

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>1</b>
Condition:	PREGNANCY (See Guideline Notes 2,4,22,33,39,64,65,85,92,99,147,150,153,175)
Treatment:	MATERNITY CARE
ICD-10:	N88.3,O02.81-O02.89,O09.00-O09.03,O10.011-O10.93,O11.1-O11.9,O12.00-O12.25,O13.1-O13.9,O14.00-O14.95,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-O34.13,O34.211-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-O44.53,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.OXX0-O69.9XX9,O70.0-O70.1,O70.20-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,Z29.13,Z31.82,Z32.00-Z32.02,Z34.00-Z34.93,Z36.0-Z36.5,Z36.81-Z36.9,Z39.0-Z39.2,Z86.32,Z87.51-Z87.59
CPT:	01958-01963,01967-01969,10140,12021,12041,12042,13131-13133,37191-37193,57022,58150,58180,58260,58262,58290,58291,58541-58544,58550-58554,58559-58573,59000-59100,59160-59622,59866,59871,74712,74713,76801-76828,76945,76946,80081,81420,81507-81512,84163,84704,88235,88267,88269,93792,93793,96150-96155,97802-97814,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C1880,G0068,G0071,G0108,G0109,G0248-G0250,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,H0045,S2401-S2403,S2405,S2411,S8055,S9140,S9141,S9208-S9214
<b>Line:</b>	<b>2</b>
Condition:	BIRTH OF INFANT (See Guideline Notes 64,65,153)
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,P04.11-P04.9,P05.00-P05.9,P22.1,P29.11-P29.2,P29.4,P29.81-P29.9,P39.3,P92.01-P92.09,P94.1-P94.9,P96.0,P96.3-P96.5,P96.82-P96.89,Q27.0,Z05.0-Z05.3,Z05.41-Z05.9,Z38.00-Z38.8
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>3</b>
Condition:	PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS (See Coding Specification Below) (See Guideline Notes 1,17,64,65,106,122,140,179,181)
Treatment:	MEDICAL THERAPY
ICD-10:	R73.03,Z00.00-Z00.01,Z00.110-Z00.5,Z00.70-Z00.8,Z01.00-Z01.10,Z01.110-Z01.118,Z01.411-Z01.42,Z08,Z11.1-Z11.4,Z11.51,Z12.11,Z12.2,Z12.31,Z12.4,Z13.1,Z13.220,Z13.31-Z13.39,Z13.41-Z13.6,Z13.820,Z13.88,Z20.1-Z20.7,Z20.810-Z20.89,Z23,Z29.11-Z29.12,Z29.14,Z29.8,Z39.1,Z68.53-Z68.54,Z71.41,Z71.7,Z76.1-Z76.2,Z80.0,Z80.41,Z86.32,Z87.891,Z91.81
CPT:	0403T,0488T,44392,44394,45333,45338,45384,45385,76706,77067,90378,90460-90472,90620,90621,90630-90689,90696-90716,90723-90736,90739-90748,90750,90756,92002-92014,92551,93792,93793,96110,96127,96150-96161,98962-98969,99051,99060,99070,99078,99173,99188,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	D0191,D1206,G0008-G0010,G0068,G0071,G0104,G0105,G0121,G0248-G0250,G0296,G0297,G0396,G0397,G0438-G0445,G0463-G0468,G0490,G0511,G0513,G0514,G2010-G2012,G9873-G9891,H0049,H0050,S0285,S0610-S0613,S9443
	CPT code 96110 can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes.
<b>Line:</b>	<b>4</b>
Condition:	SUBSTANCE USE DISORDER (See Guideline Notes 64,65,175)
Treatment:	MEDICAL/PSYCHOTHERAPY
ICD-10:	F10.10-F10.11,F10.20-F10.21,F11.10-F11.11,F11.20-F11.21,F12.10-F12.11,F12.20-F12.21,F13.10-F13.11,F13.20-F13.21,F14.10-F14.11,F14.20-F14.21,F15.10-F15.11,F15.20-F15.21,F16.10-F16.11,F16.20-F16.21,F18.10-F18.11,F18.20-F18.21,F19.10-F19.11,F19.20-F19.21,Z71.51
CPT:	11981-11983,90785,90832-90840,90846-90853,90882,90887,93792,93793,96150-96155,97810-97814,98966-98969,99051,99060,99201-99239,99324-99357,99366,99408,99409,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,G0443,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G0516-G0518,G2010-G2012,H0004-H0006,H0010-H0016,H0018-H0020,H0023,H0032-H0035,H0038,H2010,H2013,H2033,H2035,T1006,T1007,T1502

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 5**  
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4,64,65,92)  
Treatment: MEDICAL THERAPY/BEHAVIORAL COUNSELING  
ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6,Z72.0  
CPT: 93792,93793,96150-96155,97810-97814,98966-98969,99078,99201-99215,99224,99324-99355,99366,99406,99407,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: D1320,G0068,G0071,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,G9016,H0038,S9453
- Line: 6**  
Condition: REPRODUCTIVE SERVICES (See Guideline Notes 64,65,68,162,176)  
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION  
ICD-10: Z30.011-Z30.9,Z31.61-Z31.69,Z39.2,Z40.03  
CPT: 11976,11981-11983,55250,57170,58300,58301,58340,58565,58600-58615,58661,58670,58671,58700,74740,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S4981,S4989,T1015
- 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,F53.0  
CPT: 90785,90832-90840,90846-90853,90867-90870,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 8**  
Condition: TYPE 1 DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 62,64,65,108)  
Treatment: MEDICAL THERAPY  
ICD-10: E10.10-E10.29,E10.311-E10.319,E10.3211-E10.9,E89.1,O24.011-O24.019,Z46.81  
CPT: 49435,49436,90935-90947,90989-90997,92002-92014,92227,92250,93792,93793,95249-95251,96150-96155,97605-97608,97802-97804,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0108,G0109,G0245,G0246,G0248-G0250,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9140-S9145,S9353  
  
CPT 95250 and 95251 are included on this line for services related to real-time continuous glucose monitoring but not retrospective (professional) continuous glucose monitoring.
- Line: 9**  
Condition: ASTHMA (See Guideline Notes 64,65,156)  
Treatment: MEDICAL THERAPY  
ICD-10: J45.20-J45.52,J45.901-J45.998,Z51.6  
CPT: 31600,31601,31820,31825,86003,86008,86486,93792,93793,94002-94005,94640,94644-94668,95004,95012,95018-95180,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9441
- Line: 10**  
Condition: GALACTOSEMIA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E74.20-E74.29  
CPT: 93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 11**  
Condition: RESPIRATORY CONDITIONS OF FETUS AND NEWBORN (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: P22.0,P22.8-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: 31580,33946-33966,33969,33984-33989,39501,39503,39545,93792,93793,94002-94005,94610,94640,94660-94668,94772-94777,96154,96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 12**  
Condition: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS (See Guideline Notes 7,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: B20,Z21  
CPT: 90284,93792,93793,94642,96150-96155,97810-97814,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 13**  
Condition: CONGENITAL HYPOTHYROIDISM (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E00.0-E00.9,E03.0-E03.1,P72.0  
CPT: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 14**  
Condition: PHENYLKETONURIA (PKU) (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E70.0-E70.1  
CPT: 93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 15**  
Condition: CONGENITAL INFECTIOUS DISEASES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A50.01-A50.9,P35.0-P35.9,P37.0-P37.4,P37.8-P37.9  
CPT: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 16**  
Condition: LOW BIRTH WEIGHT; PREMATURE NEWBORN (See Guideline Notes 64,65,183)  
Treatment: MEDICAL THERAPY  
ICD-10: P07.00-P07.39,P83.0,P91.60  
CPT: 92227,92228,93792,93793,94772,96154,96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,T2101
- Line: 17**  
Condition: NEONATAL MYASTHENIA GRAVIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: P94.0  
CPT: 93792,93793,96154,96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 18**  
Condition: FEEDING PROBLEMS IN NEWBORNS (See Guideline Notes 64,65,139)  
Treatment: MEDICAL THERAPY  
ICD-10: P78.2,P78.83,P92.1-P92.9,Q38.1  
CPT: 41010,92526,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7960,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 19**  
Condition: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION (See Guideline Note 65)  
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: 20664,31294,61020,61070,61107,61120,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746,67570,92002-92014,92081-92083,92133,92134,92226,92250,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 20**  
Condition: CYSTIC FIBROSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E84.0,E84.11-E84.9  
CPT: 31600,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 21**  
Condition: VESICoureteral REFLUX (See Guideline Notes 64,65,138,180)  
Treatment: MEDICAL THERAPY, SURGERY  
ICD-10: N13.70-N13.71,N13.721-N13.9,Q62.7  
CPT: 50220,50225,50234-50240,50389,50432,50435,50605,50695,50760-50820,50845,50860,50947,50948,52281,52327,54150-54161,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 22**  
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: 90785,90832-90840,90846-90853,90870,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 23**  
Condition: INTRACRANIAL HEMORRHAGES; CEREBRAL CONVULSIONS, DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF THE NEWBORN (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: P90,P91.0-P91.1,P91.3-P91.5,P91.811-P91.9  
CPT: 93792,93793,96154,96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019*

- Line: 24**  
Condition: ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: P70.0-P70.9,P71.0-P71.9,P72.1-P72.9,P74.0-P74.1,P74.21-P74.41,P74.421-P74.9  
CPT: 93792,93793,96154,96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 25**  
Condition: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA (See Guideline Notes 64,65,66)  
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: 57061,57065,57150,57180,57400,57420,57421,57452-57530,57540,57550-57558,58120,58150,58260-58263,58290,58291,58550-58554,58570-58573,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 26**  
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: 90785,90832-90840,90846-90853,90870,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,S9537,T1005
- Line: 27**  
Condition: TYPE 2 DIABETES MELLITUS (See Guideline Notes 62,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E08.00-E08.29,E08.311-E08.319,E08.3211-E08.9,E09.00-E09.29,E09.311-E09.319,E09.3211-E09.9,E11.00-E11.29,E11.311-E11.319,E11.3211-E11.9,E13.00-E13.29,E13.311-E13.319,E13.3211-E13.9,E16.1  
CPT: 48155,90935-90947,90989-90997,92002-92014,92227,92250,93792,93793,96150-96155,97605-97608,97802-97804,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0108,G0109,G0245,G0246,G0248-G0250,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9140-S9145,S9353,S9537
- Line: 28**  
Condition: DRUG WITHDRAWAL SYNDROME IN NEWBORN (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: P96.1-P96.2  
CPT: 93792,93793,96154,96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 29**  
Condition: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE (See Guideline Notes 9,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: K50.00,K50.011-K50.919,K51.00,K51.011-K51.319,K51.411-K51.413,K51.418-K51.919,K52.3,K62.6,K63.2-K63.3,K92.81,Z46.59  
CPT: 44110,44120-44125,44139-44160,44187-44227,44300-44320,44345,44379,44381,44384,44391,44402,44404,44405,44620-44661,44701,45112-45119,45123,45136,45303,45308-45320,45327,45334,45335,45340,45347,45381,45382,45386,45389,45397,45805,45825,46710,46712,49442,86711,91110,93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>30</b>
Condition:	EPILEPSY AND FEBRILE CONVULSIONS (See Guideline Notes 64,65,84)
Treatment:	MEDICAL THERAPY
ICD-10:	G40.001-G40.919,R56.00-R56.9
CPT:	93792,93793,96150-96155,97535,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>31</b>
Condition:	SEVERE BIRTH TRAUMA FOR BABY; INTRAVENTRICULAR HEMORRHAGE (See Guideline Notes 6,64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P12.2,P19.0-P19.9,P52.0-P52.1,P52.21-P52.9
CPT:	93792,93793,96154,96155,97110-97124,97140,97150,97161-97168,97530,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>32</b>
Condition:	HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	P53,P60,P61.0,P61.6
CPT:	93792,93793,96154,96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>33</b>
Condition:	SPINA BIFIDA (See Guideline Notes 64,65)
Treatment:	SURGICAL TREATMENT
ICD-10:	Q05.0-Q05.9,Q07.00-Q07.03
CPT:	27036,61070,61343,62160,62180-62258,63700-63710,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>34</b>
Condition:	OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM (See Guideline Notes 64,65,183)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	Q79.0-Q79.4,Q79.51-Q79.59
CPT:	39503,39545,49600-49611,51500,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,T2101
<b>Line:</b>	<b>35</b>
Condition:	TERMINATION OF PREGNANCY (See Guideline Notes 64,65,99) (Note: This line item is not priced as part of the list)
Treatment:	INDUCED ABORTION
ICD-10:	O02.89,O04.5-O04.7,O04.80-O04.89,O07.0-O07.2,O07.30-O07.4,O35.0XX0-O35.6XX9,O35.8XX0-O35.9XX9,O36.80X0-O36.80X9,Z30.8,Z33.2
CPT:	01966,58520,59100,59160,59200,59812,59830-59857,76801-76810,76815-76817,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S0199,S2260
<b>Line:</b>	<b>36</b>
Condition:	ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	E01.8,E02,E03.2-E03.9,E07.1,E89.0
CPT:	60210-60240,60270,60271,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 37**  
Condition: ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA (See Guideline Notes 64,65,99)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: C58.000.00-O00.01,O00.101-O00.91,O01.0-O01.9,O08.0-O08.7,O08.81-O08.9,Z87.59  
CPT: 32553,49327,49411,49412,57020,58120,58150,58180,58200,58260,58520,58541-58544,58550-58554,58570-58573,58660-58662,58673,58700-58740,58770,58940,58953,58956,59100-59151,59870,76801-76810,76815-76817,77014,77261-77290,77295,77300,77321-77370,77387,77401-77417,77424-77427,77469,77470,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 38**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 39**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 40**  
Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65,74)  
Treatment: MEDICAL THERAPY  
ICD-10: E23.0-E23.1,E23.6,E24.1,E89.3  
CPT: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- ICD-10-CM E23.0 is included on this line for conditions other than adult human growth hormone deficiency.
- Line: 41**  
Condition: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, HAZARDOUS FOREIGN BODY IN GI TRACT WITH RISK OF PERFORATION OR OBSTRUCTION (See Guideline Notes 64,65,128)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: K31.5,K51.012,K51.212,K51.312,K51.412,K51.512,K51.812,K51.912,K56.1-K56.2,K56.41-K56.52,K56.600-K56.699,K59.31-K59.39,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: 43241,43247,43500,43870,44005,44010,44020-44055,44110-44130,44139-44213,44300,44310,44320,44370,44379,44381,44384,44390,44392-44402,44404,44405,44408,44615,44625,44626,44701,45303,45307-45315,45320-45327,45332,45333,45335-45340,45346,45347,45379,45381,45384-45389,45393,45915,46604,46608,49402,49442,74283,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 42**  
Condition: CLEFT PALATE WITH AIRWAY OBSTRUCTION (See Guideline Notes 36,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS  
ICD-10: J39.8,J98.09,Q31.0-Q31.9,Q32.0-Q32.4,Q35.1-Q35.9  
CPT: 30140,30520,30620,31527,31545-31561,31587,31630,31631,31636-31638,31641,31780,31781,31820,33800,41510,42820-42836,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D8010-D8040,D8070-D8694,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>43</b>
Condition:	NEONATAL INFECTIONS OTHER THAN SEPSIS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	P38.1-P38.9,P39.0,P39.3-P39.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>44</b>
Condition:	COARCTATION OF THE AORTA (See Guideline Note 65)
Treatment:	SURGICAL TREATMENT
ICD-10:	Q25.1,Q25.29,Q25.40-Q25.42,Q25.45-Q25.46,Q25.48-Q25.49,Q25.8-Q25.9
CPT:	33720,33722,33802,33803,33840-33853,33946-33966,33969,33984-33989,37246,37247,92960-92971,92978-92998,93355,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>45</b>
Condition:	CORONARY ARTERY ANOMALY (See Guideline Note 65)
Treatment:	REIMPLANTATION OF CORONARY ARTERY
ICD-10:	Q24.5
CPT:	33500-33510,33530,35572,92920-92938,92943,92944,92960-92998,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>46</b>
Condition:	RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHRITIS (See Guideline Notes 6,64,65)
Treatment:	MEDICAL THERAPY, INJECTIONS
ICD-10:	A39.84,L40.50-L40.59,M02.011-M02.19,M02.211-M02.89,M05.00,M05.011-M05.9,M06.00,M06.011-M06.29,M06.38,M06.4,M06.80,M06.811-M06.9,M08.00,M08.011-M08.99,M14.811-M14.89
CPT:	20550,20600-20611,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>47</b>
Condition:	DEEP ABSCESES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS (See Guideline Notes 36,62,64,65,100)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	A06.4-A06.6,A54.82,D73.3,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,K35.20-K35.80,K35.890-K35.891,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,K63.0-K63.1,K65.0-K65.1,K65.3-K65.9,K68.12-K68.19,K75.0-K75.1,M46.30-M46.39,M65.00,M65.011-M65.08,M67.20,M67.211-M67.29,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,P78.0
CPT:	10030,10060,10061,10160,10180,11004,11006,11042,13131-13133,15004,15005,19020,20930,20931,20936-20938,22010,22015,22532-22632,22840-22855,22859,23031,23405,23406,23930,25000,25031,25085,25118,26020-26034,26990,27301,27603,28001,31610,31612,31613,31645,31646,32035,32036,32200-32320,32480-32488,32550,32552,32554-32562,32650-32652,32655,32656,32663-32665,32810,32815,32906,32940,33015-33050,38100-38120,39000,39010,39220,42700-42725,42808-42972,43840,44120-44125,44130,44139-44160,44187-44227,44300-44316,44602-44605,44620-44626,44900-44970,45000,47010,47015,48140-48154,49020,49322,49405-49407,49422,49423,50020,50220,50391,50400,50405,50520-50526,50542-50546,50548,50575,50693-50695,50947,50948,52332,52334,55150,61105-61253,61312-61323,61501,61514,61522,61570,61571,61582,61600,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,63295,67405,67414,67445,68400,75984,92002-92014,93792,93793,96150-96155,97605-97608,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>48</b>
Condition:	CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	P27.0-P27.9
CPT:	31601,31820,31825,93792,93793,94774-94777,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>49</b>
Condition:	CONGENITAL HYDRONEPHROSIS (See Guideline Notes 64,65)
Treatment:	NEPHRECTOMY/REPAIR
ICD-10:	Q62.0,Q62.10-Q62.39
CPT:	50100,50220-50240,50400,50405,50500,50540,50544,50546,50553,50572,50575,50600,50605,50693-50695,50722-50728,50760,50780-50785,50845-50900,50970,51535,52290-52301,52310,52332-52346,52352-52354,52356,52400,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>50</b>
Condition:	PULMONARY TUBERCULOSIS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	A15.0-A15.9,A19.0-A19.9,A31.0,R76.11-R76.12
CPT:	32662,32906,32960,33015-33050,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>51</b>
Condition:	ACUTE PELVIC INFLAMMATORY DISEASE (See Guideline Notes 64,65,110)
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:	44960,49020,49322,49406,49407,57010,58150-58200,58260-58294,58541-58544,58550-58554,58570-58573,58660-58662,58700-58740,58820,58822,58925,58940,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>52</b>
Condition:	GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES OF THE ORAL, ANAL AND GENITOURINARY TRACT (See Guideline Notes 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:	93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>53</b>
Condition:	PREVENTIVE DENTAL SERVICES (See Guideline Notes 17,64,65)
Treatment:	CLEANING, FLUORIDE AND SEALANTS
ICD-10:	K00.4,K08.55,Z01.20-Z01.21,Z29.3,Z91.841-Z91.849
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99188,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	D0120,D0145,D0150,D0180,D0191,D0601-D0603,D1110-D1310,D1330,D1351,D1510-D1575,D4346,D4355,D5986,D9920,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010,G2011
<b>Line:</b>	<b>54</b>
Condition:	DENTAL CONDITIONS (E.G., INFECTION, PAIN, TRAUMA)
Treatment:	EMERGENCY DENTAL SERVICES
ICD-10:	S02.5XXA-S02.5XXB,S03.2XXA-S03.2XXD
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,D9995,D9996

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

**Line: 55**  
**Condition:** COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS (See Coding Specification Below) (See Guideline Notes 64,65,167)  
**Treatment:** MEDICAL AND SURGICAL TREATMENT  
**ICD-10:** K56.3,K80.00-K80.19,K80.21-K80.47,K80.51-K80.67,K80.71,K80.81,K81.0-K81.9,K82.0-K82.3,K82.8,K82.A1-K82.A2,K83.01-K83.3  
**CPT:** 43260-43265,43273-43278,47015,47420-47490,47533-47540,47542,47544,47554-47620,47701-47900,48548,49422,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

ICD-10 K82.8 (Other specified diseases of gallbladder) is included on Line 55 when the patient has porcelain gallbladder or gallbladder dyskinesia with a gallbladder ejection fraction <35%. Otherwise, K82.8 is included on Line 639.

**Line: 56**  
**Condition:** ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 9,64,65,77)  
**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,K62.5,K63.81,K92.2,P54.1-P54.3,P78.82  
**CPT:** 37145,37160,37181-37183,37244,38100,43107-43124,43192,43201,43204,43205,43210,43227,43241,43243-43245,43255,43270,43280,43286-43288,43327,43328,43400,43401,43410,43415,43460,43501,43502,43520,43610-43641,43800,43820,43825,43840,43850,43855,43865,43870,44160,44186,44320,44391-44401,44404,44602,44603,44620-44626,45308-45320,45333-45335,45346,45381-45384,45388,46614,64680,65781,65782,68371,77014,91110,93792,93793,96150-96155,96902,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 57**  
**Condition:** BURN, FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Notes 6,64,65)  
**Treatment:** FREE SKIN GRAFT, MEDICAL THERAPY  
**ICD-10:** L00,L49.7,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-

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

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,T31.11,T31.21-T31.22,T31.31-T31.33,T31.41-T31.44,T31.51-T31.55,T31.61-T31.66,T31.71-T31.77,T31.81-T31.88,T31.91-T31.99,T32.11,T32.21-T32.22,T32.31-T32.33,T32.41-T32.44,T32.51-T32.55,T32.61-T32.66,T32.71-T32.77,T32.81-T32.88,T32.91-T32.99

CPT: 11000,11042,11045,11960-11971,15002-15005,15271-15278,16000-16036,25900-25931,26910-26952,27888,28800-28825,65778-65782,68371,92002-92014,92507,92508,92521-92524,92607-92609,92633,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: C5271-C5278,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9152

**Line: 58**

Condition: BRONCHIECTASIS (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: J47.0-J47.9,J98.09

CPT: 31645,31646,32320,32480-32488,32501,32505-32507,32663,32666-32670,93792,93793,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 59**

Condition: END STAGE RENAL DISEASE (See Guideline Notes 7,64,65)

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-10: E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,M32.14-M32.15,M35.04,N05.0-N05.1,N18.5-N18.6

CPT: 36818-36821,36831-36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90997,93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: C1750,C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0420,G0421,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9339,S9537

**Line: 60**

Condition: METABOLIC DISORDERS (See Guideline Notes 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,E78.70,E78.9,E80.0-E80.1,E80.20-E80.3,E88.40-E88.89,H49.811-H49.819

CPT: 93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9357

**Line: 61**

Condition: TORSION OF OVARY (See Guideline Notes 64,65)

Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY

ICD-10: N83.511-N83.53

CPT: 58660-58662,58700-58740,58770,58925-58943,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>62</b>
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:	90785,90832-90840,90846-90853,90882,90887,93792,93793,97810-97814,98966-98969,99051,99060,99201-99239,99281-99285,99291,99292,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004-H0006,H0010,H0011,H0013-H0016,H0020,H0032-H0035,H0038,H0045,H2013,T1006,T1007
<b>Line:</b>	<b>63</b>
Condition:	SPONTANEOUS ABORTION; MISSED ABORTION (See Guideline Notes 64,65,99)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	O02.0-O02.1,O02.81-O02.9,O03.0-O03.2,O03.30-O03.9,O36.80X0-O36.80X9,Z31.82
CPT:	58150,58152,58520,59135,59136,59200,59425,59426,59812-59830,59855-59857,76801-76810,76815-76817,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S0199
<b>Line:</b>	<b>64</b>
Condition:	CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	Q38.4-Q38.8,Q39.0-Q39.9,Q40.0-Q40.9,Q93.81
CPT:	31750,31760,42145,42200,42215,42815-42826,42950,43112-43124,43196,43226,43248,43249,43279,43283,43286-43288,43300-43331,43338-43361,43420,43450,43453,43496,43520,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9727,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>65</b>
Condition:	SUBSTANCE-INDUCED DELIRIUM; SUBSTANCE INTOXICATION AND WITHDRAWAL
Treatment:	MEDICAL/PSYCHOTHERAPY
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-F12.23,F12.920-F12.93,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,F15.120-F15.129,F15.220-F15.23,F15.920-F15.93,F16.120-F16.129,F16.220-F16.229,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,F19.220-F19.239,F19.26-F19.27,F19.920-F19.939,F19.96-F19.97
CPT:	90785,90832-90840,93792,93793,97810-97814,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,H0010,H0011,H0013-H0015,H0032,H0033,H0035,H0038,H2013
<b>Line:</b>	<b>66</b>
Condition:	LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS (See Guideline Notes 64,65,141)
Treatment:	INCISION/EXCISION/ENDOSCOPY
ICD-10:	J38.01-J38.02,J38.6
CPT:	31528,31529,31551-31554,31561-31571,31574,31590,31591,64905,92507,92508,92524,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C1878,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>67</b>
Condition:	VENTRICULAR SEPTAL DEFECT (See Guideline Notes 64,65)
Treatment:	CLOSURE
ICD-10:	Q21.0,Z79.01
CPT:	33610,33620,33621,33647,33665,33675-33688,33735-33737,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93581,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>68</b>
Condition:	ACUTE BACTERIAL MENINGITIS (See Guideline Notes 6,64,65)
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,G02,G04.2
CPT:	61000-61070,61107,61210,61215,92507,92508,92521-92526,92607-92609,92633,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9152
<b>Line:</b>	<b>69</b>
Condition:	ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 49,64,65,111)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	I20.0,I21.01-I21.A9,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:	33202,33206-33210,33212-33229,33233-33238,33310,33315,33361-33430,33465,33475,33477,33500,33508-33545,33572,33681,33922,33946-33974,33984-33989,35001,35182,35189,35226,35256,35286,35572,35600,92920-92944,92960-92998,93279-93284,93286-93289,93292-93296,93355,93724,93745,93792-93798,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,K0606-K0609,S0340-S0342,S2205-S2209
<b>Line:</b>	<b>70</b>
Condition:	CONGENITAL PULMONARY VALVE ANOMALIES (See Guideline Notes 64,65)
Treatment:	PULMONARY VALVE REPAIR
ICD-10:	Q22.1-Q22.3,Q24.3
CPT:	33470-33476,33478,33496,33530,33608,33620,33621,33768,33946-33966,33969,33984-33989,37246,37247,75573,92986-92990,93355,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>71</b>
Condition:	NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES (See Coding Specification Below) (See Guideline Notes 6,64,65,129,170)
Treatment:	MEDICAL AND SURGICAL TREATMENT (E.G., G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
ICD-10:	A33,A50.40,A50.43,A50.45,A52.10-A52.15,A52.17-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.3,D81.5,E00.0-E00.9,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,G13.1-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,G32.0,G32.81-G32.89,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,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,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,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,G98.0,G99.0-G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.312,I63.319-I63.322,I63.329-I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.010-I69.018,I69.020-I69.022,I69.051-I69.069,I69.091-I69.092,I69.110-I69.118,I69.121-I69.122,I69.128,

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I69.151-I69.169,I69.191-I69.192,I69.210-I69.218,I69.221-I69.222,I69.251-I69.269,I69.291-I69.292,I69.310-I69.318,I69.321-I69.322,I69.351-I69.369,I69.391-I69.392,I69.810-I69.818,I69.822,I69.851-I69.869,I69.891-I69.892,I69.910-I69.918,I69.922,I69.951-I69.969,I69.991-I69.992,I97.810-I97.821,K59.2,M62.3,M62.58-M62.59,M62.89,N31.0-N31.9,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,P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,P55.1-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,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-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,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-S06.819D,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-S06.829D,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-S06.899D,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-S06.9X9D,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-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,Z43.0-Z43.4,Z43.8,Z45.49,Z46.59

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CPT: 15845,31600,31601,31610-31614,31630,31631,31636-31638,31641,31730-31760,31820-31830,43810-43825,44130,44139-44160,44186-44188,44204-44213,44300-44320,44620-44626,44701,46750-46754,49442,51040,51102,51700,51705,51710,51880,51960,52277,53431-53442,53445,61215,62320-62323,62350-62362,62367-62370,77387,77401-77432,77469,77470,92526,93792,93793,94002-94005,94640,94660-94668,95990,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,97802,97803,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: C1815,D5937,D5992,D5993,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

CPT codes 62320-3 are only included on Lines 71 and 292 for trials of antispasmodics in preparation for placement of a baclofen pump.

