, thus the Patient should have documented screening for attention deficit/hyperactivity disorder (ADHD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

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.

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

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 69, ELECTROCONVULSIVE THERAPY (ECT)

Lines 7,26,29

Electroconvulsive therapy (ECT; CPT 90870) is included on these lines for the treatment of major depressive disorder, bipolar disorder, schizophrenic disorder, or schizoaffective disorder when one or more of the following conditions are present:

1) Acute suicidality with high risk of acting out suicidal thoughts
2) Psychotic features
3) Rapidly deteriorating physical status due to complications from the depression, such as poor oral intake
4) Catatonia
5) History of poor response to multiple adequate trails of medications and/or combination treatments, or the patient is unable or unwilling to comply with or tolerate side effects of available medications, or has a co-morbid medical condition that prevents the use of available medications
6) History of good response to ECT during an earlier episode of the illness
7) The patient is pregnant and has severe mania or depression, and the risks of providing no treatment outweigh the risks of providing ECT

    1) The frequency and number of treatments need to be determined by the severity of illness and by the relative benefits and risks of ECT treatment. During the course of ECT, it is important to monitor therapeutic responses and adverse effects of treatment. Continuation treatment of patients who have responded to ECT consists of treatment with antidepressant medications and/or a tapering schedule of ECT treatments. Continuation treatment reduces the risk of relapse and should be offered to all patients who respond to ECT. Continuation ECT treatments should be tapered and discontinued as the patient's clinical condition allows. Maintenance treatment with ECT is indicated to prevent recurrence of depression in patients whose remission of symptoms cannot be maintained with pharmacologic antidepressant treatment.

GUIDELINE NOTE 75, APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER

Line 197

Applied behavioral analysis (ABA), including early intensive behavioral intervention (EIBI), represented by CPT codes 0359T-0374T, is included on Line 197 AUTISM SPECTRUM DISORDERS for the treatment of autism spectrum disorders.

ABA services are provided in addition to any rehabilitative services (e.g. physical therapy, occupational therapy, speech therapy) included in Guideline Note 6 REHABILITATIVE THERAPIES that are indicated for other acute qualifying conditions.

Individuals ages 1-12

Intensive interventions
Specifically, EIBI (for example, UCLA/Lovaas or Early Start Denver Model), is included on this line.

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

GUIDELINE NOTE 75, APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER (CONT'D)

For a child initiating EIBI therapy, EIBI is included for up to six months. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives (objectives should be achieved as a result of the EIBI, over and beyond gains that would be expected to arise from maturation alone) using a standardized, multimodal assessment, no more frequently than every six months. Examples of such assessments include Vineland, IQ tests (Mullen, WPPSI, WISC-R), language measures, behavior checklists (CBCL, ABC), and autistic symptoms measures (SRS).

The evidence does not lead to a direct determination of optimal intensity. Studies of EIBI ranged from 15-40 hours per week. Through Oregon's Senate Bill 365, other payers are mandated to cover a minimum of 25 hours per week of ABA. There is no evidence that increasing intensity of therapy yields improves outcomes. Studies for these interventions had a duration from less than one year up to 3 years.

Less intensive ABA-based interventions

If EIBI is not indicated, has been completed, or there is not sufficient progress toward multidimensional goals, then less intensive ABA-based interventions (such as parent training, play/interaction based interventions, and joint attention interventions) are included on this line to address core symptoms of autism and/or specific problem areas. Initial coverage is provided for six months. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

Effective interventions from the research literature had lower intensity than EIBI, usually a few hours per week to a maximum of 16 hours per week, divided into daily, twice-daily or weekly sessions, over a period of several months.

Parent/caregiver involvement

Parent/caregiver involvement and training is recommended as a component of treatment.

Individuals ages 13 and older

Intensive ABA is not included on this line.

Targeted ABA-based behavioral interventions to address problem behaviors, are included on this line. The quality of evidence is insufficient to support these interventions in this population. However, due to strong caregiver values and preferences and the potential for avoiding suffering and expense in dealing with unmanageable behaviors, targeted interventions may be reasonable. Behaviors eligible for coverage include those which place the member at risk for harm or create significant daily issues related to care, education, or other important functions. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

Very low quality evidence is available to illustrate needed intensity and duration of intervention. In the single-subject research design literature, frequency and duration of interventions were highly variable, with session duration ranging from 30 seconds to 3 hours, number of sessions ranging from a total of three to 8 times a day, and duration ranging from 1 to 20 weeks. These interventions were often conducted in inpatient or residential settings and studies often included patients with intellectual disabilities, some of which were not diagnosed with autism.