**Line: 72**  
**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 6,64,65,178)  
**Treatment:** FREE SKIN GRAFT, MEDICAL THERAPY  
**ICD-10:** L00,L49.7,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-T20.69XD,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,T31.0,T31.10,T31.20,T31.30,T31.40,T31.50,T31.60,T31.70,T31.80,T31.90,T32.0,T32.10,T32.20,T32.30,T32.40,T32.50,T32.60,T32.70,T32.80,T32.90

CPT: 11000,11042,11045,11960-11971,15002-15005,15271-15278,16020-16036,92507,92508,92521-92524,92607-92609,92633,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: C5271-C5278,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9152

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019*

- Line: 73**  
Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: P61.1  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 74**  
Condition: DERMATOMYOSITIS, POLYMYOSITIS (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: M33.00-M33.99,M35.8,M36.0  
CPT: 90284,93792,93793,96150-96155,97110,97116,97161-97168,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 75**  
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: 92081-92083,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 76**  
Condition: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: I10,I11.0-I11.9,I15.2-I15.9,I16.0-I16.9,I67.4  
CPT: 92960-92971,92978-92998,93792-93798,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 77**  
Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW (See Guideline Notes 64,65)  
Treatment: LIGATION  
ICD-10: P29.30-P29.38,Q21.4,Q25.0  
CPT: 33500-33504,33702,33710,33750,33813-33824,33946-33966,33969,33984-33989,92960-92971,92978-92998,93355,93582,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 78**  
Condition: INJURY TO MAJOR BLOOD VESSELS  
Treatment: LIGATION/REPAIR  
ICD-10: 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,S15.211A-S15.211D,S15.212A-S15.212D,S15.219A-S15.219D,S15.221A-S15.221D,S15.222A-S15.222D,S15.229A-S15.229D,S15.291A-S15.291D,S15.292A-S15.292D,S15.299A-S15.299D,S15.301A-S15.301D,S15.302A-S15.302D,S15.309A-S15.309D,S15.311A-S15.311D,S15.312A-S15.312D,S15.319A-S15.319D,S15.321A-S15.321D,S15.322A-S15.322D,S15.329A-S15.329D,S15.391A-S15.391D,S15.392A-S15.392D,S15.399A-S15.399D,S15.8XXA-S15.8XXD,S15.9XXA-S15.9XXD,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,



PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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,  
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S35.10XA-S35.10XD, S35.11XA-S35.11XD, S35.12XA-S35.12XD, S35.19XA-S35.19XD, S35.211A-S35.211D,  
S35.212A-S35.212D, S35.218A-S35.218D, S35.219A-S35.219D, S35.221A-S35.221D, S35.222A-S35.222D,  
S35.228A-S35.228D, S35.229A-S35.229D, S35.231A-S35.231D, S35.232A-S35.232D, S35.238A-S35.238D,  
S35.239A-S35.239D, S35.291A-S35.291D, S35.292A-S35.292D, S35.298A-S35.298D, S35.299A-S35.299D,  
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S55.901A-S55.901D, S55.902A-S55.902D, S55.909A-S55.909D, S55.911A-S55.911D, S55.912A-S55.912D,  
S55.919A-S55.919D, S55.991A-S55.991D, S55.992A-S55.992D, S55.999A-S55.999D, S65.001A-S65.001D,  
S65.002A-S65.002D, S65.009A-S65.009D, S65.011A-S65.011D, S65.012A-S65.012D, S65.019A-S65.019D,  
S65.091A-S65.091D, S65.092A-S65.092D, S65.099A-S65.099D, S65.101A-S65.101D, S65.102A-S65.102D,  
S65.109A-S65.109D, S65.111A-S65.111D, S65.112A-S65.112D, S65.119A-S65.119D, S65.191A-S65.191D,  
S65.192A-S65.192D, S65.199A-S65.199D, S65.201A-S65.201D, S65.202A-S65.202D, S65.209A-S65.209D,  
S65.211A-S65.211D, S65.212A-S65.212D, S65.219A-S65.219D, S65.291A-S65.291D, S65.292A-S65.292D,  
S65.299A-S65.299D, S65.301A-S65.301D, S65.302A-S65.302D, S65.309A-S65.309D, S65.311A-S65.311D,  
S65.312A-S65.312D, S65.319A-S65.319D, S65.391A-S65.391D, S65.392A-S65.392D, S65.399A-S65.399D,  
S65.801A-S65.801D, S65.802A-S65.802D, S65.809A-S65.809D, S65.811A-S65.811D, S65.812A-S65.812D,  
S65.819A-S65.819D, S65.891A-S65.891D, S65.892A-S65.892D, S65.899A-S65.899D, S65.901A-S65.901D,  
S65.902A-S65.902D, S65.909A-S65.909D, S65.911A-S65.911D, S65.912A-S65.912D, S65.919A-S65.919D,  
S65.991A-S65.991D, S65.992A-S65.992D, S65.999A-S65.999D, S75.001A-S75.001D, S75.002A-S75.002D,  
S75.009A-S75.009D, S75.011A-S75.011D, S75.012A-S75.012D, S75.019A-S75.019D, S75.021A-S75.021D,  
S75.022A-S75.022D, S75.029A-S75.029D, S75.091A-S75.091D, S75.092A-S75.092D, S75.099A-S75.099D,  
S75.101A-S75.101D, S75.102A-S75.102D, S75.109A-S75.109D, S75.111A-S75.111D, S75.112A-S75.112D,  
S75.119A-S75.119D, S75.121A-S75.121D, S75.122A-S75.122D, S75.129A-S75.129D, S75.191A-S75.191D,  
S75.192A-S75.192D, S75.199A-S75.199D, S75.201A-S75.201D, S75.202A-S75.202D, S75.209A-S75.209D,  
S75.211A-S75.211D, S75.212A-S75.212D, S75.219A-S75.219D, S75.221A-S75.221D, S75.222A-S75.222D,  
S75.229A-S75.229D, S75.291A-S75.291D, S75.292A-S75.292D, S75.299A-S75.299D, S75.801A-S75.801D,  
S75.802A-S75.802D, S75.809A-S75.809D, S75.811A-S75.811D, S75.812A-S75.812D, S75.819A-S75.819D,  
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S75.909A-S75.909D, S75.911A-S75.911D, S75.912A-S75.912D, S75.919A-S75.919D, S75.991A-S75.991D,  
S75.992A-S75.992D, S75.999A-S75.999D, S85.001A-S85.001D, S85.002A-S85.002D, S85.009A-S85.009D,  
S85.011A-S85.011D, S85.012A-S85.012D, S85.019A-S85.019D, S85.091A-S85.091D, S85.092A-S85.092D,  
S85.099A-S85.099D, S85.101A-S85.101D, S85.102A-S85.102D, S85.109A-S85.109D, S85.111A-S85.111D,  
S85.112A-S85.112D, 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, S85.182A-S85.182D, S85.189A-S85.189D, S85.201A-S85.201D, S85.202A-S85.202D,  
S85.209A-S85.209D, S85.211A-S85.211D, S85.212A-S85.212D, S85.219A-S85.219D, S85.291A-S85.291D,  
S85.292A-S85.292D, S85.299A-S85.299D, S85.301A-S85.301D, S85.302A-S85.302D, S85.309A-S85.309D,  
S85.311A-S85.311D, S85.312A-S85.312D, S85.319A-S85.319D, S85.391A-S85.391D, S85.392A-S85.392D,  
S85.399A-S85.399D, 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,

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

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

CPT: 32654, 33320-33335, 33880-33891, 34502, 34839-34848, 35189-35206, 35211, 35216, 35226-35246, 35256-35276, 35286, 35500, 35506, 35516, 35616, 37565, 37615, 37616, 37618, 37650, 92960-92971, 92986-92998, 93792-93798, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607

HCPCS: G0068, G0071, G0157-G0161, G0248-G0250, G0396, G0397, G0406-G0408, G0422, G0423, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012

**Line: 79**  
**Condition:** PHLEBITIS AND THROMBOPHLEBITIS, DEEP (See Guideline Notes 64,65,147)  
**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, 37248, 37249, 37500, 37650, 37660, 37735-37761, 37785, 93792, 93793, 96150-96155, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
**HCPCS:** C1880, G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012

**Line: 80**  
**Condition:** INJURY TO INTERNAL ORGANS (See Guideline Notes 62,64,65)  
**Treatment:** MEDICAL AND SURGICAL TREATMENT  
**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, S27.9XXA-S27.9XXD, 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,

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

	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	
CPT:	31775,31805,32110-32124,32653,32654,32658,32820,33300-33335,34839-34848,37619,39501,39540,39545, 43840,44120-44125,44139-44160,44227,44320,44602-44605,44620-44626,44701,45562,45563,47120-47130, 47350-47362,47533-47537,47802,47900,48545,50220,50546,50693-50695,50740-50760,50947,50948,51102, 51860,51865,52310,52315,52332,53502-53515,58520,93792,93793,97605-97608,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487- 99491,99495-99498,99605-99607	
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G0513,G0514,G2010-G2012	
<b>Line: 81</b>		
Condition:	FRACTURE OF HIP (See Guideline Notes 6,15,64,65)	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
ICD-10:	M84.359A-M84.359G,M84.459A-M84.459G,M84.559A-M84.559G,M84.659A-M84.659G,M91.10-M91.92, S72.001A-S72.001J,S72.002A-S72.002J,S72.009A-S72.009J,S72.011A-S72.011J,S72.012A-S72.012J, S72.019A-S72.019J,S72.021A-S72.021J,S72.022A-S72.022J,S72.023A-S72.023J,S72.024A-S72.024J, S72.025A-S72.025J,S72.026A-S72.026J,S72.031A-S72.031J,S72.032A-S72.032J,S72.033A-S72.033J, S72.034A-S72.034J,S72.035A-S72.035J,S72.036A-S72.036J,S72.041A-S72.041J,S72.042A-S72.042J, S72.043A-S72.043J,S72.044A-S72.044J,S72.045A-S72.045J,S72.046A-S72.046J,S72.051A-S72.051J, S72.052A-S72.052J,S72.059A-S72.059J,S72.061A-S72.061J,S72.062A-S72.062J,S72.063A-S72.063J, S72.064A-S72.064J,S72.065A-S72.065J,S72.066A-S72.066J,S72.091A-S72.091J,S72.092A-S72.092J, S72.099A-S72.099J,S72.101A-S72.101J,S72.102A-S72.102J,S72.109A-S72.109J,S72.111A-S72.111J, S72.112A-S72.112J,S72.113A-S72.113J,S72.114A-S72.114J,S72.115A-S72.115J,S72.116A-S72.116J, S72.121A-S72.121J,S72.122A-S72.122J,S72.123A-S72.123J,S72.124A-S72.124J,S72.125A-S72.125J, S72.126A-S72.126J,S72.131A-S72.131J,S72.132A-S72.132J,S72.133A-S72.133J,S72.134A-S72.134J, S72.135A-S72.135J,S72.136A-S72.136J,S72.141A-S72.141J,S72.142A-S72.142J,S72.143A-S72.143J, S72.144A-S72.144J,S72.145A-S72.145J,S72.146A-S72.146J,S72.21XA-S72.21XJ,S72.22XA-S72.22XJ, S72.23XA-S72.23XJ,S72.24XA-S72.24XJ,S72.25XA-S72.25XJ,S72.26XA-S72.26XJ,S79.001A-S79.001G, S79.002A-S79.002G,S79.009A-S79.009G,S79.011A-S79.011G,S79.012A-S79.012G,S79.019A-S79.019G, S79.091A-S79.091G,S79.092A-S79.092G,S79.099A-S79.099G,Z47.1-Z47.2	
CPT:	11012,20680,27122-27132,27230-27248,27254,27267-27269,27506,27656,29035-29046,29305,29325,29700, 29710,29720,77014,77261-77290,77295,77300,77331-77336,77387,77401-77417,77427,77470,93792,93793, 97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487- 99491,99495-99498,99605-99607	
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463- G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012	
<b>Line: 82</b>		
Condition:	MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS (See Guideline Notes 18,64,65)	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
ICD-10:	A18.84,A32.82,A39.50-A39.53,A52.03,A52.06,B26.82,B37.6,B57.0,D86.85,I09.0,I09.2,I23.0,I30.0-I30.9,I31.0- I31.9,I32,I33.0-I33.9,I39,I40.0-I40.9,I41,I51.4,I97.0,M32.11-M32.12,Z45.09	
CPT:	31750,31760,32659,32661,33010-33050,33361-33391,33405-33413,33418,33419,33425-33465,33475,33477, 33530,33946-33966,33969,33975-33993,35820,92960-92971,92978-92998,93355,93750,93792-93798,97802- 97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99480,99487-99491,99495-99498,99605-99607	
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463- G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9348	

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

**Line: 83**  
Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA (See Guideline Notes 64,65)  
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,S12.8XXA-S12.8XXD,S13.20XA-S13.20XD,S13.29XA-S13.29XD,S16.2XXA-S16.2XXD  
CPT: 11010-11012,12001-12007,13131-13133,15004,15005,20100,31528,31529,31584,31630,31766,31780,31781,31800,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 84**  
Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)  
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT  
ICD-10: E10.21-E10.29,T86.10-T86.19,T86.850-T86.899,Z48.22,Z48.288  
CPT: 48160,48550-48556,50300-50365,76776,86825-86835,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,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: 85**  
Condition: ENDOCARDIAL CUSHION DEFECTS (See Guideline Notes 64,65)  
Treatment: REPAIR  
ICD-10: Q20.6-Q20.8,Q21.2,Q21.8-Q21.9  
CPT: 33620,33621,33645-33670,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,96154,96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 86**  
Condition: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Notes 64,65)  
Treatment: SHUNT/REPAIR  
ICD-10: Q22.0  
CPT: 33470-33474,33530,33608,33620,33621,33750-33766,33920,33925,33926,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 87**  
Condition: CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM (See Guideline Notes 64,65,72)  
Treatment: RECONSTRUCTION  
ICD-10: Q55.23,Q55.3,Q60.3,Q61.00-Q61.9,Q62.4-Q62.5,Q62.60-Q62.69,Q62.8,Q63.0-Q63.9,Q64.10,Q64.12-Q64.6,Q64.71,Q64.73-Q64.74,Q64.79  
CPT: 15002-15005,45820,50040,50045,50100,50125,50135,50220-50290,50390,50400,50405,50540,50542-50546,50548,50553,50572,50605,50650,50722-50728,50760,50780-50785,50825-50860,50947,50948,50970,51020-51045,51080-51597,51715,51800-51980,52214,52290,52300,53020,53025,53080,53085,53210,53215,53400-53460,53621,55175,55180,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1815,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 88**  
Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN (See Guideline Notes 64,65,183)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: K55.30-K55.33,P77.1-P77.9,Z46.59  
CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,49442,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,T2101
- Line: 89**  
Condition: DISCORDANT CARDIOVASCULAR CONNECTIONS (See Guideline Notes 64,65)  
Treatment: REPAIR  
ICD-10: Q20.1-Q20.3,Q20.5,Q20.8-Q20.9,Q93.81  
CPT: 33418,33419,33611,33612,33620,33621,33684,33735-33766,33770-33783,33946-33966,33969,33984-33989,42225,42226,75573,92960-92971,92978-92998,93355,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 90**  
Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Notes 64,65)  
Treatment: MITRAL VALVE REPAIR/REPLACEMENT  
ICD-10: Q23.2-Q23.3,Z79.01  
CPT: 33418-33430,33496,33620,33621,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 91**  
Condition: GUILLAIN-BARRE SYNDROME (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: G61.0  
CPT: 31600,31610,36514,36516,90284,92507,92508,92521-92526,92607-92609,92633,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9152
- Line: 92**  
Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH PERSISTENT SYMPTOMS (See Guideline Notes 6,64,65,90,121)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: S02.0XXA-S02.0XXG,S02.101A-S02.101G,S02.102A-S02.102G,S02.109A-S02.109G,S02.110A-S02.110G,S02.111A-S02.111G,S02.112A-S02.112G,S02.113A-S02.113G,S02.118A-S02.118G,S02.119A-S02.119G,S02.11AA-S02.11AG,S02.11BA-S02.11BG,S02.11CA-S02.11CG,S02.11DA-S02.11DG,S02.11EA-S02.11EG,S02.11FA-S02.11FG,S02.11GA-S02.11GG,S02.11HA-S02.11HG,S02.19XB-S02.19XG,S02.80XA-S02.80XG,S02.81XA-S02.81XG,S02.82XA-S02.82XG,S02.91XA-S02.91XG,S04.041A-S04.041D,S04.042A-S04.042D,S04.049A-S04.049D,S06.0X0A-S06.0X0D,S06.0X1A-S06.0X1D,S06.0X9A-S06.0X9D,S06.1X7A-S06.1X8A,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-S06.2X9D,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-S06.309D,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-S06.319D,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-S06.329D,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-S06.339D,S06.5X8A,S06.6X7A-S06.6X8A  
CPT: 11010-11012,11971,21100,21110,61107,61108,61210,61312-61322,61340,61345,61571,62000-62010,62140-62148,92507,92508,92521-92526,92607-92609,92633,93792,93793,96132,96133,96150-96155,97012,97110-97127,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513-G0515,G2010-G2012,S9152

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>93</b>
Condition:	CHILDHOOD LEUKEMIAS (See Guideline Notes 7,11,12,16,64,65)
Treatment:	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10:	C90.10-C90.12,C91.00-C91.02,C92.00-C92.02,C93.30-C93.32,C95.00-C95.02,D46.20-D46.22,D61.810,G89.3,Z45.49,Z51.0,Z51.12
CPT:	32553,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77427,77469,77520-77525,81246,93792,93793,95990,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
<b>Line:</b>	<b>94</b>
Condition:	UNDESCENDED TESTICLE (See Guideline Note 72)
Treatment:	SURGICAL TREATMENT
ICD-10:	Q53.00-Q53.10,Q53.111-Q53.9,Q55.22
CPT:	54512-54522,54550,54560,54620-54660,54690,54692,55200,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>95</b>
Condition:	HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 7,11,14)
Treatment:	BONE MARROW TRANSPLANT
ICD-10:	D61.810,D81.0-D81.4,D81.6-D81.7,D81.89-D81.9,D82.0-D82.1,T86.01-T86.09,Z48.290,Z52.000-Z52.098,Z52.3
CPT:	36680,38204-38215,38240,38242,38243,86825-86835,90284,93792,93793,96150-96155,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537
<b>Line:</b>	<b>96</b>
Condition:	DIABETIC AND OTHER RETINOPATHY (See Guideline Notes 64,65,116)
Treatment:	MEDICAL, SURGICAL, AND LASER TREATMENT
ICD-10:	D18.09,E08.311-E08.319,E08.3211-E08.3599,E08.37X1-E08.39,E09.311-E09.319,E09.3211-E09.3599,E09.37X1-E09.39,E10.311-E10.319,E10.3211-E10.3599,E10.37X1-E10.39,E11.311-E11.319,E11.3211-E11.3599,E11.37X1-E11.39,E13.311-E13.319,E13.3211-E13.3599,E13.37X1-E13.39,H31.401-H31.8,H35.021-H35.09,H35.20-H35.23,H35.60-H35.63
CPT:	67027,67028,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92136,92225-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>97</b>
Condition:	BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment:	MEDICAL/PSYCHOTHERAPY
ICD-10:	F60.3
CPT:	90785,90832-90840,90846,90847,90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005
<b>Line:</b>	<b>98</b>
Condition:	HEART FAILURE (See Guideline Notes 18,64,65,95)
Treatment:	MEDICAL THERAPY
ICD-10:	I09.81,I27.0-I27.1,I27.20-I27.81,I27.83-I27.9,I50.1,I50.20-I50.43,I50.810-I50.9,I97.110-I97.111,I97.130-I97.191,J81.0-J81.1,P29.0,Z45.09,Z79.01
CPT:	33215,33216,33218-33273,33946-33993,92920-92938,92943,92944,92960-92998,93282-93284,93286-93289,93292-93296,93355,93644,93745,93750,93792-93798,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C1721,C1722,C1777,C1895,C1896,C1899,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9348

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<b>Line:</b>	<b>99</b>
Condition:	CARDIOMYOPATHY (See Guideline Notes 49,64,65,95,124)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	B57.2,I42.0-I42.9,I43,I51.5,Z45.010-Z45.09,Z79.01
CPT:	21630,33010,33215,33216,33218,33220,33223-33226,33230,33231,33240-33249,33262-33264,33270-33273,33414-33416,33508-33530,92960-92971,92978-92998,93282-93284,93287,93289,93292,93295,93296,93583,93644,93724,93745,93792-93798,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C1721,C1722,C1777,C1895,C1896,C1899,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,K0606-K0609,S0340-S0342,S9348
<b>Line:</b>	<b>100</b>
Condition:	END STAGE RENAL DISEASE
Treatment:	RENAL TRANSPLANT
ICD-10:	D30.9,D57.1,D59.3,D69.0,E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,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,Z48.22,Z52.4
CPT:	36825,36830,50300-50370,50547,52310,76776,86825-86835,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>101</b>
Condition:	CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See Guideline Notes 64,65,183)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	K31.6,P76.0-P76.9,P78.1,P78.81,P78.84-P78.89,Q40.0,Q41.0-Q41.9,Q42.0-Q42.9,Q43.0-Q43.9,Q45.0-Q45.9,T86.890-T86.899,Z46.59
CPT:	31750,31760,32905,32906,39503,39545,43500-43520,43620-43640,43800-43825,43840,43850,43860,43870,43880,44005,44010,44020,44021,44050,44055,44110-44130,44139-44227,44300-44346,44363-44370,44378,44379,44381,44384,44391-44402,44404,44405,44408-44701,44715-44721,44800-44955,45000-45020,45108-45123,45130-45150,45303,45308-45320,45327,45333-45335,45338,45340,45346,45347,45381-45389,45393-45397,45800,45905,45910,46040,46045,46060-46080,46270,46275,46604,46610-46614,46705-46754,47300,47533-47540,47542,47544,47554-47556,47600-47620,47701,47715-47999,48120-48146,48150,48500-48556,49203-49250,49324,49325,49421-49423,49442,49600-49611,49904,49905,51500,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,T2101
<b>Line:</b>	<b>102</b>
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:	E80.5,P50.0-P50.9,P51.0-P51.9,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:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	E0202,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>103</b>
Condition:	POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See Guideline Notes 64,65,156)
Treatment:	MEDICAL THERAPY
ICD-10:	E67.0,E67.3,P93.0-P93.8,T36.0X1A-T36.0X1D,T36.0X2A-T36.0X2D,T36.0X3A-T36.0X3D,T36.0X4A-T36.0X4D,T36.0X5A-T36.0X5D,T36.1X1A-T36.1X1D,T36.1X2A-T36.1X2D,T36.1X3A-T36.1X3D,T36.1X4A-T36.1X4D,T36.1X5A-T36.1X5D,T36.2X1A-T36.2X1D,T36.2X2A-T36.2X2D,T36.2X3A-T36.2X3D,T36.2X4A-T36.2X4D,T36.2X5A-T36.2X5D,T36.3X1A-T36.3X1D,T36.3X2A-T36.3X2D,T36.3X3A-T36.3X3D,T36.3X4A-T36.3X4D,T36.3X5A-T36.3X5D,T36.4X1A-T36.4X1D,T36.4X2A-T36.4X2D,T36.4X3A-T36.4X3D,T36.4X4A-T36.4X4D,T36.4X5A-T36.4X5D,T36.5X1A-T36.5X1D,T36.5X2A-T36.5X2D,T36.5X3A-T36.5X3D,T36.5X4A-T36.5X4D,T36.5X5A-T36.5X5D,T36.6X1A-T36.6X1D,T36.6X2A-T36.6X2D,T36.6X3A-T36.6X3D,T36.6X4A-T36.6X4D,T36.6X5A-T36.6X5D,T36.7X1A-T36.7X1D,T36.7X2A-T36.7X2D,T36.7X3A-T36.7X3D,T36.7X4A-T36.7X4D,T36.7X5A-T36.7X5D,T36.8X1A-T36.8X1D,T36.8X2A-T36.8X2D,T36.8X3A-T36.8X3D,T36.8X4A-T36.8X4D,

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T36.8X5A-T36.8X5D,T36.91XA-T36.91XD,T36.92XA-T36.92XD,T36.93XA-T36.93XD,T36.94XA-T36.94XD,  
T36.95XA-T36.95XD,T37.0X1A-T37.0X1D,T37.0X2A-T37.0X2D,T37.0X3A-T37.0X3D,T37.0X4A-T37.0X4D,  
T37.0X5A-T37.0X5D,T37.1X1A-T37.1X1D,T37.1X2A-T37.1X2D,T37.1X3A-T37.1X3D,T37.1X4A-T37.1X4D,  
T37.1X5A-T37.1X5D,T37.2X1A-T37.2X1D,T37.2X2A-T37.2X2D,T37.2X3A-T37.2X3D,T37.2X4A-T37.2X4D,  
T37.2X5A-T37.2X5D,T37.3X1A-T37.3X1D,T37.3X2A-T37.3X2D,T37.3X3A-T37.3X3D,T37.3X4A-T37.3X4D,  
T37.3X5A-T37.3X5D,T37.4X1A-T37.4X1D,T37.4X2A-T37.4X2D,T37.4X3A-T37.4X3D,T37.4X4A-T37.4X4D,  
T37.4X5A-T37.4X5D,T37.5X1A-T37.5X1D,T37.5X2A-T37.5X2D,T37.5X3A-T37.5X3D,T37.5X4A-T37.5X4D,  
T37.5X5A-T37.5X5D,T37.8X1A-T37.8X1D,T37.8X2A-T37.8X2D,T37.8X3A-T37.8X3D,T37.8X4A-T37.8X4D,  
T37.8X5A-T37.8X5D,T37.91XA-T37.91XD,T37.92XA-T37.92XD,T37.93XA-T37.93XD,T37.94XA-T37.94XD,  
T37.95XA-T37.95XD,T38.0X1A-T38.0X1D,T38.0X2A-T38.0X2D,T38.0X3A-T38.0X3D,T38.0X4A-T38.0X4D,  
T38.0X5A-T38.0X5D,T38.1X1A-T38.1X1D,T38.1X2A-T38.1X2D,T38.1X3A-T38.1X3D,T38.1X4A-T38.1X4D,  
T38.1X5A-T38.1X5D,T38.1X6A-T38.1X6D,T38.2X1A-T38.2X1D,T38.2X2A-T38.2X2D,T38.2X3A-T38.2X3D,  
T38.2X4A-T38.2X4D,T38.2X5A-T38.2X5D,T38.2X6A-T38.2X6D,T38.3X1A-T38.3X1D,T38.3X2A-T38.3X2D,  
T38.3X3A-T38.3X3D,T38.3X4A-T38.3X4D,T38.3X5A-T38.3X5D,T38.4X1A-T38.4X1D,T38.4X2A-T38.4X2D,  
T38.4X3A-T38.4X3D,T38.4X4A-T38.4X4D,T38.4X5A-T38.4X5D,T38.5X1A-T38.5X1D,T38.5X2A-T38.5X2D,  
T38.5X3A-T38.5X3D,T38.5X4A-T38.5X4D,T38.5X5A-T38.5X5D,T38.6X1A-T38.6X1D,T38.6X2A-T38.6X2D,  
T38.6X3A-T38.6X3D,T38.6X4A-T38.6X4D,T38.6X5A-T38.6X5D,T38.7X1A-T38.7X1D,T38.7X2A-T38.7X2D,  
T38.7X3A-T38.7X3D,T38.7X4A-T38.7X4D,T38.7X5A-T38.7X5D,T38.801A-T38.801D,T38.802A-T38.802D,  
T38.803A-T38.803D,T38.804A-T38.804D,T38.805A-T38.805D,T38.811A-T38.811D,T38.812A-T38.812D,  
T38.813A-T38.813D,T38.814A-T38.814D,T38.815A-T38.815D,T38.891A-T38.891D,T38.892A-T38.892D,  
T38.893A-T38.893D,T38.894A-T38.894D,T38.895A-T38.895D,T38.901A-T38.901D,T38.902A-T38.902D,  
T38.903A-T38.903D,T38.904A-T38.904D,T38.905A-T38.905D,T38.991A-T38.991D,T38.992A-T38.992D,  
T38.993A-T38.993D,T38.994A-T38.994D,T38.995A-T38.995D,T39.011A-T39.011D,T39.012A-T39.012D,  
T39.013A-T39.013D,T39.014A-T39.014D,T39.015A-T39.015D,T39.091A-T39.091D,T39.092A-T39.092D,  
T39.093A-T39.093D,T39.094A-T39.094D,T39.095A-T39.095D,T39.1X1A-T39.1X1D,T39.1X2A-T39.1X2D,  
T39.1X3A-T39.1X3D,T39.1X4A-T39.1X4D,T39.1X5A-T39.1X5D,T39.2X1A-T39.2X1D,T39.2X2A-T39.2X2D,  
T39.2X3A-T39.2X3D,T39.2X4A-T39.2X4D,T39.2X5A-T39.2X5D,T39.311A-T39.311D,T39.312A-T39.312D,  
T39.313A-T39.313D,T39.314A-T39.314D,T39.315A-T39.315D,T39.391A-T39.391D,T39.392A-T39.392D,  
T39.393A-T39.393D,T39.394A-T39.394D,T39.395A-T39.395D,T39.4X1A-T39.4X1D,T39.4X2A-T39.4X2D,  
T39.4X3A-T39.4X3D,T39.4X4A-T39.4X4D,T39.4X5A-T39.4X5D,T39.8X1A-T39.8X1D,T39.8X2A-T39.8X2D,  
T39.8X3A-T39.8X3D,T39.8X4A-T39.8X4D,T39.8X5A-T39.8X5D,T39.91XA-T39.91XD,T39.92XA-T39.92XD,  
T39.93XA-T39.93XD,T39.94XA-T39.94XD,T39.95XA-T39.95XD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,  
T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.0X5A-T40.0X5D,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,T40.2X5A-T40.2X5D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,  
T40.3X4A-T40.3X4D,T40.3X5A-T40.3X5D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,  
T40.4X4A-T40.4X4D,T40.4X5A-T40.4X5D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,  
T40.5X4A-T40.5X4D,T40.5X5A-T40.5X5D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,  
T40.604A-T40.604D,T40.605A-T40.605D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,  
T40.694A-T40.694D,T40.695A-T40.695D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,  
T40.7X4A-T40.7X4D,T40.7X5A-T40.7X5D,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,  
T40.905A-T40.905D,T40.991A-T40.991D,T40.992A-T40.992D,T40.993A-T40.993D,T40.994A-T40.994D,  
T40.995A-T40.995D,T41.0X1A-T41.0X1D,T41.0X2A-T41.0X2D,T41.0X3A-T41.0X3D,T41.0X4A-T41.0X4D,  
T41.0X5A-T41.0X5D,T41.1X1A-T41.1X1D,T41.1X2A-T41.1X2D,T41.1X3A-T41.1X3D,T41.1X4A-T41.1X4D,  
T41.1X5A-T41.1X5D,T41.201A-T41.201D,T41.202A-T41.202D,T41.203A-T41.203D,T41.204A-T41.204D,  
T41.205A-T41.205D,T41.291A-T41.291D,T41.292A-T41.292D,T41.293A-T41.293D,T41.294A-T41.294D,  
T41.295A-T41.295D,T41.3X1A-T41.3X1D,T41.3X2A-T41.3X2D,T41.3X3A-T41.3X3D,T41.3X4A-T41.3X4D,  
T41.3X5A-T41.3X5D,T41.41XA-T41.41XD,T41.42XA-T41.42XD,T41.43XA-T41.43XD,T41.44XA-T41.44XD,  
T41.45XA-T41.45XD,T41.5X1A-T41.5X1D,T41.5X2A-T41.5X2D,T41.5X3A-T41.5X3D,T41.5X4A-T41.5X4D,  
T41.5X5A-T41.5X5D,T42.0X1A-T42.0X1D,T42.0X2A-T42.0X2D,T42.0X3A-T42.0X3D,T42.0X4A-T42.0X4D,  
T42.0X5A-T42.0X5D,T42.1X1A-T42.1X1D,T42.1X2A-T42.1X2D,T42.1X3A-T42.1X3D,T42.1X4A-T42.1X4D,  
T42.1X5A-T42.1X5D,T42.2X1A-T42.2X1D,T42.2X2A-T42.2X2D,T42.2X3A-T42.2X3D,T42.2X4A-T42.2X4D,  
T42.2X5A-T42.2X5D,T42.3X1A-T42.3X1D,T42.3X2A-T42.3X2D,T42.3X3A-T42.3X3D,T42.3X4A-T42.3X4D,  
T42.3X5A-T42.3X5D,T42.4X1A-T42.4X1D,T42.4X2A-T42.4X2D,T42.4X3A-T42.4X3D,T42.4X4A-T42.4X4D,  
T42.4X5A-T42.4X5D,T42.5X1A-T42.5X1D,T42.5X2A-T42.5X2D,T42.5X3A-T42.5X3D,T42.5X4A-T42.5X4D,  
T42.5X5A-T42.5X5D,T42.6X1A-T42.6X1D,T42.6X2A-T42.6X2D,T42.6X3A-T42.6X3D,T42.6X4A-T42.6X4D,  
T42.6X5A-T42.6X5D,T42.71XA-T42.71XD,T42.72XA-T42.72XD,T42.73XA-T42.73XD,T42.74XA-T42.74XD,  
T42.75XA-T42.75XD,T42.8X1A-T42.8X1D,T42.8X2A-T42.8X2D,T42.8X3A-T42.8X3D,T42.8X4A-T42.8X4D,  
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T43.015A-T43.015D,T43.021A-T43.021D,T43.022A-T43.022D,T43.023A-T43.023D,T43.024A-T43.024D,  
T43.025A-T43.025D,T43.1X1A-T43.1X1D,T43.1X2A-T43.1X2D,T43.1X3A-T43.1X3D,T43.1X4A-T43.1X4D,  
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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,  
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T43.505A-T43.505D,T43.591A-T43.591D,T43.592A-T43.592D,T43.593A-T43.593D,T43.594A-T43.594D,  
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T43.605A-T43.605D,T43.611A-T43.611D,T43.612A-T43.612D,T43.613A-T43.613D,T43.614A-T43.614D,



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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, T43.634A-T43.634D, T43.635A-T43.635D, T43.641A-T43.641D, T43.642A-T43.642D, T43.643A-T43.643D, T43.644A-T43.644D, T43.691A-T43.691D, T43.692A-T43.692D, T43.693A-T43.693D, T43.694A-T43.694D, T43.695A-T43.695D, T43.8X1A-T43.8X1D, T43.8X2A-T43.8X2D, T43.8X3A-T43.8X3D, T43.8X4A-T43.8X4D, T43.8X5A-T43.8X5D, T43.91XA-T43.91XD, T43.92XA-T43.92XD, T43.93XA-T43.93XD, T43.94XA-T43.94XD, T43.95XA-T43.95XD, T44.0X1A-T44.0X1D, T44.0X2A-T44.0X2D, T44.0X3A-T44.0X3D, T44.0X4A-T44.0X4D, T44.0X5A-T44.0X5D, T44.1X1A-T44.1X1D, T44.1X2A-T44.1X2D, T44.1X3A-T44.1X3D, T44.1X4A-T44.1X4D, T44.1X5A-T44.1X5D, T44.2X1A-T44.2X1D, T44.2X2A-T44.2X2D, T44.2X3A-T44.2X3D, T44.2X4A-T44.2X4D, T44.2X5A-T44.2X5D, T44.3X1A-T44.3X1D, T44.3X2A-T44.3X2D, T44.3X3A-T44.3X3D, T44.3X4A-T44.3X4D, T44.3X5A-T44.3X5D, T44.4X1A-T44.4X1D, T44.4X2A-T44.4X2D, T44.4X3A-T44.4X3D, T44.4X4A-T44.4X4D, T44.4X5A-T44.4X5D, T44.5X1A-T44.5X1D, T44.5X2A-T44.5X2D, T44.5X3A-T44.5X3D, T44.5X4A-T44.5X4D, T44.5X5A-T44.5X5D, T44.6X1A-T44.6X1D, T44.6X2A-T44.6X2D, T44.6X3A-T44.6X3D, T44.6X4A-T44.6X4D, T44.6X5A-T44.6X5D, T44.7X1A-T44.7X1D, T44.7X2A-T44.7X2D, T44.7X3A-T44.7X3D, T44.7X4A-T44.7X4D, T44.7X5A-T44.7X5D, T44.8X1A-T44.8X1D, T44.8X2A-T44.8X2D, T44.8X3A-T44.8X3D, T44.8X4A-T44.8X4D, T44.8X5A-T44.8X5D, T44.901A-T44.901D, T44.902A-T44.902D, T44.903A-T44.903D, T44.904A-T44.904D, T44.905A-T44.905D, T44.991A-T44.991D, T44.992A-T44.992D, T44.993A-T44.993D, T44.994A-T44.994D, T44.995A-T44.995D, T45.0X1A-T45.0X1D, T45.0X2A-T45.0X2D, T45.0X3A-T45.0X3D, T45.0X4A-T45.0X4D, T45.0X5A-T45.0X5D, T45.1X1A-T45.1X1D, T45.1X2A-T45.1X2D, T45.1X3A-T45.1X3D, T45.1X4A-T45.1X4D, T45.1X5A-T45.1X5D, T45.2X1A-T45.2X1D, T45.2X2A-T45.2X2D, T45.2X3A-T45.2X3D, T45.2X4A-T45.2X4D, T45.2X5A-T45.2X5D, T45.3X1A-T45.3X1D, T45.3X2A-T45.3X2D, T45.3X3A-T45.3X3D, T45.3X4A-T45.3X4D, 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T50.0X1A-T50.0X1D,T50.0X2A-T50.0X2D,T50.0X3A-T50.0X3D,T50.0X4A-T50.0X4D,T50.0X5A-T50.0X5D,  
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T50.3X1A-T50.3X1D,T50.3X2A-T50.3X2D,T50.3X3A-T50.3X3D,T50.3X4A-T50.3X4D,T50.3X5A-T50.3X5D,  
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**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

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T64.83XA-T64.83XD, T64.84XA-T64.84XD, T65.0X1A-T65.0X1D, T65.0X2A-T65.0X2D, T65.0X3A-T65.0X3D, T65.0X4A-T65.0X4D, T65.1X1A-T65.1X1D, T65.1X2A-T65.1X2D, T65.1X3A-T65.1X3D, T65.1X4A-T65.1X4D, T65.211A-T65.211D, T65.212A-T65.212D, T65.213A-T65.213D, T65.214A-T65.214D, T65.221A-T65.221D, T65.222A-T65.222D, T65.223A-T65.223D, T65.224A-T65.224D, T65.291A-T65.291D, T65.292A-T65.292D, T65.293A-T65.293D, T65.294A-T65.294D, T65.3X1A-T65.3X1D, T65.3X2A-T65.3X2D, T65.3X3A-T65.3X3D, T65.3X4A-T65.3X4D, T65.4X1A-T65.4X1D, T65.4X2A-T65.4X2D, T65.4X3A-T65.4X3D, T65.4X4A-T65.4X4D, T65.5X1A-T65.5X1D, T65.5X2A-T65.5X2D, T65.5X3A-T65.5X3D, T65.5X4A-T65.5X4D, T65.6X1A-T65.6X1D, T65.6X2A-T65.6X2D, T65.6X3A-T65.6X3D, T65.6X4A-T65.6X4D, T65.811A-T65.811D, T65.812A-T65.812D, T65.813A-T65.813D, T65.814A-T65.814D, T65.821A-T65.821D, T65.822A-T65.822D, T65.823A-T65.823D, T65.824A-T65.824D, T65.831A-T65.831D, T65.832A-T65.832D, T65.833A-T65.833D, T65.834A-T65.834D, T65.891A-T65.891D, T65.892A-T65.892D, T65.893A-T65.893D, T65.894A-T65.894D, T65.91XA-T65.91XD, T65.92XA-T65.92XD, T65.93XA-T65.93XD, T65.94XA-T65.94XD, T78.41XA-T78.41XD, Z51.6

CPT: 43241, 43247, 49435, 49436, 90935-90947, 90989-90997, 93792, 93793, 94640, 95017, 95018, 95076, 95079, 96150-96155, 98966-98969, 99051, 99060, 99070, 99078, 99175, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607

HCPCS: C1752, C1881, G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012, S9355

**Line: 104**  
**Condition:** BOTULISM (See Guideline Notes 64,65)  
**Treatment:** MEDICAL THERAPY  
**ICD-10:** A05.1, A48.51-A48.52  
**CPT:** 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
**HCPCS:** G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>105</b>
Condition:	TETRALOGY OF FALLOT (TOF); CONGENITAL VENOUS ABNORMALITIES (See Guideline Notes 64,65)
Treatment:	REPAIR
ICD-10:	Q21.3,Q25.5-Q25.6,Q25.71-Q25.79,Q26.0-Q26.1,Q26.3-Q26.9,Z79.01
CPT:	33606,33608,33620,33621,33692-33697,33724,33726,33735-33750,33764,33917,33924-33926,33946-33966,33969,33984-33989,34502,75573,92960-92971,92978-92998,93355,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>106</b>
Condition:	CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Notes 64,65)
Treatment:	SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-10:	Q23.0-Q23.1,Q24.4,Q25.3
CPT:	33361-33417,33440,33496,33530,33620,33621,33946-33966,33969,33984-33989,37246,37247,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>107</b>
Condition:	GIANT CELL ARTERITIS, POLYMYALGIA RHEUMATICA AND KAWASAKI DISEASE (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	M30.3,M31.0,M31.4-M31.6,M35.3
CPT:	36514,36516,37609,90284,92002-92014,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>108</b>
Condition:	FRACTURE OF RIBS AND STERNUM, OPEN (See Guideline Notes 64,65)
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:	11010-11012,21811-21813,21825,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>109</b>
Condition:	SUBACUTE MENINGITIS (E.G., TUBERCULOSIS, CRYPTOCOCCOSIS) (See Guideline Notes 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,G02,G03.0-G03.1,G03.8-G03.9
CPT:	93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>110</b>
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:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9345

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 111**  
Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Notes 49,64,65,95)  
Treatment: MEDICAL THERAPY  
ICD-10: Q23.8-Q23.9,Q24.6-Q24.8,Q28.8,Z45.010-Z45.09,Z79.01  
CPT: 33202-33249,33262-33264,33270-33273,33418-33430,33460-33496,33530,33620,33621,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93355,93644,93745,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,K0606-K0609
- Line: 112**  
Condition: CANCER OF TESTIS (See Guideline Notes 7,11,12,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C62.00-C62.92,D40.10-D40.12,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.47  
CPT: 32553,38564,38571-38573,38780,49327,49411,49412,54512-54535,54660,54690,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77431,77469,77470,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 113**  
Condition: CANCER OF EYE AND ORBIT (See Guideline Notes 7,11,12,16,64,65)  
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,G89.3,Z51.0,Z51.11-Z51.12,Z85.840  
CPT: 11420,11440,13132,20969,32553,49411,65091,65101-65114,65435,65450,65778-65780,65900,66600,66605,66770,67208-67218,67412,67414,67445,68135,68320-68328,68335,68340,77014,77261-77295,77300-77370,77385-77387,77401-77432,77469,77470,77520-77525,77750,77789,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,96150-96155,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 114**  
Condition: APLASTIC ANEMIAS; AGRANULOCYTOSIS (See Guideline Notes 7,11,12,14)  
Treatment: BONE MARROW TRANSPLANT  
ICD-10: D60.0-D60.9,D61.01-D61.3,D61.810,D61.82-D61.9,T86.01-T86.09,Z48.290,Z52.000-Z52.008,Z52.090-Z52.098,Z52.3  
CPT: 36680,38204-38215,38240,38242,86825,86826,90284,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537
- Line: 115**  
Condition: CHRONIC MYELOID LEUKEMIA (See Guideline Notes 7,11,12)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY  
ICD-10: C92.10-C92.32,D61.810,G89.3,Z51.0,Z51.12  
CPT: 32553,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,79101,90284,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 116**  
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14)  
Treatment: BONE MARROW TRANSPLANT  
ICD-10: C81.00-C81.99,D61.810,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3,Z85.71  
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 117**  
Condition: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS (See Guideline Notes 64,65)  
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, 43194, 43215, 43247, 43249, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
- Line: 118**  
Condition: NUTRITIONAL DEFICIENCIES (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, D64.0-D64.3, D81.818-D81.819, E40-E43, E44.0-E44.1, E45, E46, E50.0-E50.9, E51.11-E51.12, E51.8-E51.9, E52, E53.0-E53.9, E54, E55.0-E55.9, E56.0-E56.8, E58-E60, E61.0-E61.6, E63.0-E63.8  
CPT: 93792, 93793, 97802-97804, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0463-G0467, G0490, G0511, G0513, G0514, G2010-G2012
- Line: 119**  
Condition: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Notes 64,65)  
Treatment: REPAIR SEPTAL DEFECT  
ICD-10: Q21.1  
CPT: 33641, 33647, 33946-33966, 33969, 33984-33989, 92960-92971, 92978-92998, 93355, 93580, 93792-93798, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0157-G0161, G0248-G0250, G0396, G0397, G0406-G0408, G0422, G0423, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
- Line: 120**  
Condition: CHOANAL ATRESIA (See Guideline Notes 64,65)  
Treatment: REPAIR OF CHOANAL ATRESIA  
ICD-10: Q30.0  
CPT: 30520-30545, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
- Line: 121**  
Condition: ABUSE AND NEGLECT (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
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, T74.51XA-T74.51XD, T74.52XA-T74.52XD, T74.61XA-T74.61XD, T74.62XA-T74.62XD, 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, T76.51XA-T76.51XD, T76.52XA-T76.52XD, T76.61XA-T76.61XD, T76.62XA-T76.62XD, T76.91XA-T76.91XD, T76.92XA-T76.92XD, Z04.41-Z04.42, Z04.71-Z04.82, Z69.010-Z69.020, Z69.11, Z69.81  
CPT: 46700, 46706, 46707, 56800, 56810, 57023, 57200, 57210, 57415, 90785, 90832-90840, 90846-90853, 90882, 90887, 93792, 93793, 96150-96155, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012, H0038, H2014, H2027

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 122**  
Condition: ATTENTION DEFICIT/HYPERACTIVITY DISORDERS (See Guideline Notes 20,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F90.0-F90.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005
- Line: 123**  
Condition: MALARIA, CHAGAS' DISEASE AND TRYPANOSOMIASIS (See Guideline Notes 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: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 124**  
Condition: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX (See Guideline Notes 64,65,156)  
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,Z51.6  
CPT: 86003,86008,86486,93792,93793,95004,95017-95180,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 125**  
Condition: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS (See Guideline Notes 12,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT WHICH INCLUDES RADIATION THERAPY  
ICD-10: E05.00-E05.91,E06.0-E06.9,Z51.0  
CPT: 32553,36514,36516,49411,60210-60240,60270,60271,60512,67414,67440,67445,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79403,92002-92014,92081,92082,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017
- Line: 126**  
Condition: BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD (See Guideline Notes 7,11,16,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: D18.02,D32.0-D32.9,D33.0-D33.7,D35.2-D35.3,D44.3-D44.4,D61.810,G89.3,H47.141-H47.149,Q85.00-Q85.09,Q85.8-Q85.9,Z45.49,Z51.0,Z51.12,Z86.011  
CPT: 12034,32553,49411,61312-61512,61516-61521,61524-61530,61534,61536-61564,61571-61626,61781,61782,61796-61800,62100,62140-62160,62163-62165,62223,62272,63265,63275-63295,64788-64792,77014,77261-77295,77300-77307,77321-77372,77385-77387,77402-77432,77469,77470,77520-77763,77770-77790,79005-79403,92002-92014,92081-92083,92133,92134,92250,93792,93793,95990,96150-96155,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017
- Line: 127**  
Condition: ACUTE KIDNEY INJURY (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS  
ICD-10: N00.0-N00.9,N01.0-N01.9,N17.0-N17.9,Z49.01-Z49.32  
CPT: 36514,36516,36818-36821,36831-36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90947,90989-90997,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9339,S9537

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 128**  
Condition: COMMON TRUNCUS (See Guideline Notes 64,65)  
Treatment: TOTAL REPAIR/REPLANT ARTERY  
ICD-10: Q20.0  
CPT: 33608,33620,33621,33786,33788,33813,33814,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 129**  
Condition: GRANULOMATOSIS WITH POLYANGIITIS (See Guideline Notes 12,16,64,65)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY  
ICD-10: G89.3,M30.1,M31.2,M31.30-M31.31,M31.7,Z51.0  
CPT: 32553,36514,36516,49411,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,77520-77525,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017
- Line: 130**  
Condition: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Notes 14,64,65)  
Treatment: COMPLETE REPAIR  
ICD-10: Q24.2,Q26.2  
CPT: 33620,33621,33724,33730,33732,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 131**  
Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME (See Guideline Notes 6,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
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,S17.0XXA-S17.0XXD,S17.8XXA-S17.8XXD,S17.9XXA-S17.9XXD,S28.0XXA-S28.0XXD,S35.8X1A-S35.8X1D,S35.8X8A-S35.8X8D,S35.8X9A-S35.8X9D,S35.90XA-S35.90XD,S35.91XA-S35.91XD,S35.99XA-S35.99XD,S38.001A-S38.001D,S38.002A-S38.002D,S38.01XA-S38.01XD,S38.02XA-S38.02XD,S38.03XA-S38.03XD,S38.1XXA-S38.1XXD,S47.1XXA-S47.1XXD,S47.2XXA-S47.2XXD,S47.9XXA-S47.9XXD,S57.00XA-S57.00XD,S57.01XA-S57.01XD,S57.02XA-S57.02XD,S57.80XA-S57.80XD,S57.81XA-S57.81XD,S57.82XA-S57.82XD,S67.20XA-S67.20XD,S67.21XA-S67.21XD,S67.22XA-S67.22XD,S67.30XA-S67.30XD,S67.31XA-S67.31XD,S67.32XA-S67.32XD,S67.40XA-S67.40XD,S67.41XA-S67.41XD,S67.42XA-S67.42XD,S67.90XA-S67.90XD,S67.91XA-S67.91XD,S67.92XA-S67.92XD,S77.00XA-S77.00XD,S77.01XA-S77.01XD,S77.02XA-S77.02XD,S77.10XA-S77.10XD,S77.11XA-S77.11XD,S77.12XA-S77.12XD,S77.20XA-S77.20XD,S77.21XA-S77.21XD,S77.22XA-S77.22XD,S87.00XA-S87.00XD,S87.01XA-S87.01XD,S87.02XA-S87.02XD,S87.80XA-S87.80XD,S87.81XA-S87.81XD,S87.82XA-S87.82XD,S97.00XA-S97.00XD,S97.01XA-S97.01XD,S97.02XA-S97.02XD,S97.80XA-S97.80XD,S97.81XA-S97.81XD,S97.82XA-S97.82XD,T79.5XXA-T79.5XXD,T79.6XXA-T79.6XXD,T79.A0XA-T79.A0XD,T79.A11A-T79.A11D,T79.A12A-T79.A12D,T79.A19A-T79.A19D,T79.A21A-T79.A21D,T79.A22A-T79.A22D,T79.A29A-T79.A29D,T79.A3XA-T79.A3XD,T79.A9XA-T79.A9XD,T79.8XXA-T79.8XXD,T79.9XXA-T79.9XXD  
CPT: 11043-11047,11740,20101-20103,20950,20972,21627,21630,23395,24495,25020-25025,25274,25295,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26037,26357-26390,26437,27025,27027,27057,27305,27465-27468,27496-27499,27600-27602,27656-27659,27665,27695-27698,27892-27894,28008,35141,35221,36514,36516,37616,37617,54230,74445,92960-92971,92978-92998,93792-93798,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 132**  
Condition: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Notes 6,64,65)  
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,



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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,S52.033B-S52.033C,  
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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

S72.324C, S72.324E-S72.324F, S72.324H-S72.324J, S72.325B-S72.325C, S72.325E-S72.325F, S72.325H-S72.325J, S72.326B-S72.326C, S72.326E-S72.326F, S72.326H-S72.326J, S72.331B-S72.331C, S72.331E-S72.331F, S72.331H-S72.331J, S72.332B-S72.332C, S72.332E-S72.332F, S72.332H-S72.332J, S72.333B-S72.333C, S72.333E-S72.333F, S72.333H-S72.333J, S72.334B-S72.334C, S72.334E-S72.334F, S72.334H-S72.334J, S72.335B-S72.335C, S72.335E-S72.335F, S72.335H-S72.335J, S72.336B-S72.336C, S72.336E-S72.336F, S72.336H-S72.336J, S72.341B-S72.341C, S72.341E-S72.341F, S72.341H-S72.341J, S72.342B-S72.342C, S72.342E-S72.342F, S72.342H-S72.342J, S72.343B-S72.343C, S72.343E-S72.343F, S72.343H-S72.343J, S72.344B-S72.344C, S72.344E-S72.344F, S72.344H-S72.344J, S72.345B-S72.345C, S72.345E-S72.345F, S72.345H-S72.345J, S72.346B-S72.346C, S72.346E-S72.346F, S72.346H-S72.346J, S72.351B-S72.351C, S72.351E-S72.351F, S72.351H-S72.351J, S72.352B-S72.352C, S72.352E-S72.352F, S72.352H-S72.352J, S72.353B-S72.353C, S72.353E-S72.353F, 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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