Parent/caregiver involvement and training is encouraged.

GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS

Lines 26,29,282

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 86, ORGANIC MENTAL DISORDERS

Line 206

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, 350 and 382).

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

GUIDELINE NOTE 90, COGNITIVE REHABILITATION

Lines 96,182,200,206,290,322,350,382

Once physical stabilization from acute brain injury has occurred, as determined by an attending physician, cognitive rehabilitation (CPT 97532) is included on this line for a three month period. This three month period does not have to be initiated immediately following stabilization from the injury. For up to 3 years following the acute event, an additional 6 visits of cognitive rehabilitation are included on this line each time the patient has a major change in status resulting in a significantly improved prognosis. Cognitive rehabilitation is not included on this line for those in a vegetative state or for those who are unable or unwilling to participate in therapy.

GUIDELINE NOTE 92, ACUPUNCTURE (ADAPTED FROM THE OCT. 1, 2015 PRIORITIZED LIST†)

Lines 1,208,351,415,467,532,543 (Lines 351 and 532 represent lines 374 and 545 from the Oct. 1, 2015 Prioritized List†)

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.

Hyperemesis gravidarum
ICD-10-CM: O21.0, O21.1
Acupuncture pairs with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 12 sessions of acupressure/acupuncture.

Breech presentation
ICD-10-CM: O32.1
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 6 visits.

Back and pelvic pain of pregnancy
ICD-10-CM: O33.0
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 208 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 12 total sessions, with documentation of meaningful improvement.

Line 351 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (Line 374 from the Oct. 1, 2015 Prioritized List†)
Acupuncture is included on Line 351 (Line 374 from the Oct. 1, 2015 Prioritized List†) only for pairing with disorders of the spine with myelopathy and/or radiculopathy represented by ICD-10-CM G83.4, M47.2, M50.0, M50.1, M51.0, M51.1, M54.1), for up to 12 sessions.

Line 415 MIGRAINE HEADACHES
Acupuncture pairs on Line 415 for migraine (ICD-10-CM G43.0, G43.1, G43.5, G43.7, G43.8, G43.9), for up to 12 sessions.

Line 467 OSTEOARTHRITIS AND ALLIED DISORDERS
Acupuncture pairs on Line 467 for osteoarthritis of the knee only (ICD-10-CM M17), for up to 12 sessions.

*Line 532 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (Line 545 from the Oct. 1, 2015 Prioritized List†)
Acupuncture pairs on Line 532 (Line 545 from the Oct. 1, 2015 Prioritized List†) with the low back diagnoses appearing on this line (ICD-10-CM M51.36, M51.86, M54.5, M99.03, S33.5, S33.9, S39.092, S39.82, S39.92). Acupuncture pairs with chronic (>90 days) neck pain diagnoses on this line (ICD-10-CM M53.82, M54.2, S13.4, S13.8), for up to 12 sessions.

*Line 543 TENSION HEADACHES
Acupuncture is included on Line 543 for treatment of tension headaches (ICD-10-CM G44.2), for up to 12 sessions.

The development of this guideline note was informed by a HERC evidence-based guideline. See http://www.oregon.gov/oha/herc/Pages/blog-low-back-non-pharmacologic-intervention.aspx

*Below the current funding line.

GUIDELINE NOTE 102, REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION

Line 7

Repetitive transcranial magnetic stimulation (CPT 90867-90868) is covered only after failure of at least two antidepressants.

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

GUIDELINE NOTE 121, CONCUSSION AND POST CONCUSSION SYNDROME

Lines 96,206,615

ICD-10-CM S06.0X0, S06.2X0 and S06.300 are included on Line 96 only for concussions with symptoms that persist for more than 7 days but less than 3 months; otherwise, these diagnoses are included on Line 615. When concussion symptoms last for more than 3 months, the diagnosis of post-concussive syndrome (ICD-10-CM F07.81) should be used, which is included on Line 206.

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

GUIDELINE NOTE 126, APPLIED BEHAVIOR ANALYSIS INTERVENTIONS FOR SELF-INJURIOUS BEHAVIOR

Line 197

Targeted ABA-based interventions towards self-injurious problem behaviors are included on this line when meeting criteria as defined in Guideline Note 75 APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER.