S82.124C,S82.124E-S82.124F,S82.124H-S82.124J,S82.125B-S82.125C,S82.125E-S82.125F,S82.125H-S82.125J,S82.126B-S82.126C,S82.126E-S82.126F,S82.126H-S82.126J,S82.131B-S82.131C,S82.131E-S82.131F,S82.131H-S82.131J,S82.132B-S82.132C,S82.132E-S82.132F,S82.132H-S82.132J,S82.133B-S82.133C,S82.133E-S82.133F,S82.133H-S82.133J,S82.134B-S82.134C,S82.134E-S82.134F,S82.134H-S82.134J,S82.135B-S82.135C,S82.135E-S82.135F,S82.135H-S82.135J,S82.136B-S82.136C,S82.136E-S82.136F,S82.136H-S82.136J,S82.141B-S82.141C,S82.141E-S82.141F,S82.141H-S82.141J,S82.142B-S82.142C,S82.142E-S82.142F,S82.142H-S82.142J,S82.143B-S82.143C,S82.143E-S82.143F,S82.143H-S82.143J,S82.144B-S82.144C,S82.144E-S82.144F,S82.144H-S82.144J,S82.145B-S82.145C,S82.145E-S82.145F,S82.145H-S82.145J,S82.146B-S82.146C,S82.146E-S82.146F,S82.146H-S82.146J,S82.151B-S82.151C,S82.151E-S82.151F,S82.151H-S82.151J,S82.152B-S82.152C,S82.152E-S82.152F,S82.152H-S82.152J,S82.153B-S82.153C,S82.153E-S82.153F,S82.153H-S82.153J,S82.154B-S82.154C,S82.154E-S82.154F,S82.154H-S82.154J,S82.155B-S82.155C,S82.155E-S82.155F,S82.155H-S82.155J,S82.156B-S82.156C,S82.156E-S82.156F,S82.156H-S82.156J,S82.191B-S82.191C,S82.191E-S82.191F,S82.191H-S82.191J,S82.192B-S82.192C,S82.192E-S82.192F,S82.192H-S82.192J,S82.199B-S82.199C,S82.199E-S82.199F,S82.199H-S82.199J,S82.201B-S82.201C,S82.201E-S82.201F,S82.201H-S82.201J,S82.202B-S82.202C,S82.202E-S82.202F,S82.202H-S82.202J,S82.209B-S82.209C,S82.209E-S82.209F,S82.209H-S82.209J,S82.221B-S82.221C,S82.221E-S82.221F,S82.221H-S82.221J,S82.222B-S82.222C,S82.222E-S82.222F,S82.222H-S82.222J,S82.223B-S82.223C,S82.223E-S82.223F,S82.223H-S82.223J,S82.224B-S82.224C,S82.224E-S82.224F,S82.224H-S82.224J,S82.225B-S82.225C,S82.225E-S82.225F,S82.225H-S82.225J,S82.226B-S82.226C,S82.226E-S82.226F,S82.226H-S82.226J,S82.231B-S82.231C,S82.231E-S82.231F,S82.231H-S82.231J,S82.232B-S82.232C,S82.232E-S82.232F,S82.232H-S82.232J,S82.233B-S82.233C,S82.233E-S82.233F,S82.233H-S82.233J,S82.234B-S82.234C,S82.234E-S82.234F,S82.234H-S82.234J,S82.235B-S82.235C,S82.235E-S82.235F,S82.235H-S82.235J,S82.236B-S82.236C,S82.236E-S82.236F,S82.236H-S82.236J,S82.241B-S82.241C,S82.241E-S82.241F,S82.241H-S82.241J,S82.242B-S82.242C,S82.242E-S82.242F,S82.242H-S82.242J,S82.243B-S82.243C,S82.243E-S82.243F,S82.243H-S82.243J,S82.244B-S82.244C,S82.244E-S82.244F,S82.244H-S82.244J,S82.245B-S82.245C,S82.245E-S82.245F,S82.245H-S82.245J,S82.246B-S82.246C,S82.246E-S82.246F,S82.246H-S82.246J,S82.251B-S82.251C,S82.251E-S82.251F,S82.251H-S82.251J,S82.252B-S82.252C,S82.252E-S82.252F,S82.252H-S82.252J,S82.253B-S82.253C,S82.253E-S82.253F,S82.253H-S82.253J,S82.254B-S82.254C,S82.254E-S82.254F,S82.254H-S82.254J,S82.255B-S82.255C,S82.255E-S82.255F,S82.255H-S82.255J,S82.256B-S82.256C,S82.256E-S82.256F,S82.256H-S82.256J,S82.261B-S82.261C,S82.261E-S82.261F,S82.261H-S82.261J,S82.262B-S82.262C,S82.262E-S82.262F,S82.262H-S82.262J,S82.263B-S82.263C,S82.263E-S82.263F,S82.263H-S82.263J,S82.264B-S82.264C,S82.264E-S82.264F,S82.264H-S82.264J,S82.265B-S82.265C,S82.265E-S82.265F,S82.265H-S82.265J,S82.266B-S82.266C,S82.266E-S82.266F,S82.266H-S82.266J,S82.291B-S82.291C,S82.291E-S82.291F,S82.291H-S82.291J,S82.292B-S82.292C,S82.292E-S82.292F,S82.292H-S82.292J,S82.299B-S82.299C,S82.299E-S82.299F,S82.299H-S82.299J,S82.301B-S82.301C,S82.301E-S82.301F,S82.301H-S82.301J,S82.302B-S82.302C,S82.302E-S82.302F,S82.302H-S82.302J,S82.309B-S82.309C,S82.309E-S82.309F,S82.309H-S82.309J,S82.391B-S82.391C,S82.391E-S82.391F,S82.391H-S82.391J,S82.392B-S82.392C,S82.392E-S82.392F,S82.392H-S82.392J,S82.399B-S82.399C,S82.399E-S82.399F,S82.399H-S82.399J,S82.401B-S82.401C,S82.401E-S82.401F,S82.401H-S82.401J,S82.402B-S82.402C,S82.402E-S82.402F,S82.402H-S82.402J,S82.409B-S82.409C,S82.409E-S82.409F,S82.409H-S82.409J,S82.421B-S82.421C,S82.421E-S82.421F,S82.421H-S82.421J,S82.422B-S82.422C,S82.422E-S82.422F,S82.422H-S82.422J,S82.423B-S82.423C,S82.423E-S82.423F,S82.423H-S82.423J,S82.424B-S82.424C,S82.424E-S82.424F,S82.424H-S82.424J,S82.425B-S82.425C,S82.425E-S82.425F,S82.425H-S82.425J,S82.426B-S82.426C,S82.426E-S82.426F,S82.426H-S82.426J,S82.431B-S82.431C,S82.431E-S82.431F,S82.431H-S82.431J,S82.432B-S82.432C,S82.432E-S82.432F,S82.432H-S82.432J,S82.433B-S82.433C,S82.433E-S82.433F,S82.433H-S82.433J,S82.434B-S82.434C,S82.434E-S82.434F,S82.434H-S82.434J,S82.435B-S82.435C,S82.435E-S82.435F,S82.435H-S82.435J,S82.436B-S82.436C,S82.436E-S82.436F,S82.436H-S82.436J,S82.441B-S82.441C,S82.441E-S82.441F,S82.441H-S82.441J,S82.442B-S82.442C,S82.442E-S82.442F,S82.442H-S82.442J,S82.443B-S82.443C,S82.443E-S82.443F,S82.443H-S82.443J,S82.444B-S82.444C,S82.444E-S82.444F,S82.444H-S82.444J,S82.445B-S82.445C,S82.445E-S82.445F,S82.445H-S82.445J,S82.446B-S82.446C,S82.446E-S82.446F,S82.446H-S82.446J,S82.451B-S82.451C,S82.451E-S82.451F,S82.451H-S82.451J,S82.452B-S82.452C,S82.452E-S82.452F,S82.452H-S82.452J,S82.453B-S82.453C,S82.453E-S82.453F,S82.453H-S82.453J,S82.454B-S82.454C,S82.454E-S82.454F,S82.454H-S82.454J,S82.455B-S82.455C,S82.455E-S82.455F,S82.455H-S82.455J,S82.456B-S82.456C,S82.456E-S82.456F,S82.456H-S82.456J,S82.461B-S82.461C,S82.461E-S82.461F,S82.461H-S82.461J,S82.462B-S82.462C,S82.462E-S82.462F,S82.462H-S82.462J,S82.463B-S82.463C,S82.463E-S82.463F,S82.463H-S82.463J,S82.464B-S82.464C,S82.464E-S82.464F,S82.464H-S82.464J,S82.465B-S82.465C,S82.465E-S82.465F,S82.465H-S82.465J,S82.466B-S82.466C,S82.466E-S82.466F,S82.466H-S82.466J,S82.491B-S82.491C,S82.491E-S82.491F,S82.491H-S82.491J,S82.492B-S82.492C,S82.492E-S82.492F,S82.492H-S82.492J,S82.499B-S82.499C,S82.499E-S82.499F,S82.499H-S82.499J,S82.51XB-S82.51XC,S82.51XE-S82.51XF,S82.51XH-S82.51XJ,S82.52XB-S82.52XC,S82.52XE-S82.52XF,S82.52XH-S82.52XJ,S82.53XB-S82.53XC,S82.53XE-S82.53XF,S82.53XH-S82.53XJ,S82.54XB-S82.54XC,S82.54XE-S82.54XF,S82.54XH-S82.54XJ,S82.55XB-S82.55XC,S82.55XE-S82.55XF,S82.55XH-S82.55XJ,S82.56XB-S82.56XC,S82.56XE-S82.56XF,S82.56XH-S82.56XJ,S82.61XB-S82.61XC,S82.61XE-S82.61XF,S82.61XH-S82.61XJ,S82.62XB-S82.62XC,S82.62XE-S82.62XF,S82.62XH-S82.62XJ,S82.63XB-S82.63XC,S82.63XE-S82.63XF,S82.63XH-S82.63XJ,S82.64XB-S82.64XC,S82.64XE-S82.64XF,S82.64XH-S82.64XJ,S82.65XB-S82.65XC,S82.65XE-S82.65XF,S82.65XH-S82.65XJ,S82.66XB-S82.66XC,S82.66XE-S82.66XF,S82.66XH-S82.66XJ,S82.831B-S82.831C,S82.831E-S82.831F,S82.831H-S82.831J,S82.832B-S82.832C,S82.832E-S82.832F,S82.832H-S82.832J,S82.839B-S82.839C,S82.839E-S82.839F,S82.839H-S82.839J,S82.841B-S82.841C,S82.841E-S82.841F,S82.841H-S82.841J,S82.842B-S82.842C,S82.842E-S82.842F,S82.842H-S82.842J,S82.843B-S82.843C,S82.843E-S82.843F,S82.843H-S82.843J,S82.844B-



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 134**  
Condition: INTERRUPTED AORTIC ARCH (See Guideline Notes 64,65)  
Treatment: TRANSVERSE ARCH GRAFT  
ICD-10: Q25.21-Q25.29,Q25.40-Q25.42,Q25.49  
CPT: 33606,33608,33852,33853,33870,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 135**  
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,64,65)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C81.00-C81.99,D61.810,G89.3,Z51.0,Z51.12,Z85.71  
CPT: 32553,38100,38120,49203-49205,49220,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77427,77469,77470,79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0077,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9537
- Line: 136**  
Condition: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)  
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: 11010-11012,27290,27295,27590-27598,27880-27886,27889,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 137**  
Condition: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY (See Guideline Notes 64,65)  
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: 11720,11721,17110,17111,92002-92014,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 138**  
Condition: EBSTEIN'S ANOMALY (See Guideline Notes 64,65)  
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT  
ICD-10: Q22.5  
CPT: 33460,33465,33468,33620,33621,33641-33647,33946-33966,33969,33984-33989,75573,93355,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 139**  
Condition: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Notes 64,65,184)  
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT  
ICD-10: H40.001-H40.029,H40.041-H40.059,H40.10X0-H40.159,H40.30X0-H40.9,H42,Q13.81,Q15.0  
CPT: 0191T,65820-65855,66150,66155,66170,66172,66179-66250,66700-66711,66740,66762,66920-66984,67036,67255,67500,76514,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 140**  
Condition: MYASTHENIA GRAVIS (See Guideline Notes 61,64,65)  
Treatment: MEDICAL THERAPY, THYMECTOMY  
ICD-10: G70.00-G70.9,G73.1-G73.3  
CPT: 32673,36514,36516,60520-60522,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 141**  
Condition: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: M32.0,M32.10-M32.9,M35.1,M35.9  
CPT: 36514,36516,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 142**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 143**  
Condition: PNEUMOTHORAX AND PLEURAL EFFUSION TUBE THORACOSTOMY (See Guideline Notes 64,65)  
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: 31634,32110,32124,32200-32220,32310,32550,32552,32554-32562,32650-32653,32655,32664,32665,33015-33050,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 144**  
Condition: HYPOTHERMIA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION  
ICD-10: T68.XXA-T68.XXD  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 145**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 146**  
Condition: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING (See Guideline Notes 64,65,165)  
Treatment: MEDICAL THERAPY  
ICD-10: A00.0-A00.9,A02.0,A02.8-A02.9,A03.0-A03.9,A04.0-A04.6,A04.71-A04.8,A05.0,A05.2-A05.9,A08.0,A08.11-A08.8,A09  
CPT: 44705,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0455,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 147**  
Condition: GLYCOGENOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E74.00-E74.09  
CPT: 93792,93793,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9357
- Line: 148**  
Condition: ACQUIRED HEMOLYTIC ANEMIAS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: D59.0-D59.9,D62  
CPT: 36514,36516,90935,90937,90945,90947,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 149**  
Condition: FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F50.82-F50.89,F98.21-F98.3  
CPT: 90846,90849,90853,90882,90887,92526,93792,93793,97802-97804,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 150**  
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 6,64,65,100,136)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: M43.3-M43.4,M43.5X2-M43.5X3,M48.40XA-M48.40XG,M48.41XA-M48.41XG,M48.42XA-M48.42XG,M48.43XA-M48.43XG,M48.50XA-M48.50XG,M48.51XA-M48.51XG,M48.52XA-M48.52XG,M48.53XA-M48.53XG,M80.08XA-M80.08XG,M80.88XA-M80.88XG,M84.58XA,M84.68XA,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-



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

	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,S32.002A-S32.002G,S32.008B-S32.008G,S32.009B-S32.009G,S32.010B-S32.010G,S32.011B-S32.011G,S32.012A-S32.012G,S32.018B-S32.018G,S32.019B-S32.019G,S32.020B-S32.020G,S32.021B-S32.021G,S32.022A-S32.022G,S32.028B-S32.028G,S32.029B-S32.029G,S32.030B-S32.030G,S32.031B-S32.031G,S32.032A-S32.032G,S32.038B-S32.038G,S32.039B-S32.039G,S32.040B-S32.040G,S32.041B-S32.041G,S32.042A-S32.042G,S32.048B-S32.048G,S32.049B-S32.049G,S32.050B-S32.050G,S32.051B-S32.051G,S32.052A-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:	11010-11012,20660,20661,20665,20690-20694,20930,20931,20936-20938,22100-22116,22310-22505,22532-22819,22840-22855,22859,27202-27216,29015,29040,29710,29720,63001-63173,63295,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>151</b>
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:	93792,93793,97802-97804,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9355
<b>Line:</b>	<b>152</b>
Condition:	NON-PULMONARY TUBERCULOSIS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	A17.83,A17.9,A18.01-A18.89,A19.0-A19.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>153</b>
Condition:	PYOGENIC ARTHRITIS (See Guideline Notes 6,64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	A01.04,A02.23,A39.83,M00.00,M00.011-M00.9,M01.X0,M01.X11-M01.X9
CPT:	20600-20611,23040,23044,24000,24006,24101,24102,25040,25101-25109,26070-26080,27030,27310,27610,28022,28024,29819,29821-29823,29825,29843,29848,29861-29863,29871,29894,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 154**  
Condition: VASCULAR INSUFFICIENCY OF INTESTINE (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-10: K55.011-K55.1,K55.8-K55.9,Z46.59  
CPT: 34151,34421,34451,44120-44125,44130,44139-44160,44202-44213,44310,44701,49442,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 155**  
Condition: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: B00.2-B00.4,B00.50-B00.89,B02.0-B02.1,B02.21-B02.9,B10.01-B10.09,G93.7  
CPT: 65430,69676,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 156**  
Condition: ACROMEGALY AND GIGANTISM (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E22.0  
CPT: 32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,79005-79403,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 157**  
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS (See Guideline Notes 7,11,12,23,64,65,148)  
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,C49.A0,C49.A3-C49.A9,C7A.010-C7A.029,D01.0-D01.3,D01.40-D01.49,D37.2-D37.5,D37.8,D61.810,G89.3,K62.82-K62.89,K63.89,Z46.59,Z51.0,Z51.11-Z51.12,Z85.038,Z85.048  
CPT: 32553,38747,43245,44120-44125,44139-44160,44187-44227,44300-44346,44379,44381,44384,44391-44402,44404,44405,44620-44626,44701,44950,44955,45110-45113,45119,45123,45126,45136,45171-45190,45303,45308-45320,45327,45333-45335,45338-45347,45381-45389,45395,45397,45402,45505,45550,46604,46900-46924,49203-49205,49411,49442,57156,58150,77014,77261-77295,77300-77370,77385-77387,77401-77417,77424-77432,77469,77470,77761-77763,77770-77790,79005-79403,81275,81288,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 158**  
Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,64,65,115)  
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,C96.20-C96.9,D46.20-D46.C,D46.Z-D46.9,D47.01-D47.1,D47.3,D47.Z1-D47.Z9,D61.810,G89.3,Z51.0,Z51.12  
CPT: 32553,36522,38100,38120,38542,38720,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77431,77469,77470,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,96900,96910-96913,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9355,S9537
- Line: 159**  
Condition: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: B00.0,L00,L12.30-L12.35,L51.1-L51.3  
CPT: 36514,36516,65781,65782,68371,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>160</b>
<b>Condition:</b>	TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)
<b>Treatment:</b>	MEDICAL AND SURGICAL TREATMENT
<b>ICD-10:</b>	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
<b>CPT:</b>	11000,11001,11010-11047,20802-20838,20912,20972,20973,23900-23921,24900-24940,25900-25909,26350-26356,26410-26418,26551-26556,26910-26952,64831,64832,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>161</b>
<b>Condition:</b>	GRANULOCYTE DISORDERS (See Guideline Notes 7,11,64,65)
<b>Treatment:</b>	MEDICAL THERAPY
<b>ICD-10:</b>	D70.0-D70.8,D71,D72.0,D72.89,D76.1-D76.3
<b>CPT:</b>	79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9537
<b>Line:</b>	<b>162</b>
<b>Condition:</b>	BILIARY ATRESIA
<b>Treatment:</b>	LIVER TRANSPLANT
<b>ICD-10:</b>	Q44.2-Q44.3,T86.40-T86.49,Z48.23,Z52.6
<b>CPT:</b>	47133-47147,86825-86835,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>163</b>
<b>Condition:</b>	NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,14)
<b>Treatment:</b>	BONE MARROW TRANSPLANT
<b>ICD-10:</b>	C82.00-C82.99,C83.00-C83.99,C84.00-C84.99,C85.10-C85.99,C86.0-C86.6,C88.4,C96.4,C96.A-C96.9,D61.810,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
<b>CPT:</b>	36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 164**  
Condition: CARCINOMA IN SITU OF UPPER AIRWAY, INCLUDING ORAL CAVITY (See Guideline Notes 64,65)  
Treatment: INCISION/EXCISION, MEDICAL THERAPY  
ICD-10: D00.00-D00.08,K13.29  
CPT: 40500-40530,40810-40816,40819,40820,41000-41018,41110-41510,41520,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 165**  
Condition: PREVENTIVE FOOT CARE IN HIGH-RISK PATIENTS  
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT  
ICD-10: E08.40-E08.42,E08.51-E08.52,E08.621,E09.40-E09.42,E09.51-E09.52,E09.621,E10.40-E10.42,E10.51-E10.52,E10.621,E11.40-E11.42,E11.49-E11.59,E11.621,E11.628,E13.40-E13.42,E13.44,E13.51-E13.52,E13.621,G60.0-G60.8,G62.1,I70.201-I70.299,Z86.31  
CPT: 11055-11057,11719-11732,11750,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99291-99355,99366-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 166**  
Condition: ANAL, RECTAL AND COLONIC POLYPS  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: D12.0-D12.9,D3A.020-D3A.029,K51.40,K62.0-K62.1,K63.5,Z86.010  
CPT: 44110,44140-44160,44204-44213,44391-44401,44404,44620-44626,45113-45116,45171,45172,45308-45320,45333-45335,45338,45346,45381-45385,45388,46610-46612,46615,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 167**  
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: 92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 168**  
Condition: COMPLICATED HERNIAS; UNCOMPLICATED INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE (See Guideline Notes 24,63,64,65,149)  
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: 39503-39541,39560,39561,43281-43283,44050,44120,44346,49491-49572,49582,49587,49590,49650-49659,55040-55060,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 169**  
Condition: NON-DIABETIC HYPOGLYCEMIC COMA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E15  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
*JANUARY 1, 2019*

- Line: 170**  
Condition: ACUTE MASTOIDITIS (See Guideline Notes 64,65)  
Treatment: MASTOIDECTOMY, MEDICAL THERAPY  
ICD-10: H70.001-H70.099,H70.201-H70.229,H75.00-H75.03  
CPT: 69420,69421,69433,69436,69501-69540,69601-69646,69670,69700,69801,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 171**  
Condition: AMEBIASIS (See Guideline Notes 64,65)  
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  
CPT: 92002-92014,92018-92060,92081-92136,92225,92226,92230,92235,92242-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 172**  
Condition: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: I13.0,I13.10-I13.2,I15.0-I15.1,N26.2  
CPT: 92960-92971,92978-92998,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 173**  
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 19,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F43.10-F43.12  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,96132,96133,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 174**  
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Coding Specification Below)  
Treatment: SINGLE FOCAL SURGERY  
ICD-10: G40.001-G40.219,G40.309-G40.319,Z45.42-Z45.49,Z46.2  
CPT: 61531-61537,61540-61543,61566,61567,61720,61735,61760,61850,61860,61870,61885,61888,64553,64568-64570,93792,93793,95836,95976,95977,95983,95984,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012  
  
CPT 61885 is included on this line only for vagal nerve stimulation. It is not included on this line for deep brain stimulation.
- Line: 175**  
Condition: POLYARTERITIS NODOSA AND ALLIED CONDITIONS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: I67.7,M30.0,M30.2,M30.8,M31.1,M31.7,M35.2  
CPT: 36514,36516,92002-92014,92235,92242,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 176**  
Condition: COMMON VENTRICLE (See Guideline Notes 64,65)  
Treatment: TOTAL REPAIR  
ICD-10: Q20.4,Q20.8  
CPT: 33600,33602,33608,33610,33615,33617,33620-33622,33692,33694,33735-33750,33764-33768,33924,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 177**  
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-E72.81,E72.9,E73.0,E74.12-E74.19,E74.4-E74.8  
CPT: 93792,93793,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 178**  
Condition: INTRACEREBRAL HEMORRHAGE (See Guideline Notes 6,64,65,90)  
Treatment: MEDICAL THERAPY  
ICD-10: I61.0-I61.9  
CPT: 92507,92508,92521-92526,92607-92609,92633,93792,93793,96150-96155,97012,97110-97127,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513-G0515,G2010-G2012,S9152
- Line: 179**  
Condition: ACUTE LEUKEMIA, MYELODYSPLASTIC SYNDROME (See Guideline Notes 7,11,12,14)  
Treatment: BONE MARROW TRANSPLANT  
ICD-10: C88.8,C90.10-C90.12,C91.00-C91.02,C95.00-C95.02,D46.0-D46.1,D46.20-D46.9,D47.1,D47.3,D61.810,Z48.290,Z52.000-Z52.098,Z52.3  
CPT: 36680,38204-38215,38230-38243,86828-86835,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537
- Line: 180**  
Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: N11.1,N13.0-N13.2,N13.30-N13.5,N28.82  
CPT: 50070,50075,50100,50220,50382-50389,50400,50405,50432-50437,50544,50553,50572,50575,50576,50590,50605,50693-50700,50706-50740,50760,50780-50785,50840-50900,50940,50948,50953,50970,50972,51535,52276,52290,52301,52310,52315,52327-52346,52352-52354,52356,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 181**  
Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (E.G., LIGHTNING STRIKE, HEATSTROKE) (See Guideline Notes 64,65)  
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,

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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	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,T70.4XXA-T70.4XXD,T70.8XXA-T70.8XXD,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:	11000,11960-11971,15002-15005,15271-15278,16000-16036,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C5271-C5278,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>182</b>
Condition:	SEPTICEMIA (See Guideline Notes 64,65)
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,A39.89,A40.0-A40.9,A41.01-A41.9,A42.7,A48.3,A54.86,A77.0,A96.0-A96.9,A98.3-A98.8,A99,B33.4,B37.7,O86.04,P36.0,P36.10-P36.9,P39.2,R65.10-R65.21,R78.81,T81.12XA-T81.12XD,T81.44XA-T81.44XD
CPT:	33946-33966,33969,33984-33989,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>183</b>
Condition:	FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Notes 6,64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	M84.350A-M84.350G,M84.454A-M84.454G,M84.550A-M84.550G,M84.650A-M84.650G,M91.0,M91.80-M91.92,S32.301A-S32.301G,S32.302A-S32.302G,S32.309A-S32.309G,S32.311A-S32.311G,S32.312A-S32.312G,S32.313A-S32.313G,S32.314A-S32.314G,S32.315A-S32.315G,S32.316A-S32.316G,S32.391A-S32.391G,S32.392A-S32.392G,S32.399A-S32.399G,S32.401A-S32.401G,S32.402A-S32.402G,S32.409A-S32.409G,S32.411A-S32.411G,S32.412A-S32.412G,S32.413A-S32.413G,S32.414A-S32.414G,S32.415A-S32.415G,S32.416A-S32.416G,S32.421A-S32.421G,S32.422A-S32.422G,S32.423A-S32.423G,S32.424A-S32.424G,S32.425A-S32.425G,S32.426A-S32.426G,S32.431A-S32.431G,S32.432A-S32.432G,S32.433A-S32.433G,S32.434A-S32.434G,S32.435A-S32.435G,S32.436A-S32.436G,S32.441A-S32.441G,S32.442A-S32.442G,S32.443A-S32.443G,S32.444A-S32.444G,S32.445A-S32.445G,S32.446A-S32.446B,S32.446G,S32.451A-S32.451G,S32.452A-S32.452G,S32.453A-S32.453G,S32.454A-S32.454G,S32.455A-S32.455G,S32.456A-S32.456G,S32.461A-S32.461G,S32.462A-S32.462G,S32.463A-S32.463G,S32.464A-S32.464G,S32.465A-S32.465G,S32.466A-S32.466G,S32.471A-S32.471G,S32.472A-S32.472G,S32.473A-S32.473G,S32.474A-S32.474G,S32.475A-S32.475G,S32.476A-S32.476G,S32.481A-S32.481G,S32.482A-S32.482G,S32.483A-S32.483G,S32.484A-S32.484G,S32.485A-S32.485G,S32.486A-S32.486G,S32.491A-S32.491G,S32.492A-S32.492G,S32.499A-S32.499G,S32.501A-S32.501G,S32.502A-S32.502G,S32.509A-S32.509G,S32.511A-S32.511G,S32.512A-S32.512G,S32.519A-S32.519G,S32.591A-S32.591G,S32.592A-S32.592G,S32.599A-S32.599G,S32.601A-S32.601G,S32.602A-S32.602G,S32.609A-S32.609G,S32.611A-S32.611G,S32.612A-S32.612G,S32.613A-S32.613G,S32.614A-S32.614G,S32.615A-S32.615G,S32.616A-S32.616G,S32.691A-S32.691G,S32.692A-S32.692G,S32.699A-S32.699G,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:	11010-11012,20690-20694,27033,27197,27198,27215-27228,27279-27282,29035-29046,29305,29325,29710,29720,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0412-G0415,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 184**  
Condition: ACUTE OSTEOMYELITIS (See Guideline Notes 6,64,65,148)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: A01.05,A02.24,B37.89,M86.00,M86.011-M86.29,M86.9  
CPT: 20150,20955-20973,21025,21026,21510,22010,22015,23035,23105,23130,23170-23184,23405,23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210-25240,25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070,27071,27290,27295,27303,27360,27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 185**  
Condition: DIVERTICULITIS OF COLON (See Guideline Notes 64,65)  
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: 33238,44005,44139-44147,44160,44188,44204-44208,44213,44227,44320,44391,44404,44620-44626,44701,45308-45320,45334,45335,45381,45382,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 186**  
Condition: RHEUMATIC MULTIPLE VALVULAR DISEASE (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-10: I07.0-I07.9,I08.0-I08.9,I09.1,I09.89,Z79.01  
CPT: 33361-33496,33530,33620,33621,33768,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 187**  
Condition: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION (See Guideline Notes 64,65,93)  
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: 11981-11983,60540,60545,60650,61546,62100,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9560
- Line: 188**  
Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Notes 64,65)  
Treatment: REPAIR  
ICD-10: Q22.4,Q22.6-Q22.9  
CPT: 33460-33464,33496,33608,33615,33617,33620,33621,33735-33750,33766,33768,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 189**  
Condition: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 49,64,65,89)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: I20.1-I20.9,I23.6,I25.10,I25.11-I25.6,I25.701-I25.709,I25.711-I25.719,I25.721-I25.729,I25.731-I25.739,I25.751-I25.759,I25.761-I25.769,I25.791-I25.9,I51.0,I51.3,Q27.30,Q27.4,Q28.0-Q28.1,Z45.010-Z45.09,Z79.01  
CPT: 33202,33206-33210,33212-33229,33233-33238,33361-33440,33465,33475,33477,33500,33508-33542,33572,33681,33922,33973,33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92938,92943,92944,92960-92998,93279-93284,93286-93289,93292-93296,93355,93724,93745,93792-93798,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,K0606-K0609,S0340-S0342,S2205-S2209
- Line: 190**  
Condition: NEOPLASMS OF ISLETS OF LANGERHANS (See Guideline Note 65)  
Treatment: EXCISION OF TUMOR  
ICD-10: C25.4,D13.7  
CPT: 43260-43265,43274-43278,47542,48120,48140,49324,49325,49421,49422,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 191**  
Condition: CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER (See Guideline Notes 3,7,11,12,16,26,64,65,79,88,148)  
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,G89.3,N65.0-N65.1,Z15.01-Z15.02,Z40.01-Z40.03,Z42.1,Z44.30-Z44.32,Z45.811-Z45.819,Z51.0,Z51.11-Z51.12,Z79.810,Z80.3,Z85.3,Z90.10-Z90.13  
CPT: 11970,13100-13102,19110,19120-19126,19296-19298,19301-19318,19328-19369,32553,38740,38745,49411,58300,58301,58661,58940,77014,77261-77295,77300-77370,77385-77387,77402-77417,77427,77431,77470,77520-77763,77770-77790,79005-79403,81519-81521,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1789,C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2066-S2068,S3854,S9537,S9560
- Line: 192**  
Condition: HEREDITARY ANGIOEDEMA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: D81.810,D84.1,T78.3XXA-T78.3XXD  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 193**  
Condition: AUTISM SPECTRUM DISORDERS (See Guideline Notes 65,75)  
Treatment: MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS  
ICD-10: F84.0,F84.3-F84.9  
CPT: 0362T,0373T,90785,90832-90840,90846-90849,90882,90887,93792,93793,96132,96133,97151-97158,98966-98969,99051,99060,99201-99215,99224-99226,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032,H0034,H0038,H2010,H2014,H2027,H2032,S9484
- Line: 194**  
Condition: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN (See Guideline Notes 64,65)  
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,D77,Q89.01-Q89.09  
CPT: 36514,36516,38100-38102,38120,47562,47563,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9355

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**Line: 195**  
Condition: ACUTE PANCREATITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: B25.2,B26.3,K85.00-K85.92,Z80.41  
CPT: 43260-43265,43273-43278,47542,47562-47564,47600-47620,48000-48020,48105,48120,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 196**  
Condition: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; CEREBRAL ANEURYSM; COMPRESSION OF BRAIN (See Guideline Notes 6,64,65,90)  
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,Q28.2-Q28.3,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-S06.349D,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-S06.359D,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-S06.369D,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-S06.379D,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-S06.389D,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,S06.4X7A-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,S06.5X7A-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: 31290,31291,61107-61120,61150-61154,61210,61312-61316,61322,61323,61343,61522-61626,61680-61711,61781-61783,62100,62143,62160,62220,62223,62272,77263-77290,77295,77300,77306,77307,77332-77336,77370-77372,77385-77387,77402-77412,77432,92507,92508,92521-92526,92607-92609,92633,93792,93793,96150-96155,97012,97110-97127,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513-G0515,G2010-G6017,S9152

**Line: 197**  
Condition: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE REQUIRING GRAFTING, UP TO 30% OF BODY SURFACE (See Guideline Notes 6,64,65,178)  
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY  
ICD-10: L00,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,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,T23.201A-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,T23.261A-T23.261D,T23.262A-T23.262D,T23.269A-T23.269D,T23.271A-T23.271D,T23.272A-T23.272D,T23.279A-T23.279D,

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T23.291A-T23.291D, T23.292A-T23.292D, T23.299A-T23.299D, 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, T23.361A-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, T23.601A-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, T23.661A-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, T23.701A-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, T23.761A-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, T24.201A-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, T24.301A-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, T24.601A-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, 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, T25.211A-T25.211D, T25.212A-T25.212D, T25.219A-T25.219D, T25.231A-T25.231D, T25.232A-T25.232D, T25.239A-T25.239D, T25.291A-T25.291D, T25.292A-T25.292D, T25.299A-T25.299D, T25.311A-T25.311D, T25.312A-T25.312D, T25.319A-T25.319D, T25.331A-T25.331D, T25.332A-T25.332D, T25.339A-T25.339D, T25.391A-T25.391D, T25.392A-T25.392D, T25.399A-T25.399D, T25.611A-T25.611D, T25.612A-T25.612D, T25.619A-T25.619D, T25.631A-T25.631D, T25.632A-T25.632D, T25.639A-T25.639D, T25.691A-T25.691D, T25.692A-T25.692D, T25.699A-T25.699D, T25.711A-T25.711D, T25.712A-T25.712D, T25.719A-T25.719D, T25.731A-T25.731D, T25.732A-T25.732D, T25.739A-T25.739D, T25.791A-T25.791D, T25.792A-T25.792D, T25.799A-T25.799D

CPT: 11000, 11042, 11045, 11960-11971, 15002-15005, 15271-15278, 16000-16036, 92507, 92508, 92521-92524, 92607-92609, 92633, 93792, 93793, 96150-96155, 97012, 97110-97124, 97140, 97150, 97161-97168, 97530, 97535, 97542, 97760-97763, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607

HCPCS: C5271-C5278, G0068, G0071, G0157-G0161, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012, S9152

**Line: 198**

Condition: CONGENITAL LUNG ANOMALIES (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: Q33.0, Q33.2-Q33.4, Q33.6

CPT: 31601, 31820, 31825, 32140, 32141, 32480-32488, 32501, 32505-32507, 32662, 32663, 32666-32670, 32800, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607

HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012

**Line: 199**

Condition: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Notes 64,65,76)

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: 76391, 76981-76983, 81596, 91200, 93792, 93793, 96150-96155, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607

HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>200</b>
Condition:	CANCER OF SOFT TISSUE (See Guideline Notes 7,11,12,64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10:	C38.0,C45.2,C47.0,C47.10-C47.9,C49.0,C49.10-C49.9,D48.1-D48.2,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT:	20555,21011-21016,21121,21552-21558,21930-21936,22900-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27130,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,33120,33130,49203-49205,49411,64774-64783,69110,69120,69145-69155,77014,77261-77295,77300-77370,77385-77387,77402-77432,77469,77470,77761-77763,77770-77790,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
<b>Line:</b>	<b>201</b>
Condition:	CANCER OF BONES (See Guideline Notes 6,7,11,12,16,64,65,100)
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,G89.3,Z51.0,Z51.11-Z51.12,Z85.830
CPT:	19260-19272,20930,20931,20936-20938,20955-20973,21025,21026,21034,21044,21045,21081,21610,21620,22532-22819,22853,22854,22859,23140,23200-23330,23470-23474,23900,24150-24155,24363,24370,24371,24498,24900-24931,25110-25119,25210-25240,25320,25335,25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26910-26952,27025,27054,27065-27067,27075-27078,27130,27187,27290,27334,27335,27365,27465-27468,27495,27590-27598,27635-27647,27656,27745,27880-27889,28800-28825,31200,31201,31225,31600,32553,32900,36680,38720,38724,49411,61500,61583,61601,63081-63103,63276,63295,63620,63621,67412,69970,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77431,77469,77470,77520-77525,79005-79440,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,D5934,D5935,D5984,D5992,D5993,D7440,D7441,G0068,G0070,G0071,G0157-G0161,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
<b>Line:</b>	<b>202</b>
Condition:	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,65,86,90,92,121)
Treatment:	MEDICAL THERAPY
ICD-10:	E51.2,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:	90785,90832-90840,90846-90853,90882,90887,93792,93793,96132,96133,97127,97161-97168,97810-97814,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513-G0515,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005
<b>Line:</b>	<b>203</b>
Condition:	SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER (See Guideline Notes 27,64,65,118)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	G47.30-G47.31,G47.33-G47.39,G47.411-G47.429,G47.52
CPT:	21193-21235,30117,30140,30520,31600,31601,31610,31820,31825,42140-42160,42820-42836,93792,93793,94660,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>204</b>
Condition:	DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 64,65)
Treatment:	MEDICAL/PSYCHOTHERAPY
ICD-10:	F32.0-F32.1,F32.81-F32.89,F33.8,F34.0,F34.81-F34.89,F39,N94.3
CPT:	90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99217,99281-99285,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

**Line: 205**  
**Condition:** PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA (See Guideline Notes 64,65)  
**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,J17,J18.0-J18.1,J18.8-J18.9,J69.0-J69.8  
**CPT:** 31600,31645,31646,93792,93793,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 206**  
**Condition:** SUPERFICIAL ABSCESES AND CELLULITIS (See Coding Specification Below) (See Guideline Notes 62,64,65,113)  
**Treatment:** MEDICAL AND SURGICAL TREATMENT  
**ICD-10:** A46,A48.2,A48.4,B78.1,E83.2,H00.031-H00.039,H60.00-H60.23,I89.1,J34.0,J38.3,J38.7,K12.2,K14.0,K61.0-K61.2,K61.31-K61.5,L01.00-L01.1,L02.01-L02.13,L02.211-L02.93,L03.011-L03.91,L05.01-L05.02,L08.0,L08.81-L08.9,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,N61.0-N61.1,N75.1,N76.4  
**CPT:** 10030,10060-10081,10160,11000-11047,11730-11750,11765-11772,19020,20102,21501,21502,22010,22015,23030,23930,25028,26010,26011,26990,27301,27603,28001-28003,29130,30020,31300-31420,31511-31513,31530,31531,31540-31546,31560-31573,31577,31578,31587,31600,31601,31820,31825,40801,41000-41009,41015-41018,41800,42000,45005,45020,46020,46040-46060,46270,53040,53060,53270,54700,55100,55720,55725,56405,56420,56740,60280,67700,69000,92002-92014,93792,93793,96150-96155,97605-97608,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

ICD-10 J38.3 is included on Line 206 for treatment of abscesses and cellulitis of the vocal cords; it is included on Line 557 for treatment of spastic dysphonia.

**Line: 207**  
**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:** 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 208**  
**Condition:** DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Notes 6,62,64,65,133)  
**Treatment:** MEDICAL AND SURGICAL TREATMENT  
**ICD-10:** 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,S01.511A-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,S08.811A-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,

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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, 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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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S76.821A-S76.821D,S76.822A-S76.822D,S76.829A-S76.829D,S76.921A-S76.921D,S76.922A-S76.922D,  
S76.929A-S76.929D,S81.001A-S81.001D,S81.002A-S81.002D,S81.009A-S81.009D,S81.011A-S81.011D,  
S81.012A-S81.012D,S81.019A-S81.019D,S81.021A-S81.021D,S81.022A-S81.022D,S81.029A-S81.029D,  
S81.031A-S81.031D,S81.032A-S81.032D,S81.039A-S81.039D,S81.041A-S81.041D,S81.042A-S81.042D,  
S81.049A-S81.049D,S81.051A-S81.051D,S81.052A-S81.052D,S81.059A-S81.059D,S81.801A-S81.801D,  
S81.802A-S81.802D,S81.809A-S81.809D,S81.811A-S81.811D,S81.812A-S81.812D,S81.819A-S81.819D,

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
JANUARY 1, 2019

S81.821A-S81.821D,S81.822A-S81.822D,S81.829A-S81.829D,S81.831A-S81.831D,S81.832A-S81.832D,  
S81.839A-S81.839D,S81.841A-S81.841D,S81.842A-S81.842D,S81.849A-S81.849D,S81.851A-S81.851D,  
S81.852A-S81.852D,S81.859A-S81.859D,S84.00XA-S84.00XD,S84.01XA-S84.01XD,S84.02XA-S84.02XD,  
S84.10XA-S84.10XD,S84.11XA-S84.11XD,S84.12XA-S84.12XD,S84.20XA-S84.20XD,S84.21XA-S84.21XD,  
S84.22XA-S84.22XD,S84.801A-S84.801D,S84.802A-S84.802D,S84.809A-S84.809D,S84.90XA-S84.90XD,  
S84.91XA-S84.91XD,S84.92XA-S84.92XD,S86.021A-S86.021D,S86.022A-S86.022D,S86.029A-S86.029D,  
S86.121A-S86.121D,S86.122A-S86.122D,S86.129A-S86.129D,S86.221A-S86.221D,S86.222A-S86.222D,  
S86.229A-S86.229D,S86.321A-S86.321D,S86.322A-S86.322D,S86.329A-S86.329D,S86.821A-S86.821D,  
S86.822A-S86.822D,S86.829A-S86.829D,S86.921A-S86.921D,S86.922A-S86.922D,S86.929A-S86.929D,  
S91.001A-S91.001D,S91.002A-S91.002D,S91.009A-S91.009D,S91.011A-S91.011D,S91.012A-S91.012D,  
S91.019A-S91.019D,S91.021A-S91.021D,S91.022A-S91.022D,S91.029A-S91.029D,S91.031A-S91.031D,  
S91.032A-S91.032D,S91.039A-S91.039D,S91.041A-S91.041D,S91.042A-S91.042D,S91.049A-S91.049D,  
S91.051A-S91.051D,S91.052A-S91.052D,S91.059A-S91.059D,S91.101A-S91.101D,S91.102A-S91.102D,  
S91.103A-S91.103D,S91.104A-S91.104D,S91.105A-S91.105D,S91.106A-S91.106D,S91.109A-S91.109D,  
S91.111A-S91.111D,S91.112A-S91.112D,S91.113A-S91.113D,S91.114A-S91.114D,S91.115A-S91.115D,  
S91.116A-S91.116D,S91.119A-S91.119D,S91.121A-S91.121D,S91.122A-S91.122D,S91.123A-S91.123D,  
S91.124A-S91.124D,S91.125A-S91.125D,S91.126A-S91.126D,S91.129A-S91.129D,S91.131A-S91.131D,  
S91.132A-S91.132D,S91.133A-S91.133D,S91.134A-S91.134D,S91.135A-S91.135D,S91.136A-S91.136D,  
S91.139A-S91.139D,S91.141A-S91.141D,S91.142A-S91.142D,S91.143A-S91.143D,S91.144A-S91.144D,  
S91.145A-S91.145D,S91.146A-S91.146D,S91.149A-S91.149D,S91.151A-S91.151D,S91.152A-S91.152D,  
S91.153A-S91.153D,S91.154A-S91.154D,S91.155A-S91.155D,S91.156A-S91.156D,S91.159A-S91.159D,  
S91.201A-S91.201D,S91.202A-S91.202D,S91.203A-S91.203D,S91.204A-S91.204D,S91.205A-S91.205D,  
S91.206A-S91.206D,S91.209A-S91.209D,S91.211A-S91.211D,S91.212A-S91.212D,S91.213A-S91.213D,  
S91.214A-S91.214D,S91.215A-S91.215D,S91.216A-S91.216D,S91.219A-S91.219D,S91.221A-S91.221D,  
S91.222A-S91.222D,S91.223A-S91.223D,S91.224A-S91.224D,S91.225A-S91.225D,S91.226A-S91.226D,  
S91.229A-S91.229D,S91.231A-S91.231D,S91.232A-S91.232D,S91.233A-S91.233D,S91.234A-S91.234D,  
S91.235A-S91.235D,S91.236A-S91.236D,S91.239A-S91.239D,S91.241A-S91.241D,S91.242A-S91.242D,  
S91.243A-S91.243D,S91.244A-S91.244D,S91.245A-S91.245D,S91.246A-S91.246D,S91.249A-S91.249D,  
S91.251A-S91.251D,S91.252A-S91.252D,S91.253A-S91.253D,S91.254A-S91.254D,S91.255A-S91.255D,  
S91.256A-S91.256D,S91.259A-S91.259D,S91.301A-S91.301D,S91.302A-S91.302D,S91.309A-S91.309D,  
S91.311A-S91.311D,S91.312A-S91.312D,S91.319A-S91.319D,S91.321A-S91.321D,S91.322A-S91.322D,  
S91.329A-S91.329D,S91.331A-S91.331D,S91.332A-S91.332D,S91.339A-S91.339D,S91.341A-S91.341D,  
S91.342A-S91.342D,S91.349A-S91.349D,S91.351A-S91.351D,S91.352A-S91.352D,S91.359A-S91.359D,  
S94.00XA-S94.00XD,S94.01XA-S94.01XD,S94.02XA-S94.02XD,S94.10XA-S94.10XD,S94.11XA-S94.11XD,  
S94.12XA-S94.12XD,S94.20XA-S94.20XD,S94.21XA-S94.21XD,S94.22XA-S94.22XD,S94.30XA-S94.30XD,  
S94.31XA-S94.31XD,S94.32XA-S94.32XD,S94.8X1A-S94.8X1D,S94.8X2A-S94.8X2D,S94.8X9A-S94.8X9D,  
S94.90XA-S94.90XD,S94.91XA-S94.91XD,S94.92XA-S94.92XD,S95.001A-S95.001D,S95.002A-S95.002D,  
S95.009A-S95.009D,S95.011A-S95.011D,S95.012A-S95.012D,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,S95.292A-S95.292D,S95.299A-S95.299D,  
S95.801A-S95.801D,S95.802A-S95.802D,S95.809A-S95.809D,S95.811A-S95.811D,S95.812A-S95.812D,  
S95.819A-S95.819D,S95.891A-S95.891D,S95.892A-S95.892D,S95.899A-S95.899D,S95.901A-S95.901D,  
S95.902A-S95.902D,S95.909A-S95.909D,S95.911A-S95.911D,S95.912A-S95.912D,S95.919A-S95.919D,  
S95.991A-S95.991D,S95.992A-S95.992D,S95.999A-S95.999D,S96.021A-S96.021D,S96.022A-S96.022D,  
S96.029A-S96.029D,S96.121A-S96.121D,S96.122A-S96.122D,S96.129A-S96.129D,S96.221A-S96.221D,  
S96.222A-S96.222D,S96.229A-S96.229D,S96.821A-S96.821D,S96.822A-S96.822D,S96.829A-S96.829D,  
S96.921A-S96.921D,S96.922A-S96.922D,S96.929A-S96.929D,S98.111A-S98.111D,S98.112A-S98.112D,  
S98.119A-S98.119D,S98.121A-S98.121D,S98.122A-S98.122D,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: 10120,10121,11000-11047,11730-11750,11760,12001-13160,15002-15005,15845,20101-20150,20525,23040,  
23044,23397,24000,24006,24101,24102,24341,25101-25109,25260-25272,25295-25310,25320,25335,25337,  
25390-25393,25441-25447,25450-25492,25810-25830,25922,26080,26350-26420,26428-26510,26540,26591,  
26951,26990,27310,27372,27603,27830,27831,28022,28024,28140,28200,28208,28810-28825,29075,29130,  
29515,29580,30901-30906,32653,40650-40654,40830,40831,41250-41252,42180,42182,49904,54437-54440,  
54520,54660,54670,56800,57200,57210,57287,64702-64714,64718-64721,64727-64792,64820,64831-64862,  
64872-64911,67930,67935,67950,90675,90676,92002-92014,93792,93793,97110,97112,97140,97150,97161-  
97168,97530,97535,97605-97608,97760,97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,  
99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7912,D7920,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-  
G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 209**  
Condition: CANCER OF UTERUS (See Guideline Notes 7,11,12,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C54.0-C54.9,C55,D07.0,D61.810,G89.3,N85.00,N85.02,Z51.0,Z51.11-Z51.12,Z85.42  
CPT: 32553,38562,38564,38571-38573,38770,38780,49203-49205,49327,49411,49412,55920,57155,57156,58120,58150-58294,58346,58541-58544,58548-58554,58570-58575,58953-58956,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017
- Line: 210**  
Condition: RUPTURE OF LIVER (See Guideline Notes 64,65)  
Treatment: SUTURE/REPAIR  
ICD-10: K76.3,K76.5,K77,S36.116A-S36.116D  
CPT: 47350-47362,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 211**  
Condition: CANCER OF THYROID (See Guideline Notes 7,11,12,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C73,D44.0,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.850  
CPT: 32553,32674,38700-38724,38746,49411,60200-60271,60512,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77427,77469,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,D5984,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 212**  
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: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0017,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005
- Line: 213**  
Condition: BULLOUS DERMATOSES OF THE SKIN (See Guideline Notes 64,65)  
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: 36514,36516,65781,65782,68371,77014,93792,93793,96902,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 214**  
Condition: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Notes 64,65,147)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: I26.01-I26.99,I27.82,T79.1XXA-T79.1XXD  
CPT: 33910-33916,37191-37193,92960-92971,92978-92998,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1880,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 215**  
Condition: CANCER OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 7,11,12,64,65,96)  
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,G89.3,Z51.0,Z51.11-Z51.12,Z85.50,Z85.528-Z85.59  
CPT: 32553,32674,38746,49203-49205,49411,50125,50220-50290,50340,50391,50542,50543,50545,50546,50548,  
50553,50557,50572,50650,50660,50825-50840,51530,51550-51597,51700,51720,52214-52250,52281,52282,  
52354,52355,52450,52500,53210-53220,58200,58960,77014,77261-77290,77295,77300,77306,77307,77321-  
77370,77385-77387,77402-77417,77424-77432,77469,93792,93793,96150-96155,96377,96405,96406,96420-  
96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,  
99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,  
G0508-G0511,G0513,G0514,G2010-G2012,S9537
- Line: 216**  
Condition: CANCER OF STOMACH (See Guideline Notes 7,11,12,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C16.0-C16.9,C49.A0,C49.A2,C49.A9,C7A.092,D00.2,D37.1,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.028  
CPT: 32553,38747,43122,43245,43248,43249,43266,43611-43635,44110-44130,44186,44310,49327,49411,49412,  
77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,77470,93792,  
93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,97802-97804,98966-98969,99051,99060,  
99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-  
99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,  
G0508-G0511,G0513,G0514,G2010-G2012,S9537
- Line: 217**  
Condition: PORTAL VEIN THROMBOSIS (See Guideline Notes 64,65,77)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: I81  
CPT: 37140,37180,37182,37183,49425-49429,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-  
99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-  
99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,  
G0513,G0514,G2010-G2012
- Line: 218**  
Condition: TESTICULAR CANCER (See Guideline Notes 7,11,12,14,30)  
Treatment: BONE MARROW RESCUE AND TRANSPLANT  
ICD-10: C62.00-C62.92,D61.810,T86.5,Z48.290,Z51.11,Z52.000-Z52.098,Z52.3  
CPT: 36680,38204-38215,38230-38243,86825-86835,93792,93793,96377,96405,96406,96420-96440,96450,96542,  
96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,  
99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,  
G0513,G0514,G2010-G2012,S2142,S2150,S9537
- Line: 219**  
Condition: DENTAL CONDITIONS (E.G., PERIODONTAL DISEASE) (See Guideline Note 53)  
Treatment: BASIC PERIODONTICS  
ICD-10: K05.00-K05.20,K05.211-K05.6,K06.010-K06.1,K06.3  
HCPCS: D4210-D4212,D4341,D4342,D4910
- Line: 220**  
Condition: PULMONARY FIBROSIS (See Guideline Notes 64,65)  
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: 31600,31601,31820,31825,32997,93792,93793,94002-94005,94640,94660-94668,96150-96155,98966-98969,  
99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-  
99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,  
G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>221</b>
Condition:	DYSLIPIDEMIAS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	E78.00-E78.3,E78.49-E78.6
CPT:	93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>222</b>
Condition:	DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY, DIALYSIS
ICD-10:	E72.20,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:	36818-36821,36832,36835,36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90947,90989-90997,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9339,S9537
<b>Line:</b>	<b>223</b>
Condition:	OCCUPATIONAL LUNG DISEASES (See Guideline Notes 64,65,156)
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,Z51.6
CPT:	31600,86003,86008,86486,93792,93793,94002-94005,94640,94660-94668,95004,95018-95180,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9441
<b>Line:</b>	<b>224</b>
Condition:	DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL THERAPY
ICD-10:	I06.0-I06.9,I35.0-I35.9,I38,I39,Z79.01
CPT:	33361-33413,33417,33440,33496,33530,33620,33621,37246,37247,75573,92960-92971,92978-92998,93355,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>225</b>
Condition:	DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Notes 64,65,149)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	D35.1,D44.2,E20.0-E20.9,E21.0-E21.5,E83.50-E83.81,E89.2,N25.81
CPT:	49185,60500-60512,93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>226</b>
Condition:	ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	I01.0-I01.9,I02.0
CPT:	92960-92971,92978-92998,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>227</b>
Condition:	RUPTURED VISCUS (See Guideline Notes 64,65)
Treatment:	REPAIR
ICD-10:	K22.3,K62.7,K63.4,K66.1,K92.89,S27.812A-S27.812D,S27.813A-S27.813D,S27.818A-S27.818D,S27.819A-S27.819D
CPT:	43300-43312,43405,44391,44602-44605,45317,45334,45382,45500,45560,45915,57268,57270,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>228</b>
Condition:	INTESTINAL MALABSORPTION (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	K86.81,K90.0-K90.3,K90.49-K90.89,K91.2
CPT:	93792,93793,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
ICD-10-CM code K90.89 (Other intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.	
<b>Line:</b>	<b>229</b>
Condition:	FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES (See Guideline Notes 64,65)
Treatment:	SURGICAL TREATMENT
ICD-10:	S02.2XXB-S02.2XXG,S02.30XA-S02.30XG,S02.31XA-S02.31XG,S02.32XA-S02.32XG,S02.400A-S02.400G,S02.401A-S02.401G,S02.402A-S02.402G,S02.40AA-S02.40AG,S02.40BA-S02.40BG,S02.40CA-S02.40CG,S02.40DA-S02.40DG,S02.40EA-S02.40EG,S02.40FA-S02.40FG,S02.411A-S02.411G,S02.412A-S02.412G,S02.413A-S02.413G,S02.42XA-S02.42XG,S02.600A-S02.600G,S02.601A-S02.601G,S02.602A-S02.602G,S02.609A-S02.609G,S02.610A-S02.610G,S02.611A-S02.611G,S02.612A-S02.612G,S02.620A-S02.620G,S02.621A-S02.621G,S02.622A-S02.622G,S02.630A-S02.630G,S02.631A-S02.631G,S02.632A-S02.632G,S02.640A-S02.640G,S02.641A-S02.641G,S02.642A-S02.642G,S02.650A-S02.650G,S02.651A-S02.651G,S02.652A-S02.652G,S02.66XA-S02.66XG,S02.670A-S02.670G,S02.671A-S02.671G,S02.672A-S02.672G,S02.69XA-S02.69XG,S02.80XA-S02.80XG,S02.81XA-S02.81XG,S02.82XA-S02.82XG,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:	10121,11010-11012,12011-12018,20670,20680,20694,21085,21210,21215,21310-21470,30420,30450,31292-31294,92002-92014,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	D5988,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>230</b>
Condition:	MALIGNANT MELANOMA OF SKIN (See Guideline Notes 7,11,12,64,65,148)
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10:	C43.0,C43.10,C43.111-C43.9,D03.0,D03.10,D03.111-D03.9,D61.810,G89.3,Z51.0,Z51.12,Z85.820
CPT:	11600-11646,12001-12020,12031-13160,14350-15005,21011-21016,21552-21558,21632,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,32674,38700-38780,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77432,77469,77470,81210,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,96904,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0070,G0071,G0219,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 231**  
Condition: URINARY FISTULA (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-10: N32.1-N32.2,N82.0-N82.1  
CPT: 44320,45820,50040,50045,50382-50389,50432-50437,50520-50526,50688,50900-50930,50961,50970,50980,51800-51845,51880-51980,52234,53080,53085,53660,53661,57330,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 232**  
Condition: MYCOBACTERIA, FUNGAL INFECTIONS, TOXOPLASMOSIS, AND OTHER OPPORTUNISTIC INFECTIONS (See Guideline Notes 64,65)  
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: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 233**  
Condition: HYPOPLASTIC LEFT HEART SYNDROME  
Treatment: REPAIR  
ICD-10: Q23.4,Q25.29,Q25.40-Q25.42,Q25.49  
CPT: 33615-33622,33750,33764-33768,33924,33946-33966,33969,33984-33989,75573,93355,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 234**  
Condition: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS (See Guideline Notes 64,65)  
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: 31600,31601,31610,31645,31646,31820,31825,33946-33966,33969,33984-33989,93792,93793,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 235**  
Condition: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 7,11,12,64,65)  
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,D47.2,D61.810,E85.1-E85.4,E85.81-E85.9,G89.3,Z45.49,Z51.0,Z51.12  
CPT: 32553,36514,36516,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77431,77469,77470,79005-79403,93792,93793,95990,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 236**  
Condition: LIMB THREATENING VASCULAR DISEASE, INFECTIONS, AND VASCULAR COMPLICATIONS (See Guideline Notes 62,64,65,81)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: A48.0,E08.52,E09.52,E10.52,E11.52,E13.52,I70.211-I70.269,I70.311-I70.369,I70.411-I70.469,I70.511-I70.569,I70.611-I70.669,I70.711-I70.769,I70.92,I73.01-I73.1,I77.76-I77.77,I96,M60.000-M60.005,M60.011-M60.09,M72.6  
CPT: 10030,10060,11000-11057,15002,15003,23900-23921,23930,24900-24940,25028,25900-25931,26025,26030,26910-26952,26990,26991,27025,27290,27295,27301,27305,27590-27598,27603,27880-27889,28001-28003,28008,28150,28800-28825,29893,34101-34203,35081,35256,35302-35321,35351-35372,35500,35510-35671,35682-35686,35701-35761,35860,35875-35881,35903,36002,37184-37186,37220-37235,37246-37249,93792,93793,96150-96155,97605-97608,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 237**  
Condition: TETANUS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A33-A35  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 238**  
Condition: ACUTE PROMYELOCYTIC LEUKEMIA (See Guideline Notes 7,11,12,16)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY  
ICD-10: C92.00-C92.02,C92.40-C92.42,C95.00-C95.02,D61.810,G89.3,Z45.49,Z51.0,Z51.12  
CPT: 32553,38100,38120,38760,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77427,77469,77520-77525,81246,93792,93793,95990,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 239**  
Condition: CANCER OF OVARY (See Guideline Notes 7,11,12,64,65)  
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,G89.3,Z51.0,Z51.11-Z51.12,Z85.43  
CPT: 32553,38571-38573,38770,44110,44120,44140,49203-49205,49255,49327,49411,49412,49419,49422,57156,58150,58180-58210,58260,58541-58544,58548-58554,58570-58575,58660-58662,58720,58740,58925-58960,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,77470,77750,77790,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 240**  
Condition: SHORT BOWEL SYNDROME - AGE 5 OR UNDER  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: K55.30-K55.33,K91.2,P77.1-P77.9,T86.850-T86.859,Z48.23,Z48.288  
CPT: 44132,44135,44715-44721,47133-47147,86825-86835,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2053
- Line: 241**  
Condition: CONDITIONS REQUIRING HEART-LUNG AND LUNG TRANSPLANTATION (See Guideline Note 151)  
Treatment: HEART-LUNG AND LUNG TRANSPLANT  
ICD-10: D86.0,E84.0,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,Z48.21,Z48.24,Z48.280  
CPT: 32850-32856,33930-33935,33946-33966,33969,33984-33989,81595,86825-86835,93792,93793,94640,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2060,S2061