GUIDELINE NOTE 127, GENDER DYSPHORIA

Line 317

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

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

1. have persistent, well-documented gender dysphoria
2. have the capacity to make a fully informed decision and to give consent for treatment
3. have any significant medical or mental health concerns reasonably well controlled
4. have a comprehensive mental health evaluation provided in accordance with Version 7 of the World Professional Association for Transgender Health (WPATH) Standards of Care (www.wpath.org).

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

1. have persistent, well documented gender dysphoria
2. have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
3. have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
4. have the capacity to make a fully informed decision and to give consent for treatment
5. have any significant medical or mental health concerns reasonably well controlled
6. for breast/chest surgeries, have one referral from a mental health professional provided in accordance with version 7 of the WPATH Standards of Care.
7. For genital surgeries, have two referrals from mental health professionals provided in accordance with version 7 of the WPATH Standards of Care.

Electrolysis (CPT 17380) is only included on this line for surgical site electrolysis as part of pre-surgical preparation for chest or genital surgical procedures also included on this line. It is not included on this line for facial or other cosmetic procedures or as pre-surgical preparation for a procedure not included on this line.

Mammoplasty (CPT 19316, 19324-19325, 19340, 19342, 19350, 19357-19380) is only included on this line when 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth of Tanner Stage 5 on the puberty scale OR there is a medical contraindication to hormonal therapy.

GUIDELINE NOTE 152, UNSPECIFIED CONDUCT DISORDER

Lines 425,483

ICD-10-CM F91.9 (Conduct disorder, unspecified) is included on Line 425 only for children ages 5 and younger who cannot be diagnosed with a more specific mental health diagnosis. This diagnosis is included on Line 483 for older children and adolescents.

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

MULTISECTOR INTERVENTIONS

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.

MULTISECTOR INTERVENTIONS: TOBACCO PREVENTION AND CESSATION

Benefit coverage for smoking cessation on Line 5 and in Guideline Note 4 TOBACCO DEPENDENCE is intended to be offered with minimal barriers, in order to encourage utilization. To further prevent tobacco use and help people quit, additional evidence-based policy and programmatic interventions from a population perspective are available here:

- Oregon Public Health Division's Health Promotion and Chronic Disease Prevention Section: Evidence-Based Strategies for Reducing Tobacco Use A Guide for CCOs https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/evidence-based_strategies_reduce_tob_use_guide_cco.pdf
- Community Preventive Services Task Force (supported by the CDC) - What Works: Tobacco Use http://www.thecommunityguide.org/about/What-Works-Tobacco-factsheet-and-insert.pdf

The Community Preventive Services Task Force identified the following evidence-based strategies:

TASK FORCE FINDINGS ON TOBACCO USE

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to prevent tobacco use. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against (See reverse for detailed descriptions.)

Intervention	Task Force Finding
Reducing Tobacco Use Initiation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Smoke-free policies	●
Increasing Tobacco Use Cessation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Mass-reach health communication interventions	●
Mobile phone-based interventions	●
Multicomponent interventions that include client telephone support	●
Smoke-free policies	●
Provider reminders when used alone	●
Provider reminders with provider education	●
Reducing client out-of-pocket costs for cessation therapies	●
Internet-based interventions	◆
Mass media – cessation contests	◆
Mass media – cessation series	◆
Provider assessment and feedback	◆
Provider education when used alone	◆

Intervention	Task Force Finding
Reducing Exposure to Environmental Tobacco Smoke	
Smoke-free policies	●
Community education to reduce exposure in the home	◆
Restricting Minors' Access to Tobacco Products	
Community mobilization with additional interventions	●
Sales laws directed at retailers when used alone	◆
Active enforcement of sales laws directed at retailers when used alone	◆
Community education about youth's access to tobacco products when used alone	◆
Retailer education with reinforcement and information on health consequences when used alone	◆
Retailer education without reinforcement when used alone	◆
Laws directed at minors' purchase, possession, or use of tobacco products when used alone	◆
Decreasing Tobacco Use Among Workers	
Smoke-free policies	●
Incentives and competitions to increase smoking cessation combined with additional interventions	●
Incentives and competitions to increase smoking cessation when used alone	◆

Visit the "Tobacco Use" page of The Community Guide website at www.thecommunityguide.org/tobacco to find summaries of Task Force findings and recommendations on tobacco use. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.