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 242**  
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (E.G., MAPLE SYRUP URINE DISEASE, TYROSINEMIA)  
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,E72.81,E74.00-E74.09,E80.5,E83.00-E83.10,E83.110-E83.19,K72.00-K72.01,K73.1-K73.8,K76.2,T86.40-T86.49,Z48.23,Z52.6  
CPT: 47133-47147,86825-86835,93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 243**  
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU (See Guideline Notes 64,65)  
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY  
ICD-10: D04.0,D04.10,D04.111-D04.9,E70.30,E70.310-E70.329,E70.338-E70.39,L56.5,N48.0  
CPT: 11400-11446,11600-11646,13100-13160,14350,17000-17108,17260-17286,69110,69120,69300,93792,93793,96567,96573,96574,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 244**  
Condition: PRIMARY ANGLE-CLOSURE GLAUCOMA (See Guideline Notes 64,65)  
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT  
ICD-10: H21.81-H21.89,H40.031-H40.039,H40.061-H40.069,H40.20X0-H40.249  
CPT: 65860-65880,66150,66160,66179-66185,66250-66505,66625-66635,66761,66762,66990,76514,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 245**  
Condition: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA (See Guideline Notes 64,65)  
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY  
ICD-10: E50.3,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: 65275,65430,65600,65778-65782,67505,67515,68200,68360,68371,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 246**  
Condition: TORSION OF TESTIS (See Guideline Notes 64,65)  
Treatment: ORCHIECTOMY, REPAIR  
ICD-10: N44.00-N44.04  
CPT: 54512-54522,54600-54640,54660,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 247**  
Condition: LIFE-THREATENING EPISTAXIS (See Guideline Notes 64,65)  
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE  
ICD-10: R04.0  
CPT: 30520-30560,30620-30930,31238,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 248**  
Condition: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC (See Guideline Notes 64,65)  
Treatment: FOREIGN BODY REMOVAL  
ICD-10: H44.601-H44.799  
CPT: 65235-65265,66160,66840-66852,66940,67036,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 249**  
Condition: METABOLIC BONE DISEASE (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: M81.0-M81.8,M83.0-M83.9,M88.0-M88.1,M88.811-M88.9,M90.611-M90.69  
CPT: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 250**  
Condition: PARKINSON'S DISEASE (See Guideline Notes 64,65,177)  
Treatment: MEDICAL THERAPY  
ICD-10: G20,G21.11-G21.9,Z45.42  
CPT: 61781,61782,61863-61868,61880-61886,93792,93793,95836,95976,95977,95983,95984,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 251**  
Condition: CHRONIC PANCREATITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: K86.0-K86.1,K86.89  
CPT: 43260-43265,43273-43278,47542,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 252**  
Condition: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: G35,G36.0-G36.9,G37.0-G37.9,Z45.49,Z46.2  
CPT: 31600,31610,86711,90284,92081-92083,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 253**  
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (E.G., ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F54  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224-99226,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S9484,T1005



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 254**  
Condition: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Note 65)  
Treatment: SURGICAL TREATMENT  
ICD-10: I74.01-I74.19,I74.5-I74.8  
CPT: 33320-33335,33916,34001-34101,34201,34203,34839-34848,35081,35331,35363-35390,35535-35540,35560,35623-35638,35646,35647,35654,35681-35683,35691-35695,35741-35800,35875,35876,35901,36825,36830,37184-37186,37211,37213,37214,37236,37237,49324-49326,49421,49422,49435,49436,92960-92971,92978-92998,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 255**  
Condition: CHRONIC OSTEOMYELITIS (See Guideline Notes 6,64,65,100)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: M46.20-M46.28,M86.30,M86.311-M86.9  
CPT: 11000-11047,20150,20690-20694,20930,20931,20936-20938,20955-20973,21620,21627,22532-22819,22840-22848,22853,22854,22859,23035,23105,23130,23170-23184,23220,23395,23935,24134-24147,24150,24152,24420,24498,25035,25085,25119,25145-25151,25210-25240,25320,25337,26034,26230-26236,26320,26951,26992,27070-27078,27187,27303,27360,27465-27468,27598,27607,27620,27640,27641,27745,27880-27888,28005,28120-28124,28800-28825,29075,29345,63045-63048,63081-63091,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 256**  
Condition: MULTIPLE ENDOCRINE NEOPLASIA (See Guideline Notes 64,65)  
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: 60210-60240,60270,60271,60500-60512,60540,60545,60650,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 257**  
Condition: DEFORMITIES OF HEAD (See Guideline Notes 6,64,65,169)  
Treatment: CRANIOTOMY/CRANIECTOMY  
ICD-10: M95.2,Q67.4,Q75.0-Q75.9,Q87.0  
CPT: 11971,20660,20661,20665,21076,21077,21110,21120-21123,21137-21180,21182-21206,21210,21256-21275,21282,61312-61330,61340,61345,61550-61559,62115-62148,92507,92508,92521-92526,92607-92609,92633,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D0364-D0367,D5915,D5919,D5924,D5925,D5928-D5931,D5933,D5992,D5993,D7111-D7240,D7280,D7283,D7940-D7955,D8010-D8693,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9152
- Line: 258**  
Condition: DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES (See Guideline Notes 64,65)  
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY  
ICD-10: I01.1,I05.0-I05.9,I08.0,I08.8,I34.0-I34.9,I36.0-I36.9,I37.0-I37.9,I38,I39,I51.1-I51.2,Z79.01  
CPT: 33418-33430,33460-33465,33470-33496,33530,33620,33621,75573,92960-92971,92978-92998,93355,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

**Line: 259**  
**Condition:** CANCER OF PENIS AND OTHER MALE GENITAL ORGANS (See Coding Specification Below) (See Guideline Notes 7,11,12,64,65)  
**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,G89.3,Z51.0,Z51.11-Z51.12,Z85.45,Z85.48-Z85.49  
**CPT:** 11620-11626,17272-17276,32553,38760,38765,49327,49411,49412,52240,54065,54120-54135,54220,54230,54520-54535,54660,55150-55180,55920,58960,74445,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77600-77763,77770-77778,77790,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542-96574,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537

CPT 96567, 96573 and 96574 are included on this line only for pairing with ICD-10-CM D07.4.

**Line: 260**  
**Condition:** CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME (See Guideline Notes 7,11,12,25,64,65)  
**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,G89.3,Z51.0,Z51.11-Z51.12  
**CPT:** 32553,32673,38204-38215,38230-38241,49411,60500,60512-60650,62165,64788,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77432,77469,77470,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S2150,S9537

**Line: 261**  
**Condition:** MULTIPLE MYELOMA (See Guideline Notes 7,11,12,14)  
**Treatment:** BONE MARROW TRANSPLANT  
**ICD-10:** C88.0-C88.3,C88.8-C88.9,C90.00-C90.02,C90.20-C90.32,D47.2,D61.810,E85.1-E85.4,E85.81-E85.9,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3  
**CPT:** 36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537

**Line: 262**  
**Condition:** CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY (See Guideline Notes 7,11,12,64,65)  
**Treatment:** MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
**ICD-10:** C45.1,C48.0-C48.8,C49.A9,D48.3-D48.4,D61.810,G89.3,Z51.0,Z51.11-Z51.12  
**CPT:** 32553,39010,44820,44850,49203-49205,49255,49327,49411,49412,77014,77261-77290,77295,77300,77306-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537

**Line: 263**  
**Condition:** CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS (See Coding Specification Below) (See Guideline Notes 7,11,12,64,65,142,148,174)  
**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,D38.1-D38.4,D61.810,G89.3,I87.1,J98.59,Z51.0,Z51.11-Z51.12,Z85.118-Z85.20  
**CPT:** 19260-19272,21552,21610,22900,31592,31600,31601,31630,31631,31636-31646,31770,31775,31785,31786,31820,31825,32320,32440-32488,32501-32550,32552,32553,32650,32662,32663,32666-32671,32673-32701,32900-32906,32994,38542,38746,38794,39000-39220,49411,77014,77261-77295,77300-77370,77373-77387,77401-77470,77761-77763,77770-77790,81235,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
**HCPCS:** C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537

ICD-10-CM code I87.1 is included on this line for superior vena cava syndrome only.

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 264**  
Condition: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, MALIGNANT ARRHYTHMIAS, AND COMPLEX CONGENITAL HEART DISEASE (See Guideline Notes 18,64,65,70,151)  
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,Z45.09,Z48.21,Z48.280-Z48.288  
CPT: 33620,33621,33940-33966,33969,33975-33993,50300-50370,50547,75573,76776,81595,86825-86835,92960-92971,92978-92998,93750,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 265**  
Condition: TRACHOMA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A71.0-A71.9,B55.1  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 266**  
Condition: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A18.54,A50.01,A50.30,A50.39,A51.43,A52.71,B58.00,B58.09,D86.83,H16.241-H16.249,H20.00,H20.011-H20.819,H20.9  
CPT: 67515,68200,76514,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 267**  
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,K04.01-K04.99,K08.3,M27.2-M27.3,S02.5XXD-S02.5XXG  
CPT: 41000,41800,41806,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: D2910-D2921,D2940,D2950,D2970,D3120,D3220,D3222-D3240,D3351-D3353,D4920,D5410-D5422,D5850,D5851,D6930,D7111,D8695,D9120,D9951,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 268**  
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,A90,A91,A92.0-A92.2,A92.30-A92.9,A93.0-A93.8,A94,A95.0-A95.9,A98.0-A98.2,B33.1,B55.0,B55.2-B55.9,B60.0  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 269**  
Condition: DIABETES INSIPIDUS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E23.2  
CPT: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 270**  
Condition: ADVANCED DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE (See Guideline Notes 64,65)  
Treatment: ENUCLEATION  
ICD-10: H35.60-H35.63,H44.311-H44.399,H44.50,H44.511-H44.539,H44.811-H44.89  
CPT: 65091,65093,65105,65125-65175,67218,67560,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 271**  
Condition: CANCER OF BLADDER AND URETER (See Guideline Notes 7,11,12,64,65,148)  
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,G89.3,Z51.0,Z51.11-Z51.12,Z85.51  
CPT: 32553,38562,38564,38571-38573,38780,49327,49411,49412,50125,50220-50290,50340,50400,50405,50542-50548,50553,50572,50605,50650,50660,50693-50695,50780,50820-50840,50976,51530,51550-51597,51700,51720,52214-52250,52281,52282,52327,52332,52354,52355,52450,52500,53210-53220,55840,55920,57156,58960,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,79005-79403,88120,88121,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 272**  
Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)  
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: 11010-11012,20838,27888,28800-28810,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 273**  
Condition: LEPROSY, YAWS, PINTA (See Guideline Notes 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: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 274**  
Condition: RETINOPATHY OF PREMATURITY  
Treatment: CRYOSURGERY  
ICD-10: H35.101-H35.179,Q82.3  
CPT: 67101-67121,67227-67229,92002-92014,92018-92060,92081-92136,92225-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 275**  
Condition: UROLOGIC INFECTIONS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A02.25,B37.0,B37.41-B37.49,B37.81,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: 50391,50432,51100,51101,51700,52260,52332,53450,54700,54860,54861,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 276**  
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA (See Guideline Notes 7,11,12,16,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C4A.0,C4A.10,C4A.111-C4A.9,C44.00-C44.09,C44.101,C44.1021-C44.99,C46.0-C46.4,C46.50-C46.9,C79.2,  
D48.5,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.828  
CPT: 11000-11047,11400-11446,11600-11646,12001-12020,12031-13160,14350-15005,17000-17108,17260-17315,  
21011-21014,21016,21230,21235,21552-21558,21930-21936,22901-22905,23071-23078,24071-24079,25071-  
25078,26111-26118,27043-27048,27059,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-  
28047,32553,38542,38700-38745,38760,38765,40530-40654,49411,67840,67917,67950-67975,69110,69120,  
69145,69910,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77432,77469,77470,77520-  
77525,79005-79403,92002-92014,92285,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,  
96549,96570,96571,96904,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-  
99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,  
G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 277**  
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65,82)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F22-F24,F28,F29,F53.1  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99324-  
99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,  
G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,  
H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 278**  
Condition: HYDROPS FETALIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: P56.0,P56.90-P56.99,P83.2  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-  
99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,  
G0513,G0514,G2010-G2012
- Line: 279**  
Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS (See Guideline Notes 64,65)  
Treatment: RETINAL REPAIR, VITRECTOMY  
ICD-10: E08.3521-E08.3549,E08.39,E09.3521-E09.3549,E09.39,E10.3521-E10.3549,E10.39,E11.3521-E11.3549,E11.39,  
E13.3521-E13.3549,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,H44.2C1-H44.2C9,Z51.11  
CPT: 66990,67005-67113,67145,67208,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-  
92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,  
99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,  
G0513,G0514,G2010-G2012
- Line: 280**  
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS (See Coding Specification  
Below) (See Guideline Notes 64,65,77,147)  
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,Z79.01  
CPT: 34101,34401,34451-34530,35206-35226,35236-35256,35266-35286,35572,35681,35761-35840,35875,35876,  
35905,35907,37140,37160,37182,37183,37187-37193,37212-37214,37238,37239,37248,37249,93792,93793,  
98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,  
99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1880,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-  
G0511,G0513,G0514,G2010-G2012
- Catheter directed thrombolysis (CPT 37212-37214) is not paired on this line with peripheral DVT (ICD-10-CM  
I82.6, I82.7, I82.A, I82.B, I82.8, I82.9).

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 281**  
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Notes 49,64,65,95)  
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: 32160,33202-33251,33261-33264,33270-33273,33820,33967,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93656,93724,93745,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,K0606-K0609
- Line: 282**  
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F50.00-F50.02  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,97802-97804,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 283**  
Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE (See Guideline Notes 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,J98.4  
CPT: 31600,32480-32491,32663,32672,93792,93793,94002-94005,94640,94644-94668,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9346
- Line: 284**  
Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: I71.00-I71.1,I71.3,I71.5,I71.8,I77.72-I77.73  
CPT: 32110-32124,32820,33320-33335,33530,33860-33891,33916,34520,34701-34706,34709-34711,34839-34848,35081-35103,35306,35311,35331,35500-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35663,35697,35820,35840,35870-35876,35905,35907,36825,36830,37236,37237,75956-75959,92960-92971,92978-92998,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 285**  
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Notes 6,62,64,65,90,95,105,131,147,164,170)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: C80.2,D64.81,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-H59.369,H95.21-H95.54,I77.79,I97.410-I97.89,J95.01-J95.72,J95.830-J95.89,J98.51,K68.11,K91.30-K91.32,K91.61-K91.83,K91.840-K91.841,K91.86,K91.870-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,M97.01XA-M97.01XD,M97.02XA-M97.02XD,M97.11XA-M97.11XD,M97.12XA-M97.12XD,M97.21XA-M97.21XD,M97.22XA-M97.22XD,M97.31XA-M97.31XD,M97.32XA-M97.32XD,M97.41XA-M97.41XD,M97.42XA-M97.42XD,M97.8XXA-M97.8XXD,M97.9XXA-M97.9XXD,N98.0,N99.0,N99.115,N99.510-N99.821,N99.89,O86.00-O86.03,O86.09,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,T81.40XA-T81.40XD,T81.41XA-T81.41XD,T81.42XA-T81.42XD,T81.43XA-T81.43XD,T81.49XA-T81.49XD,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,

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
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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,  
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T83.9XXA-T83.9XXD,T84.010A-T84.010D,T84.011A-T84.011D,T84.012A-T84.012D,T84.013A-T84.013D,  
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T84.84XA-T84.84XD,T84.85XA-T84.85XD,T84.86XA-T84.86XD,T84.89XA-T84.89XD,T84.9XXA-T84.9XXD,  
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T85.71XA-T85.71XD,T85.72XA-T85.72XD,T85.730A-T85.730D,T85.731A-T85.731D,T85.732A-T85.732D,  
T85.733A-T85.733D,T85.734A-T85.734D,T85.735A-T85.735D,T85.738A-T85.738D,T85.79XA-T85.79XD,  
T85.810A-T85.810D,T85.818A-T85.818D,T85.820A-T85.820D,T85.828A-T85.828D,T85.830A-T85.830D,  
T85.838A-T85.838D,T85.850A-T85.850D,T85.858A-T85.858D,T85.860A-T85.860D,T85.868A-T85.868D,  
T85.890A-T85.890D,T85.898A-T85.898D,T85.9XXA-T85.9XXD,T86.09-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,T88.4XXA-T88.4XXD,Z45.010-Z45.09,Z45.49,Z47.32-Z47.33

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- CPT:** 10030,10060,10061,10121-10180,11005,11008,11042-11047,11982,12020,12021,13160,15002-15005,19328,20600-20611,20650,20670,20680,20693,20694,20975,21120,21501,21627,21750,22010,22015,22849-22852,22855,23334,23335,23472-23474,23800,23802,24160,24164,24430,24435,24800,24802,24925-24935,25109,25250,25251,25415,25420,25431-25446,25449,25907-26035,26060-26110,26115-26117,26121-26340,26350-26420,26428-26556,26565,26568-26910,26991,27030,27090,27091,27125-27138,27236,27265,27266,27284,27286,27301,27303,27310,27331,27448,27486-27488,27556,27580-27596,27703,27704,27786,27870,27882-27886,28715,29819,31290,31291,31613,31614,31750-31781,31800-31830,32120,33206-33215,33217-33223,33226-33249,33262-33264,33270-33273,33286,33361-33496,33510-33536,33768,33863,33968,33971,33974,33977,33978,33980-33983,34001-34203,34830,35188-35190,35301-35390,35500-35571,35583-35587,35601-35671,35700,35800-35907,36261,36514,36516,36818-36821,36825-36909,37182-37185,37192,37193,37197,37211,37212,37220-37239,37244-37249,37607,39000,39010,42960-42962,43255,43260-43265,43273-43278,43772-43774,43848,43860,43870,44120,44137,44180,44312,44314,44340,44345,44640,45382,47542,47802,49020,49324,49325,49402-49407,49422,49423,50065,50135,50225,50370,50400,50405,50435,50525,50544,50727,50728,50830,50920-50940,51705,51710,51860-51925,52001,52310,54340-54352,54390,54406,54415,57287,57296,58301,61020,61070,61880-61888,62142,62160,62194,62225,62230,62256,62258,62272,62355,62365,63661-63664,63688,63707,63709,63744,63746,64569,64570,64585,64595,65150-65175,65177,65757,65920,66020,66250,67005-67028,67036-67043,68200,69602,75984,76514,92002-92014,92025,92507,92508,92521-92526,92607-92609,92633,92928-92933,92937,92938,92943,92944,92978,92979,93590-93592,93644,93792,93793,95836,95976,95977,95983,95984,97012,97110-97127,97140,97150,97161-97168,97530,97535,97542,97605-97608,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
- HCPCS:** C1779,C1785,C1786,C1898,C2619-C2621,C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0448,G0463-G0467,G0490,G0508-G0511,G0513-G0515,G2010-G2012,S9152
- Line: 286**  
**Condition:** CANCER OF VAGINA, VULVA, AND OTHER FEMALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,65)  
**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,G89.3,R87.620-R87.629,Z51.0,Z51.11-Z51.12
- CPT:** 11620-11626,32553,38562,38564,38571-38573,38760,49327,49411,49412,55920,56501,56515,56620-56640,57065,57106-57112,57156,57420,57421,57520,57530,57550,58150,58180-58260,58275,58285,58290,58541-58544,58548-58554,58570-58575,58661,58943-58960,77014,77261-77290,77295,77300-77370,77385-77387,77401-77417,77424-77427,77469,77470,77750-77763,77770-77790,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
- HCPCS:** C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 287**  
**Condition:** CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX (See Coding Specification Below) (See Guideline Notes 6,7,11,12,16,35,64,65)  
**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,D11.0,D37.01-D37.02,D37.030-D37.09,D38.0,D38.5-D38.6,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.21-Z85.22,Z85.810-Z85.819
- CPT:** 11640-11646,13132,13151,20962,21011-21014,21016,21552-21558,30117,30118,30520,31075-31230,31237,31300-31370,31380-31395,31540,31541,31572,31600,31601,31611,31820,31825,32553,38700-38724,40500-40530,40810-40816,40819,40845,41019,41110-41155,41820,41825-41827,41850,42104-42120,42280,42281,42410-42500,42826,42842-42845,42890-42950,43450,43496,49411,60220,69110,69150,69155,69502,77014,77261-77295,77300-77370,77385-77387,77401-77432,77469,77470,77520-77525,77750-77763,77770-77790,79005-79403,92507,92508,92521-92526,92607-92609,92633,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
- HCPCS:** C9725,C9727,D5983-D5985,D7440,D7441,D7920,D7981,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9152,S9537
- ICD-10-CM code D11.0 is included on this line only for parotid gland pleomorphic adenomas.



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 288**  
Condition: OSTEOPETROSIS (See Guideline Notes 7,11,14)  
Treatment: BONE MARROW RESCUE AND TRANSPLANT  
ICD-10: D61.810,Q78.2,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3  
CPT: 36680,38204-38215,38230-38243,86825-86835,93792,93793,96150-96155,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537
- Line: 289**  
Condition: CRUSH AND OTHER INJURIES OF DIGITS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: 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: 11730,11740,11760,20973,25300,25301,29130,35207,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 290**  
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F43.0,R45.7  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99224,99231-99239,99281-99285,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0023,H0032-H0038,H0045,H2010,H2012,H2013,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005
- Line: 291**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 292**  
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,65,170)  
Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)  
ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.3,D81.5,E00.0-E00.9,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-E72.81,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,F84.0-F84.3,F84.8,F88,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1,G12.21-G12.9,G13.1-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,G32.0,G32.81-G32.89,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,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,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,G90.50,G90.511-G90.8,G91.0-G91.9,G92,G93.0-G93.1,

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,  
G98.0,G99.0-G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.312,I63.319-I63.322,I63.329-  
I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,  
I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3,I67.81-I67.83,I67.84-I67.89,I69.010-I69.018,  
I69.031-I69.090,I69.093,I69.110-I69.118,I69.131-I69.190,I69.193,I69.210-I69.218,I69.231-I69.290,I69.293,  
I69.310-I69.318,I69.331-I69.390,I69.393,I69.810-I69.818,I69.831-I69.890,I69.893,I69.910-I69.918,I69.931-  
I69.990,I69.993,I97.810-I97.821,M14.60,M14.611-M14.632,M14.641-M14.69,M24.50,M24.511-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,M62.411-M62.49,M62.511-M62.522,M62.531-M62.532,M62.541-M62.542,M62.551-M62.59,  
M62.89,M67.00-M67.02,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,P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,  
P55.1-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,Q08.1,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-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,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,R62.0,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-S06.819D,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-S06.829D,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-S06.899D,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-  
S06.9X9D,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-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,Z45.49,Z46.2,Z46.89,Z47.1

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- CPT:** 20550,20664,21610,23020,23800,23802,24149,24301-24331,24800,24802,25280,25290,25310-25332,25337,25800,25805,25830,26123,26125,26442,26460,26474,26490,27000-27006,27036,27097-27122,27140,27306,27307,27325,27326,27390-27400,27430,27435,27605,27606,27612,27676-27692,27705,27870,27871,28005,28010,28011,28130,28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29405,29425,29895,29904-29907,32501,61215,61343,62161,62162,62320-62323,62350,62351,62360-62362,62367-62370,63600,63610,63650,63655,63685,64642-64647,64763,92531-92548,93792,93793,95873,95874,95990,97012,97018,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
- HCPCS:** C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,G9156
- Spinal cord stimulation (63655-63688) is not included on this line when paired with ICD-10-CM category G90.5 Complex regional pain syndrome/reflex sympathetic dystrophy. Chemodenervation with botulinum toxin injection (CPT 64642-64647) is included on this line for treatment of upper and lower limb spasticity (ICD-10-CM codes G24.02, G24.1, G35, G36.0, I69.03- I69.06 and categories G71, and G80-G83.) CPT codes 62320-3 are only included on Lines 71 and 292 for trials of antispasmodics in preparation for placement of a baclofen pump. ICD-10-CM R62.0 is included on Lines 292, 345 and 377 for children 8 and under. ICD-10-CM F88 is included on these lines for developmental delay. When it is used to indicate sensory integration disorder or sensory processing disorder, it is included on Line 659.
- Line: 293**  
Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER (See Guideline Notes 64,65,149)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: D18.09,K76.89,K83.4,Q44.0-Q44.7  
CPT: 43260-43265,43273-43278,47010,47400-47490,47533-47540,47542,47544,47554-47556,47564,47570,47600-47620,47701-47900,48548,49185,49324,49325,49405,49421,49422,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 294**  
Condition: CANCER OF BRAIN AND NERVOUS SYSTEM (See Guideline Notes 7,11,12,16,64,65,155)  
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,G89.3,Z45.49,Z51.0,Z51.11-Z51.12,Z85.841-Z85.848  
CPT: 32553,49411,61107,61140,61210,61215,61312-61321,61500-61512,61516-61521,61530,61582,61583,61586,61592,61600-61608,61615,61616,61750,61751,61770-61783,61796-61800,62140-62148,62164,62165,62223,62272,63265,63275-63308,63620,63621,64784-64792,64802-64818,77014,77261-77295,77300-77372,77385-77387,77401-77432,77469,77470,77520-77763,77770-77790,79005-79403,92002-92014,93792,93793,95990,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: A4555,C9725,E0766,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 295**  
Condition: APLASTIC ANEMIAS (See Guideline Note 7)  
Treatment: MEDICAL THERAPY  
ICD-10: D60.0-D60.9,D61.01-D61.3,D61.82-D61.9  
CPT: 38242,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9355
- Line: 296**  
Condition: CATARACT (See Guideline Notes 32,64,65)  
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,H28,Q12.0-Q12.8,Z96.1  
CPT: 65770,66250,66682,66825-66984,66986,66990,67010,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92310,92314,92325-92342,92370,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: C1818,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

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<b>Line:</b>	<b>297</b>
Condition:	AFTER CATARACT
Treatment:	DISCISSION, LENS CAPSULE
ICD-10:	H26.40,H26.411-H26.499
CPT:	66820-66830,66985-66990,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>298</b>
Condition:	FISTULA INVOLVING FEMALE GENITAL TRACT (See Guideline Notes 64,65)
Treatment:	CLOSURE OF FISTULA
ICD-10:	N82.0-N82.9
CPT:	44625,44626,44660,46715,50650,50660,50930,51900,51920,57300-57330,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>299</b>
Condition:	VITREOUS DISORDERS (See Guideline Notes 64,65)
Treatment:	VITRECTOMY
ICD-10:	H43.10-H43.23,H43.811-H43.829,Q14.0
CPT:	67036-67043,67210,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>300</b>
Condition:	CLEFT PALATE AND/OR CLEFT LIP (See Guideline Notes 6,64,65,80)
Treatment:	EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-10:	Q30.2,Q35.1-Q35.9,Q36.0-Q36.9,Q37.0-Q37.9,Q38.0
CPT:	00102,21076,21079,21080,21082,21083,30460,30462,30600,40500-40520,40650-40761,40810-40845,42145,42200-42281,92507,92508,92521-92526,92607-92609,92633,93792,93793,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9727,D5932,D5933,D5954-D5960,D5987,D5992,D5993,D7111-D7210,D7250,D7260,D7340,D7350,D7912,D8010-D8694,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9152
<b>Line:</b>	<b>301</b>
Condition:	GOUT (See Guideline Notes 6,64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	M1A.00X0-M1A.9XX1,M10.00,M10.011-M10.9
CPT:	20600-20611,93792,93793,96150-96155,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>302</b>
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:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>303</b>
Condition:	THROMBOCYTOPENIA (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	D69.1,D69.3,D69.41-D69.6,D75.82,D82.0
CPT:	38100,38102,38120,90284,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

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<b>Line:</b>	<b>304</b>
Condition:	VIRAL PNEUMONIA (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	B01.2,B05.2,B06.81,J12.0-J12.3,J12.81-J12.9
CPT:	31600,31601,31820,31825,93792,93793,94640,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>305</b>
Condition:	DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	I68.2,I75.81-I75.89,I76,I77.0,I77.2-I77.6,I77.89-I77.9,I79.1-I79.8,M31.8-M31.9,N28.0,Q27.1-Q27.2,Q27.31-Q27.39,Q27.8-Q27.9
CPT:	34151,35256,35501-35515,35526,35531,35535-35540,35560,35563,35601-35616,35626-35646,35663,35761,37246,37247,37607,62294,63250-63252,63295,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>306</b>
Condition:	PARALYTIC ILEUS (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	K56.0,K56.7
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>307</b>
Condition:	CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below)
Treatment:	LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-10:	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,P78.1,P78.81,P78.84,Q44.6,T86.40-T86.49,Z48.22-Z48.23,Z48.288,Z52.6
CPT:	47133-47147,50300,50323-50365,76776,86825-86835,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
Liver-kidney transplant only included on this line for a documented diagnosis of Q44.6 (cystic disease of the liver).	
<b>Line:</b>	<b>308</b>
Condition:	CHRONIC INFLAMMATORY DISORDER OF ORBIT (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	H05.10,H05.111-H05.129
CPT:	67515,68200,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>309</b>
Condition:	CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Notes 6,64,65)
Treatment:	SURGICAL TREATMENT
ICD-10:	M21.859,Q65.00-Q65.89
CPT:	27001-27006,27036,27140-27165,27179-27185,27256-27259,29305,29325,29861-29863,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 310**  
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA (See Guideline Notes 64,65,168)  
Treatment: KERATOPLASTY  
ICD-10: E50.4,H17.00-H17.13,H17.811-H17.89,H18.011-H18.13,H18.221-H18.229,H18.40,H18.411-H18.799,Q13.3-Q13.4  
CPT: 65286,65400,65435-65450,65710-65757,65772-65785,65920,66250,66825,66985-66990,68371,76514,92002-92014,92018-92060,92072-92136,92225,92226,92230-92270,92283-92310,92313-92342,92370,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 311**  
Condition: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 51,64,65,103,143,154)  
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY  
ICD-10: H72.00-H72.13,H72.2X1-H72.93,H83.3X1-H83.3X9,H90.0,H90.11-H90.8,H90.A11-H90.A32,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,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD,Z01.12,Z46.1  
CPT: 21235,42830,42835,69209,69210,69433,69436,69610-69646,69714-69718,92590-92595,92597,92626,92627,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 312**  
Condition: GENDER DYSPHORIA/TRANSEXUALISM (See Guideline Note 127)  
Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY  
ICD-10: F64.0-F64.9,Z87.890  
CPT: 17110,17111,17380,19303,19304,19316-19325,19340-19350,53405-53430,54120,54125,54520,54660,54690,55150-55180,55866,55970,55980,56620,56625,56800-56810,57106,57107,57110,57111,57291-57296,57335,57426,58150-58180,58260,58262,58275-58291,58353,58356,58541-58544,58550-58554,58563,58570-58573,58660,58661,58720,58940,90785,90832-90840,90846-90853,90882,90887,93792,93793,97110,97140,97161-97164,97530,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: C1789,G0068,G0071,G0176,G0177,G0248-G0250,G0396,G0397,G0459,G0463-G0467,G0469,G0470,G0490,G0511,G0513,G0514,G2010-G2012,H0004,H0023,H0032,H0034,H0035,H0038,H2010,H2014,H2027,H2032,H2033,S9484
- Line: 313**  
Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM (See Guideline Notes 64,65,115,156)  
Treatment: MEDICAL THERAPY  
ICD-10: D69.0,D80.0-D80.9,D81.0-D81.4,D81.6-D81.7,D81.89-D81.9,D82.1-D82.9,D83.0-D83.9,D84.0-D84.9,D89.3,D89.40-D89.49,D89.810-D89.89,M04.1-M04.9,Q89.01-Q89.09,Z51.6  
CPT: 36514-36522,86003,86008,86486,90284,93792,93793,95004,95018-95180,96150-96155,96900,96910-96913,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 314**  
Condition: CANCER OF ESOPHAGUS; BARRETT'S ESOPHAGUS WITH DYSPLASIA (See Guideline Notes 7,11,12,64,65,144)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C15.3-C15.9,C49.A1,D00.1,D61.810,G89.3,K22.710-K22.719,Z51.0,Z51.11-Z51.12,Z85.01  
CPT: 31540,31600,32553,38542,38720,38724,38794,43100-43124,43192,43195,43196,43201,43212-43214,43216-43229,43233,43248,43249,43266,43270,43286-43288,43340,43341,43360,43361,43496,44139-44147,44186,44204-44208,44213,44300,49411,49442,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77427,77469,77470,77761-77763,77770-77790,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 315**  
Condition: CANCER OF LIVER (See Guideline Notes 7,11,12,64,65,78,185)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C22.0-C22.9,C49.A9,C78.7,D37.6,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.05  
CPT: 32553,36260-36262,37243,37617,43260-43265,43274-43277,47120-47130,47370,47371,47380-47382,47533-47540,47542,47562,47600-47620,47711,47712,48150,49411,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79403,79445,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C2616,C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S2095,S9537
- Line: 316**  
Condition: CANCER OF PANCREAS (See Guideline Notes 7,11,12,64,65)  
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,G89.3,Z51.0,Z51.11-Z51.12  
CPT: 32553,35251,35281,38747,43260-43265,43273-43278,44130,47542,47721,47741,47760,47785,48140-48155,49324,49325,49327,49411,49412,49421,49422,64680,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 317**  
Condition: STROKE (See Guideline Notes 6,64,65,90,125)  
Treatment: MEDICAL THERAPY  
ICD-10: G89.0,I63.00,I63.011-I63.9,I67.0,I67.2,I67.6,I67.81-I67.83,I67.841-I67.89,Z79.01  
CPT: 34001,35301,35390,37195,37215-37218,61322,61323,61343,61781,61782,61796-61800,77014,77261-77295,77300,77301,77336,77370-77372,77417,77423,77427-77432,92507,92508,92521-92526,92607-92609,92633,93792,93793,96150-96155,97012,97110-97127,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513-G0515,G2010-G2012,S9152
- Line: 318**  
Condition: PURULENT ENDOPHTHALMITIS (See Guideline Notes 64,65)  
Treatment: VITRECTOMY  
ICD-10: H21.331-H21.339,H33.121-H33.129,H44.001-H44.029,H44.121-H44.129,H44.19  
CPT: 65101,65800,66020,66030,67005-67036,67041-67043,67515,68200,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 319**  
Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC (See Guideline Notes 64,65)  
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: 65205-65222,67938,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 320**  
Condition: OBESITY IN ADULTS AND CHILDREN; OVERWEIGHT STATUS IN ADULTS WITH CARDIOVASCULAR RISK FACTORS (See Guideline Notes 5,8,64,65)  
Treatment: BEHAVIORAL INTERVENTIONS INCLUDING INTENSIVE NUTRITIONAL AND PHYSICAL ACTIVITY COUNSELING; BARIATRIC SURGERY  
ICD-10: E66.01-E66.9,Z46.51,Z68.30-Z68.45,Z68.54,Z71.3,Z71.82  
CPT: 43644,43645,43771-43775,43846-43848,93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498  
HCPCS: G0068,G0071,G0248-G0250,G0270,G0271,G0396,G0397,G0447,G0463-G0467,G0473,G0490,G0511,G0513,G0514,G2010-G2012,S2083
- Line: 321**  
Condition: DERMATOLOGIC HEMANGIOMAS, COMPLICATED (See Guideline Note 13)  
Treatment: MEDICAL THERAPY  
ICD-10: D18.01  
CPT: 11400-11446,12031,12032,13100-13151,17106-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: C9727,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 322**  
Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY  
Treatment: SURGICAL TREATMENT  
ICD-10: I72.1,I72.4,I72.9  
CPT: 24900-24931,25900-25931,26910-26952,27590-27598,27880-27889,28800-28825,35001,35002,35011-35021,35141-35152,35572,35682,35683,35875,35876,35903,36002,37609,64802-64818,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 323**  
Condition: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: K11.20-K11.4  
CPT: 40810-40816,42300-42340,42408,42410-42420,42440-42509,42600-42665,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7981-D7983,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 324**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 325**  
Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-10: I71.2,I71.4,I71.6,I71.9,I72.0-I72.9,I77.810-I77.819,I79.0,Q25.43-Q25.44  
CPT: 33320-33335,33530,33860-33891,33916,34701-34711,34713,34715,34808-35081,35091,35102,35111-35152,35188,35301-35372,35500-35518,35526,35531,35535-35540,35560,35563,35572,35601-35671,35682,35683,35691-35697,35800-35840,35875,35876,35901,35905,35907,36002,36825,36830,37236,37237,37600-37606,37618,38100,75956-75959,92960-92971,92978-92998,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>326</b>
Condition:	SENSORINEURAL HEARING LOSS (See Guideline Note 31)
Treatment:	COCHLEAR IMPLANT
ICD-10:	H90.3, H90.41-H90.5, H90.A21-H90.A32, Z01.12, Z45.320-Z45.328
CPT:	69930, 92562-92565, 92571-92577, 92590, 92591, 92601-92604, 92626-92633, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99201-99215, 99281-99285, 99341-99378, 99381-99404, 99408-99449, 99451, 99452, 99487-99491, 99495-99498, 99605-99607
HCPCS:	G0068, G0071, G0248-G0250, G0396, G0397, G0463-G0467, G0490, G0511, G0513, G0514, G2010-G2012
<b>Line:</b>	<b>327</b>
Condition:	FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below) (See Guideline Notes 45, 57, 64, 65, 145, 180)
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-N35.92, N36.44-N36.8, N39.490, N40.1, N48.30-N48.39, N50.1-N50.3, N53.11, N53.13-N53.19, N99.110-N99.114, N99.116-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, Z87.440
CPT:	50706, 50845, 51040, 51100-51102, 51525, 51700, 51705-51715, 51800-51845, 51880-51980, 52001, 52214-52240, 52260-52287, 52305-52315, 52355, 52400, 52441-52640, 52648, 52649, 53020, 53040, 53400-53500, 53600-53852, 54115, 54150-54161, 54220-54231, 54240, 54250, 54420-54438, 54520, 54640, 54660-54680, 54700, 54830-54861, 54900, 54901, 55400, 55520, 55600-55680, 55801, 55821, 55831, 55862, 55865, 57220, 57287, 74445, 93792, 93793, 97140, 97161-97164, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607
HCPCS:	C1815, C9739, C9740, G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
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.	
<b>Line:</b>	<b>328</b>
Condition:	DISSEMINATED INTRAVASCULAR COAGULATION (See Guideline Notes 64, 65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	D65
CPT:	25900, 25905, 25915, 25920, 25927, 26910-26952, 27598, 27880-27882, 27888, 27889, 28800-28825, 30150, 54130, 54135, 69110, 69120, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607
HCPCS:	G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
<b>Line:</b>	<b>329</b>
Condition:	CANCER OF PROSTATE GLAND (See Guideline Notes 7, 11, 12, 64, 65, 148)
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10:	C61, D07.5, D40.0, D61.810, G89.3, Z51.0, Z51.11-Z51.12, Z85.46
CPT:	32553, 38562, 38564, 38571-38573, 38780, 49327, 49411, 49412, 51700, 52234, 52240, 52281, 52400, 52450, 52601-52640, 52649, 53600, 53601, 54520, 54530, 54660, 55810-55866, 58960, 77014, 77261-77295, 77300-77370, 77385-77387, 77402-77417, 77424-77427, 77469, 77470, 77770-77790, 79005-79403, 93792, 93793, 96150-96155, 96377, 96405, 96406, 96420-96450, 96542, 96549, 96570, 96571, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607
HCPCS:	C9725, G0068, G0070, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0458, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G6017, S9537, S9560
<b>Line:</b>	<b>330</b>
Condition:	SYSTEMIC SCLEROSIS; SJOJREN'S SYNDROME (See Guideline Notes 64, 65)
Treatment:	MEDICAL THERAPY
ICD-10:	M34.0-M34.2, M34.81-M34.9, M35.01-M35.09
CPT:	93792, 93793, 96150-96155, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607
HCPCS:	G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
<b>Line:</b>	<b>331</b>
Condition:	ACUTE PROMYELOCYTIC LEUKEMIA
Treatment:	BONE MARROW TRANSPLANT
ICD-10:	C92.40-C92.42, D61.810, Z48.290, Z52.000-Z52.098, Z52.3
CPT:	36680, 38204-38215, 38230-38243, 86828-86835, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607
HCPCS:	G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012, S2142, S2150, S9537

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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<b>Line:</b>	<b>332</b>
<b>Condition:</b>	CONDITIONS REQUIRING HYPERBARIC OXYGEN THERAPY (See Guideline Note 107)
<b>Treatment:</b>	HYPERBARIC OXYGEN
<b>ICD-10:</b>	E08.52,E08.621-E08.622,E09.52,E09.621-E09.622,E10.52,E10.621-E10.622,E11.52,E11.621-E11.622,E13.52,E13.621-E13.622,I70.361-I70.369,I70.461-I70.469,I70.561-I70.569,I70.661-I70.669,I70.761-I70.769,I96,K62.7,L59.8,L88,M27.2,M60.000-M60.005,M60.011-M60.09,M72.6,N30.40-N30.41,O88.011-O88.03,Q52.9,S07.0XXA-S07.0XXD,S07.1XXA-S07.1XXD,S07.8XXA-S07.8XXD,S07.9XXA-S07.9XXD,S17.0XXA-S17.0XXD,S17.8XXA-S17.8XXD,S17.9XXA-S17.9XXD,S38.001A-S38.001D,S38.002A-S38.002D,S38.01XA-S38.01XD,S38.02XA-S38.02XD,S38.03XA-S38.03XD,S38.1XXA-S38.1XXD,S38.211A-S38.211D,S38.212A-S38.212D,S38.221A-S38.221D,S38.222A-S38.222D,S38.231A-S38.231D,S38.232A-S38.232D,S38.3XXA-S38.3XXD,S47.1XXA-S47.1XXD,S47.2XXA-S47.2XXD,S47.9XXA-S47.9XXD,S57.00XA-S57.00XD,S57.01XA-S57.01XD,S57.02XA-S57.02XD,S57.80XA-S57.80XD,S57.81XA-S57.81XD,S57.82XA-S57.82XD,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,S67.20XA-S67.20XD,S67.21XA-S67.21XD,S67.22XA-S67.22XD,S67.30XA-S67.30XD,S67.31XA-S67.31XD,S67.32XA-S67.32XD,S67.40XA-S67.40XD,S67.41XA-S67.41XD,S67.42XA-S67.42XD,S67.90XA-S67.90XD,S67.91XA-S67.91XD,S67.92XA-S67.92XD,S77.00XA-S77.00XD,S77.01XA-S77.01XD,S77.02XA-S77.02XD,S77.10XA-S77.10XD,S77.11XA-S77.11XD,S77.12XA-S77.12XD,S77.20XA-S77.20XD,S77.21XA-S77.21XD,S77.22XA-S77.22XD,S87.00XA-S87.00XD,S87.01XA-S87.01XD,S87.02XA-S87.02XD,S87.80XA-S87.80XD,S87.81XA-S87.81XD,S87.82XA-S87.82XD,S97.00XA-S97.00XD,S97.01XA-S97.01XD,S97.02XA-S97.02XD,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,S97.80XA-S97.80XD,S97.81XA-S97.81XD,S97.82XA-S97.82XD,T57.1X1A-T57.1X1D,T57.1X2A-T57.1X2D,T57.1X3A-T57.1X3D,T57.1X4A-T57.1X4D,T57.3X1A-T57.3X1D,T57.3X2A-T57.3X2D,T57.3X3A-T57.3X3D,T57.3X4A-T57.3X4D,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,T59.0X1A-T59.0X1D,T59.0X2A-T59.0X2D,T59.0X3A-T59.0X3D,T59.0X4A-T59.0X4D,T59.1X1A-T59.1X1D,T59.1X2A-T59.1X2D,T59.1X3A-T59.1X3D,T59.1X4A-T59.1X4D,T59.2X1A-T59.2X1D,T59.2X2A-T59.2X2D,T59.2X3A-T59.2X3D,T59.2X4A-T59.2X4D,T59.3X1A-T59.3X1D,T59.3X2A-T59.3X2D,T59.3X3A-T59.3X3D,T59.3X4A-T59.3X4D,T59.4X1A-T59.4X1D,T59.4X2A-T59.4X2D,T59.4X3A-T59.4X3D,T59.4X4A-T59.4X4D,T59.5X1A-T59.5X1D,T59.5X2A-T59.5X2D,T59.5X3A-T59.5X3D,T59.5X4A-T59.5X4D,T59.6X1A-T59.6X1D,T59.6X2A-T59.6X2D,T59.6X3A-T59.6X3D,T59.6X4A-T59.6X4D,T59.7X1A-T59.7X1D,T59.7X2A-T59.7X2D,T59.7X3A-T59.7X3D,T59.7X4A-T59.7X4D,T59.811A-T59.811D,T59.812A-T59.812D,T59.813A-T59.813D,T59.814A-T59.814D,T59.891A-T59.891D,T59.892A-T59.892D,T59.893A-T59.893D,T59.894A-T59.894D,T59.91XA-T59.91XD,T59.92XA-T59.92XD,T59.93XA-T59.93XD,T59.94XA-T59.94XD,T66.XXXA-T66.XXXD,T70.3XXA-T70.3XXD,T79.0XXA-T79.0XXD,T79.A0XA-T79.A0XD,T79.A11A-T79.A11D,T79.A12A-T79.A12D,T79.A19A-T79.A19D,T79.A21A-T79.A21D,T79.A22A-T79.A22D,T79.A29A-T79.A29D,T79.A3XA-T79.A3XD,T79.A9XA-T79.A9XD,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,T85.9XXA-T85.9XXD,T86.820-T86.829
<b>CPT:</b>	93792,93793,98966-98969,99051,99060,99070,99078,99183,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0248-G0250,G0277,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>333</b>
<b>Condition:</b>	BENIGN CEREBRAL CYSTS
<b>Treatment:</b>	DRAINAGE
<b>ICD-10:</b>	B69.0,G93.0,G96.12-G96.19,M25.08
<b>CPT:</b>	61120,61150,61151,61314-61316,61516,61522,61524,61781,61782,62223,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>334</b>
<b>Condition:</b>	ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER (See Guideline Notes 64,65,77)
<b>Treatment:</b>	MEDICAL THERAPY
<b>ICD-10:</b>	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
<b>CPT:</b>	37182,37183,93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>335</b>
Condition:	SCLERITIS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	A18.51,A50.01,A50.30,A50.39,A51.43,A52.71,B58.00,B58.09,H15.001-H15.099,H15.121-H15.89
CPT:	66130,66225,66250,67250,67255,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>336</b>
Condition:	RUBEOSIS AND OTHER DISORDERS OF THE IRIS (See Guideline Notes 64,65)
Treatment:	LASER SURGERY
ICD-10:	H21.1X1-H21.1X9,H21.40-H21.43,H21.501-H21.569,Q13.1
CPT:	65870,65875,66170,66680,66682,66720,67228,67500,76514,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>337</b>
Condition:	WOUND OF EYE GLOBE (See Guideline Notes 64,65)
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:	65105,65235-65273,65280,65285,65290,66680,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>338</b>
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:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>339</b>
Condition:	CHRONIC KIDNEY DISEASE (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY INCLUDING DIALYSIS
ICD-10:	B52.0,E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,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-N18.4,N18.9,N25.0-N25.1,N25.89,N26.1,N26.9,N27.0-N27.9,N28.9,N29,Z49.01-Z49.32
CPT:	36514,36516,36800-36821,36825-36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90947,90989-90997,93792,93793,96150-96155,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C1750,C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9339,S9355,S9537
<b>Line:</b>	<b>340</b>
Condition:	HEREDITARY HEMORRHAGIC TELANGIECTASIA (See Guideline Note 65)
Treatment:	EXCISION
ICD-10:	I78.0
CPT:	11400-11426,45382,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>341</b>
Condition:	RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	I00,I02.9
CPT:	93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>342</b>
Condition:	OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS (See Guideline Notes 64,65)
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,E34.4,G89.3,Z51.0
CPT:	32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,77402,79005-79403,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>343</b>
Condition:	DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH) (See Guideline Notes 91,123)
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,K08.530-K08.539
HCPCS:	D1354,D2140-D2394,D2930-D2933,D2941,D2950,D2951,D2954,D2957,D2980,D6980
<b>Line:</b>	<b>344</b>
Condition:	DENTAL CONDITIONS (E.G., SEVERE CARIES, INFECTION) (See Guideline Notes 34,48)
Treatment:	ORAL SURGERY (I.E., EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
ICD-10:	E08.630-E08.638,E09.630-E09.638,E10.630-E10.638,E11.630-E11.638,E13.630-E13.638,K02.3,K02.51-K02.9
CPT:	41870,41872
HCPCS:	D6096,D6100,D7210-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7540,D7550,D7960,D7963,D7971,D9930
<b>Line:</b>	<b>345</b>
Condition:	NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,65,90)
Treatment:	MEDICAL THERAPY
ICD-10:	A33,A50.40,A50.43,A50.45,A52.10,A52.12-A52.15,A52.17-A52.19,A52.3,A81.00-A81.83,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,D33.9,D81.3,D81.5,E00.0-E00.9,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-E72.81,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,F80.81-F80.9,F84.0-F84.3,F84.8,F88,F98.5,G04.1,G04.81-G04.91,G10,G11.0-G11.4,G11.9,G12.0-G12.1,G12.21-G12.9,G13.1-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,G32.0,G32.81-G32.89,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,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,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,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,G99.0-G99.8,H49.811-H49.819,H93.25,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.312,I63.319-I63.322,I63.329-I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.010-I69.018,I69.020-I69.028,I69.051-I69.090,I69.092,I69.110-I69.118,I69.120-I69.128,I69.151-I69.190,I69.192,I69.210-I69.218,I69.220-I69.228,I69.251-I69.290,I69.292,I69.310-I69.318,I69.320-I69.328,I69.351-I69.390,I69.392,I69.810-I69.818,I69.820-I69.828,I69.851-I69.890,I69.892,I69.910-I69.918,I69.920-I69.928,I69.951-I69.990,I69.992,I97.810-I97.821,M62.3,M62.58-M62.59,M62.89,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,P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,P55.1-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,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-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R13.10-R13.19,R41.4,R41.81,R53.2,R54,R62.0,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-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
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S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-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-S06.899D,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-S06.9X9D,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,S34.01A-S34.01D,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,S34.133A-S34.133D,S34.139A-S34.139D,S34.141A-S34.141D,S34.142A-S34.142D,S34.143A-S34.143D,S34.144A-S34.144D,S34.145A-S34.145D,S34.146A-S34.146D,S34.147A-S34.147D,S34.148A-S34.148D,S34.149A-S34.149D,S34.151A-S34.151D,S34.152A-S34.152D,S34.153A-S34.153D,S34.154A-S34.154D,S34.155A-S34.155D,S34.156A-S34.156D,S34.157A-S34.157D,S34.158A-S34.158D,S34.159A-S34.159D,S34.2XXA-S34.2XXD,S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,S34.5XXA-S34.5XXD,S34.6XXA-S34.6XXD,S34.7XXA-S34.7XXD,S34.8XXA-S34.8XXD,S34.9XXA-S34.9XXD,S34.10XXA-S34.10XXD,S34.11XXA-S34.11XXD,S34.12XXA-S34.12XXD,S34.13XXA-S34.13XXD,S34.14XXA-S34.14XXD,S34.15XXA-S34.15XXD,S34.16XXA-S34.16XXD,S34.17XXA-S34.17XXD,S34.18XXA-S34.18XXD,S34.19XXA-S34.19XXD,S34.20XXA-S34.20XXD,S34.21XXA-S34.21XXD,S34.22XXA-S34.22XXD,S34.23XXA-S34.23XXD,S34.24XXA-S34.24XXD,S34.25XXA-S34.25XXD,S34.26XXA-S34.26XXD,S34.27XXA-S34.27XXD,S34.28XXA-S34.28XXD,S34.29XXA-S34.29XXD,S34.30XXA-S34.30XXD,S34.31XXA-S34.31XXD,S34.32XXA-S34.32XXD,S34.33XXA-S34.33XXD,S34.34XXA-S34.34XXD,S34.35XXA-S34.35XXD,S34.36XXA-S34.36XXD,S34.37XXA-S34.37XXD,S34.38XXA-S34.38XXD,S34.39XXA-S34.39XXD,S34.40XXA-S34.40XXD,S34.41XXA-S34.41XXD,S34.42XXA-S34.42XXD,S34.43XXA-S34.43XXD,S34.44XXA-S34.44XXD,S34.45XXA-S34.45XXD,S34.46XXA-S34.46XXD,S34.47XXA-S34.47XXD,S34.48XXA-S34.48XXD,S34.49XXA-S34.49XXD,S34.50XXA-S34.50XXD,S34.51XXA-S34.51XXD,S34.52XXA-S34.52XXD,S34.53XXA-S34.53XXD,S34.54XXA-S34.54XXD,S34.55XXA-S34.55XXD,S34.56XXA-S34.56XXD,S34.57XXA-S34.57XXD,S34.58XXA-S34.58XXD,S34.59XXA-S34.59XXD,S34.60XXA-S34.60XXD,S34.61XXA-S34.61XXD,S34.62XXA-S34.62XXD,S34.63XXA-S34.63XXD,S34.64XXA-S34.64XXD,S34.65XXA-S34.65XXD,S34.66XXA-S34.66XXD,S34.67XXA-S34.67XXD,S34.68XXA-S34.68XXD,S34.69XXA-S34.69XXD,S34.70XXA-S34.70XXD,S34.71XXA-S34.71XXD,S34.72XXA-S34.72XXD,S34.73XXA-S34.73XXD,S34.74XXA-S34.74XXD,S34.75XXA-S34.75XXD,S34.76XXA-S34.76XXD,S34.77XXA-S34.77XXD,S34.78XXA-S34.78XXD,S34.79XXA-S34.79XXD,S34.80XXA-S34.80XXD,S34.81XXA-S34.81XXD,S34.82XXA-S34.82XXD,S34.83XXA-S34.83XXD,S34.84XXA-S34.84XXD,S34.85XXA-S34.85XXD,S34.86XXA-S34.86XXD,S34.87XXA-S34.87XXD,S34.88XXA-S34.88XXD,S34.89XXA-S34.89XXD,S34.90XXA-S34.90XXD,S34.91XXA-S34.91XXD,S34.92XXA-S34.92XXD,S34.93XXA-S34.93XXD,S34.94XXA-S34.94XXD,S34.95XXA-S34.95XXD,S34.96XXA-S34.96XXD,S34.97XXA-S34.97XXD,S34.98XXA-S34.98XXD,S34.99XXA-S34.99XXD,S34.100XXA-S34.100XXD,S34.101XXA-S34.101XXD,S34.102XXA-S34.102XXD,S34.103XXA-S34.103XXD,S34.104XXA-S34.104XXD,S34.105XXA-S34.105XXD,S34.106XXA-S34.106XXD,S34.107XXA-S34.107XXD,S34.108XXA-S34.108XXD,S34.109XXA-S34.109XXD,S34.110XXA-S34.110XXD,S34.111XXA-S34.111XXD,S34.112XXA-S34.112XXD,S34.113XXA-S34.113XXD,S34.114

CPT: 21084,31611,61215,92507,92508,92521-92524,92607-92609,92633,93792,93793,97012,97110-97127,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068, G0071, G0157-G0161, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513-G0515, G2010-G2012, S9152

ICD-10-CM R62.0 is included on Lines 292, 345 and 377 for children 8 and under. ICD-10-CM F88 is included on these lines for developmental delay. When it is used to indicate sensory integration disorder or sensory processing disorder, it is included on Line 659.

<b>Line:</b>	<b>346</b>
<b>Condition:</b>	CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS (See Guideline Notes 37,60,64,65,100,101)
<b>Treatment:</b>	SURGICAL THERAPY
<b>ICD-10:</b>	G83.4,M43.10-M43.19,M47.011-M47.27,M48.00-M48.05,M48.061-M48.08,M50.00-M50.01,M50.020-M50.11,M51.04-M51.17,M53.2X1-M53.2X9,M54.10-M54.18,Q06.8,Q76.2
<b>CPT:</b>	20660-20665,20930,20931,20936-20938,21720,21275,22206-22226,22532-22865,29000-29046,29710,29720,63001-63091,63170,63180-63200,63270-63273,63295-63610,63650,63655,63685,93792,93793,96150-96155,97110-97124,97140,97150,97161-97168,97530,97535,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487,99489,99491,99495,99496,99605-99607
<b>HCPGS:</b>	C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0160,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0508-G0511,G0513,G0514,G2010-G2012,S2350,S2351

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

**Line: 347**  
 Condition: CARDIAC ARRHYTHMIAS (See Guideline Notes 49,64,65,146)  
 Treatment: MEDICAL THERAPY, PACEMAKER  
 ICD-10: I44.0-I44.2,I44.30-I44.7,I45.0,I45.10-I45.9,I47.1,I47.9,I48.0-I48.4,I48.91-I48.92,I49.1-I49.2,I49.40-I49.9,I97.120-I97.121,R00.1,Z45.010-Z45.09,Z79.01  
 CPT: 33202-33229,33233-33238,33250-33261,33265,33266,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93642,93650-93657,93724,93745,93792-93798,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,K0606-K0609

**Line: 348**  
 Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY (See Guideline Notes 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: 22830,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92136,92225-92270,92283-92287,93792,93793,96154,96155,97012,97110-97124,97140,97150,97161-97168,97530,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 349**  
 Condition: NON-LIMB THREATENING PERIPHERAL VASCULAR DISEASE (See Guideline Notes 64,65)  
 Treatment: SURGICAL TREATMENT  
 ICD-10: E08.51,E09.51,E10.51,E11.51,E13.51,I70.201-I70.209,I70.231-I70.25,I70.291-I70.309,I70.331-I70.35,I70.391-I70.409,I70.431-I70.45,I70.491-I70.509,I70.531-I70.55,I70.591-I70.609,I70.631-I70.65,I70.691-I70.709,I70.731-I70.75,I70.791-I70.92,I74.2-I74.4,I74.9,I75.011-I75.029,I77.1  
 CPT: 13160,34101,34111,34201,34203,35081,35256,35286,35302-35321,35351-35372,35500,35510,35512,35516-35525,35533,35539-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35700-35761,35860,35875-35881,35903,36002,37184-37186,37220-37235,37246-37249,37609,64802-64818,64821-64823,93668,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 350**  
 Condition: SARCOIDOSIS (See Guideline Notes 64,65)  
 Treatment: MEDICAL THERAPY  
 ICD-10: D86.0-D86.3,D86.81-D86.82,D86.84-D86.9  
 CPT: 93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 351**  
 Condition: STRABISMUS DUE TO NEUROLOGIC DISORDER (See Coding Specification Below) (See Guideline Notes 64,65)  
 Treatment: MEDICAL AND SURGICAL TREATMENT  
 ICD-10: H49.00-H49.43,H49.881-H49.9,H51.20-H51.23  
 CPT: 15822,15823,65778-65782,66820-66830,66985,66986,67311-67345,67710,67875,67880,67900-67912,67961,67971,68135,68320-68328,68335,68340,68371,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-10 H50.89).

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 352**  
Condition: URINARY SYSTEM CALCULUS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: N20.0-N20.9,N21.0-N21.9,N22  
CPT: 50060-50081,50130,50382-50389,50432-50437,50553,50557,50561,50572,50580,50590,50600,50605,50610-50630,50693-50700,50715,50900,50945,50947,50961-50972,50976,50980,51050-51065,51102,51700,52310-52325,52330-52334,52352,52353,52356,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 353**  
Condition: STRUCTURAL CAUSES OF AMENORRHEA (See Guideline Note 65)  
Treatment: SURGICAL TREATMENT  
ICD-10: N85.7,N89.5-N89.7,N92.5,N99.2,Q51.0,Q51.5,Q51.7,Q51.820-Q51.9,Q52.0,Q52.10-Q52.11,Q52.121-Q52.8,Z43.7  
CPT: 56441,56442,56700,56800,57130,57291-57295,57400,57426,57800,58120,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 354**  
Condition: PENETRATING WOUND OF ORBIT (See Guideline Notes 64,65)  
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: 12011,12013,12051,12052,13132,13151,13152,67405-67414,67420-67445,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 355**  
Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT MINOR TOES) (See Guideline Notes 6,64,65)  
Treatment: OPEN OR CLOSED REDUCTION  
ICD-10: M24.029,M80.00XA,M80.011A-M80.011G,M80.012A-M80.012G,M80.019A-M80.019G,M80.021A-M80.021G,M80.022A-M80.022G,M80.029A-M80.029G,M80.031A-M80.031G,M80.032A-M80.032G,M80.039A-M80.039G,M80.041A-M80.041G,M80.042A-M80.042G,M80.049A-M80.049G,M80.051A-M80.051G,M80.052A-M80.052G,M80.059A-M80.059G,M80.061A-M80.061G,M80.062A-M80.062G,M80.069A-M80.069G,M80.071A-M80.071G,M80.072A-M80.072G,M80.079A-M80.079G,M80.80XA,M80.811A-M80.811G,M80.812A-M80.812G,M80.819A-M80.819G,M80.821A-M80.821G,M80.822A-M80.822G,M80.829A-M80.829G,M80.831A-M80.831G,M80.832A-M80.832G,M80.839A-M80.839G,M80.841A-M80.841G,M80.842A-M80.842G,M80.849A-M80.849G,M80.851A-M80.851G,M80.852A-M80.852G,M80.859A-M80.859G,M80.861A-M80.861G,M80.862A-M80.862G,M80.869A-M80.869G,M80.871A-M80.871G,M80.872A-M80.872G,M80.879A-M80.879G,M84.30XA,M84.311A-M84.311G,M84.312A-M84.312G,M84.319A-M84.319G,M84.321A-M84.321G,M84.322A-M84.322G,M84.329A-M84.329G,M84.331A-M84.331G,M84.332A-M84.332G,M84.333A-M84.333G,M84.334A-M84.334G,M84.339A-M84.339G,M84.341A-M84.341G,M84.342A-M84.342G,M84.343A-M84.343G,M84.344A-M84.344G,M84.345A-M84.345G,M84.346A-M84.346G,M84.351A-M84.351G,M84.352A-M84.352G,M84.353A-M84.353G,M84.361A-M84.361G,M84.362A-M84.362G,M84.363A-M84.363G,M84.364A-M84.364G,M84.369A-M84.369G,M84.371A-M84.371G,M84.372A-M84.372G,M84.373A-M84.373G,M84.374A-M84.374G,M84.375A-M84.375G,M84.376A-M84.376G,M84.38XA,M84.40XA,M84.411A-M84.411G,M84.412A-M84.412G,M84.419A-M84.419G,M84.421A-M84.421G,M84.422A-M84.422G,M84.429A-M84.429G,M84.431A-M84.431G,M84.432A-M84.432G,M84.433A-M84.433G,M84.434A-M84.434G,M84.439A-M84.439G,M84.441A-M84.441G,M84.442A-M84.442G,M84.443A-M84.443G,M84.444A-M84.444G,M84.445A-M84.445G,M84.446A-M84.446G,M84.451A-M84.451G,M84.452A-M84.452G,M84.453A-M84.453G,M84.461A-M84.461G,M84.462A-M84.462G,M84.463A-M84.463G,M84.464A-M84.464G,M84.469A-M84.469G,M84.471A-M84.471G,M84.472A-M84.472G,M84.473A-M84.473G,M84.474A-M84.474G,M84.475A-M84.475G,M84.476A-M84.476G,M84.48XA,M84.50XA,M84.511A-M84.511G,M84.512A-M84.512G,M84.519A-M84.519G,M84.521A-M84.521G,M84.522A-M84.522G,M84.529A-M84.529G,M84.531A-M84.531G,M84.532A-M84.532G,M84.533A-M84.533G,M84.534A-M84.534G,M84.539A-M84.539G,M84.541A-M84.541G,M84.542A-M84.542G,M84.549A-M84.549G,M84.551A-M84.551G,M84.552A-M84.552G,M84.553A-M84.553G,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,M84.632A-M84.632G,M84.633A-M84.633G,M84.634A-M84.634G,M84.639A-M84.639G,M84.641A-M84.641G,M84.642A-M84.642G,M84.649A-M84.649G,M84.651A-M84.651G,M84.652A-M84.652G,M84.653A-M84.653G,M84.661A-M84.661G,M84.662A-M84.662G,M84.663A-M84.663G,M84.664A-M84.664G,M84.669A-M84.669G,M84.671A-

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

M84.671G,M84.672A-M84.672G,M84.673A-M84.673G,M84.674A-M84.674G,M84.675A-M84.675G,M84.676A-M84.676G,M84.750A-M84.750G,M84.751A-M84.751G,M84.752A-M84.752G,M84.753A-M84.753G,M84.754A-M84.754G,M84.755A-M84.755G,M84.756A-M84.756G,M84.757A-M84.757G,M84.758A-M84.758G,M84.759A-M84.759G,M93.001-M93.033,S32.446D,S42.001A,S42.001D-S42.001G,S42.002A,S42.002D-S42.002G,S42.009A,S42.009D-S42.009G,S42.011A,S42.011D-S42.011G,S42.012A,S42.012D-S42.012G,S42.013A,S42.013D-S42.013G,S42.014A,S42.014D-S42.014G,S42.015A,S42.015D-S42.015G,S42.016A,S42.016D-S42.016G,S42.017A,S42.017D-S42.017G,S42.018A,S42.018D-S42.018G,S42.019A,S42.019D-S42.019G,S42.021A,S42.021D-S42.021G,S42.022A,S42.022D-S42.022G,S42.023A,S42.023D-S42.023G,S42.024A,S42.024D-S42.024G,S42.025A,S42.025D-S42.025G,S42.026A,S42.026D-S42.026G,S42.031A,S42.031D-S42.031G,S42.032A,S42.032D-S42.032G,S42.033A,S42.033D-S42.033G,S42.034A,S42.034D-S42.034G,S42.035A,S42.035D-S42.035G,S42.036A,S42.036D-S42.036G,S42.101A,S42.101D-S42.101G,S42.102A,S42.102D-S42.102G,S42.109A,S42.109D-S42.109G,S42.111A,S42.111D-S42.111G,S42.112A,S42.112D-S42.112G,S42.113A,S42.113D-S42.113G,S42.114A,S42.114D-S42.114G,S42.115A,S42.115D-S42.115G,S42.116A,S42.116D-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-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,S42.221D-S42.221G,S42.222A,S42.222D-S42.222G,S42.223A,S42.223D-S42.223G,S42.224A,S42.224D-S42.224G,S42.225A,S42.225D-S42.225G,S42.226A,S42.226D-S42.226G,S42.231A,S42.231D-S42.231G,S42.232A,S42.232D-S42.232G,S42.239A,S42.239D-S42.239G,S42.241A,S42.241D-S42.241G,S42.242A,S42.242D-S42.242G,S42.249A,S42.249D-S42.249G,S42.251A,S42.251D-S42.251G,S42.252A,S42.252D-S42.252G,S42.253A,S42.253D-S42.253G,S42.254A,S42.254D-S42.254G,S42.255A,S42.255D-S42.255G,S42.256A,S42.256D-S42.256G,S42.261A,S42.261D-S42.261G,S42.262A,S42.262D-S42.262G,S42.263A,S42.263D-S42.263G,S42.264A,S42.264D-S42.264G,S42.265A,S42.265D-S42.265G,S42.266A,S42.266D-S42.266G,S42.271A,S42.271D-S42.271G,S42.272A,S42.272D-S42.272G,S42.279A,S42.279D-S42.279G,S42.291A,S42.291D-S42.291G,S42.292A,S42.292D-S42.292G,S42.293A,S42.293D-S42.293G,S42.294A,S42.294D-S42.294G,S42.295A,S42.295D-S42.295G,S42.296A,S42.296D-S42.296G,S42.301A,S42.301D-S42.301G,S42.302A,S42.302D-S42.302G,S42.309A,S42.309D-S42.309G,S42.311A,S42.311D-S42.311G,S42.312A,S42.312D-S42.312G,S42.319A,S42.319D-S42.319G,S42.321A,S42.321D-S42.321G,S42.322A,S42.322D-S42.322G,S42.323A,S42.323D-S42.323G,S42.324A,S42.324D-S42.324G,S42.325A,S42.325D-S42.325G,S42.326A,S42.326D-S42.326G,S42.331A,S42.331D-S42.331G,S42.332A,S42.332D-S42.332G,S42.333A,S42.333D-S42.333G,S42.334A,S42.334D-S42.334G,S42.335A,S42.335D-S42.335G,S42.336A,S42.336D-S42.336G,S42.341A,S42.341D-S42.341G,S42.342A,S42.342D-S42.342G,S42.343A,S42.343D-S42.343G,S42.344A,S42.344D-S42.344G,S42.345A,S42.345D-S42.345G,S42.346A,S42.346D-S42.346G,S42.351A,S42.351D-S42.351G,S42.352A,S42.352D-S42.352G,S42.353A,S42.353D-S42.353G,S42.354A,S42.354D-S42.354G,S42.355A,S42.355D-S42.355G,S42.356A,S42.356D-S42.356G,S42.361A,S42.361D-S42.361G,S42.362A,S42.362D-S42.362G,S42.363A,S42.363D-S42.363G,S42.364A,S42.364D-S42.364G,S42.365A,S42.365D-S42.365G,S42.366A,S42.366D-S42.366G,S42.391A,S42.391D-S42.391G,S42.392A,S42.392D-S42.392G,S42.399A,S42.399D-S42.399G,S42.401A,S42.401D-S42.401G,S42.402A,S42.402D-S42.402G,S42.409A,S42.409D-S42.409G,S42.411A,S42.411D-S42.411G,S42.412A,S42.412D-S42.412G,S42.413A,S42.413D-S42.413G,S42.414A,S42.414D-S42.414G,S42.415A,S42.415D-S42.415G,S42.416A,S42.416D-S42.416G,S42.421A,S42.421D-S42.421G,S42.422A,S42.422D-S42.422G,S42.423A,S42.423D-S42.423G,S42.424A,S42.424D-S42.424G,S42.425A,S42.425D-S42.425G,S42.426A,S42.426D-S42.426G,S42.431A,S42.431D-S42.431G,S42.432A,S42.432D-S42.432G,S42.433A,S42.433D-S42.433G,S42.434A,S42.434D-S42.434G,S42.435A,S42.435D-S42.435G,S42.436A,S42.436D-S42.436G,S42.441A,S42.441D-S42.441G,S42.442A,S42.442D-S42.442G,S42.443A,S42.443D-S42.443G,S42.444A,S42.444D-S42.444G,S42.445A,S42.445D-S42.445G,S42.446A,S42.446D-S42.446G,S42.447A,S42.447D-S42.447G,S42.448A,S42.448D-S42.448G,S42.449A,S42.449D-S42.449G,S42.451A,S42.451D-S42.451G,S42.452A,S42.452D-S42.452G,S42.453A,S42.453D-S42.453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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
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S52.022D, S52.022G, S52.023A, S52.023D, S52.023G, S52.024A, S52.024D, S52.024G, S52.025A, S52.025D, S52.025G, S52.026A, S52.026D, S52.026G, S52.031A, S52.031D, S52.031G, S52.032A, S52.032D, S52.032G, S52.033A, S52.033D, S52.033G, S52.034A, S52.034D, S52.034G, S52.035A, S52.035D, S52.035G, S52.036A, S52.036D, S52.036G, S52.041A, S52.041D, S52.041G, S52.042A, S52.042D, S52.042G, S52.043A, S52.043D, S52.043G, S52.044A, S52.044D, S52.044G, S52.045A, S52.045D, S52.045G, S52.046A, S52.046D, S52.046G, S52.091A, S52.091D, S52.091G, S52.092A, S52.092D, S52.092G, S52.099A, S52.099D, S52.099G, S52.101A, S52.101D, S52.101G, S52.102A, S52.102D, S52.102G, S52.109A, S52.109D, S52.109G, S52.111A-S52.111G, S52.112A-S52.112G, S52.119A-S52.119G, S52.121A, S52.121D, S52.121G, S52.122A, S52.122D, S52.122G, S52.123A, S52.123D, S52.123G, S52.124A, S52.124D, S52.124G, S52.125A, S52.125D, S52.125G, S52.126A, S52.126D, S52.126G, S52.131A, S52.131D, S52.131G, S52.132A, S52.132D, S52.132G, S52.133A, S52.133D, 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S62.131G,S62.132A,S62.132D-S62.132G,S62.133A,S62.133D-S62.133G,S62.134A,S62.134D-S62.134G,  
S62.135A,S62.135D-S62.135G,S62.136A,S62.136D-S62.136G,S62.141A,S62.141D-S62.141G,S62.142A,  
S62.142D-S62.142G,S62.143A,S62.143D-S62.143G,S62.144A,S62.144D-S62.144G,S62.145A,S62.145D-  
S62.145G,S62.146A,S62.146D-S62.146G,S62.151A,S62.151D-S62.151G,S62.152A,S62.152D-S62.152G,  
S62.153A,S62.153D-S62.153G,S62.154A,S62.154D-S62.154G,S62.155A,S62.155D-S62.155G,S62.156A,  
S62.156D-S62.156G,S62.161A,S62.161D-S62.161G,S62.162A,S62.162D-S62.162G,S62.163A,S62.163D-  
S62.163G,S62.164A,S62.164D-S62.164G,S62.165A,S62.165D-S62.165G,S62.166A,S62.166D-S62.166G,  
S62.171A,S62.171D-S62.171G,S62.172A,S62.172D-S62.172G,S62.173A,S62.173D-S62.173G,S62.174A,  
S62.174D-S62.174G,S62.175A,S62.175D-S62.175G,S62.176A,S62.176D-S62.176G,S62.181A,S62.181D-  
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S62.212G,S62.213A,S62.213D-S62.213G,S62.221A,S62.221D-S62.221G,S62.222A,S62.222D-S62.222G,  
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S62.90XA,S62.90XD-S62.90XG,S62.91XA,S62.91XD-S62.91XG,S62.92XA,S62.92XD-S62.92XG,S72.301A,  
S72.301D,S72.301G,S72.302A,S72.302D,S72.302G,S72.309A,S72.309D,S72.309G,S72.321A,S72.321D,  
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**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

	S92.401A,S92.401D-S92.401G,S92.402A,S92.402D-S92.402G,S92.403A,S92.403D-S92.403G,S92.404A,S92.404D-S92.404G,S92.405A,S92.405D-S92.405G,S92.406A,S92.406D-S92.406G,S92.411A,S92.411D-S92.411G,S92.412A,S92.412D-S92.412G,S92.413A,S92.413D-S92.413G,S92.414A,S92.414D-S92.414G,S92.415A,S92.415D-S92.415G,S92.416A,S92.416D-S92.416G,S92.421A,S92.421D-S92.421G,S92.422A,S92.422D-S92.422G,S92.423A,S92.423D-S92.423G,S92.424A,S92.424D-S92.424G,S92.425A,S92.425D-S92.425G,S92.426A,S92.426D-S92.426G,S92.491A,S92.491D-S92.491G,S92.492A,S92.492D-S92.492G,S92.499A,S92.499D-S92.499G,S92.811A,S92.811D-S92.811G,S92.812A,S92.812D-S92.812G,S92.819A,S92.819D-S92.819G,S92.901A,S92.901D,S92.902A,S92.902D,S92.909A,S92.909D,S99.001A,S99.001D-S99.001G,S99.002A,S99.002D-S99.002G,S99.009A,S99.009D-S99.009G,S99.011A,S99.011D-S99.011G,S99.012A,S99.012D-S99.012G,S99.019A,S99.019D-S99.019G,S99.021A,S99.021D-S99.021G,S99.022A,S99.022D-S99.022G,S99.029A,S99.029D-S99.029G,S99.031A,S99.031D-S99.031G,S99.032A,S99.032D-S99.032G,S99.039A,S99.039D-S99.039G,S99.041A,S99.041D-S99.041G,S99.042A,S99.042D-S99.042G,S99.049A,S99.049D-S99.049G,S99.091A,S99.091D-S99.091G,S99.092A,S99.092D-S99.092G,S99.099A,S99.099D-S99.099G,S99.101A,S99.101D-S99.101G,S99.102A,S99.102D-S99.102G,S99.109A,S99.109D-S99.109G,S99.111A,S99.111D-S99.111G,S99.112A,S99.112D-S99.112G,S99.119A,S99.119D-S99.119G,S99.121A,S99.121D-S99.121G,S99.122A,S99.122D-S99.122G,S99.129A,S99.129D-S99.129G,S99.131A,S99.131D-S99.131G,S99.132A,S99.132D-S99.132G,S99.139A,S99.139D-S99.139G,S99.141A,S99.141D-S99.141G,S99.142A,S99.142D-S99.142G,S99.149A,S99.149D-S99.149G,S99.191A,S99.191D-S99.191G,S99.192A,S99.192D-S99.192G,S99.199A,S99.199D-S99.199G,Z47.2
CPT:	11740,20650,20670-20694,23470,23500-23515,23570-23630,24130,24500-24587,24620,24635,24650-24685,25119,25210-25240,25259,25320,25337-25393,25440-25447,25450-25652,25671,25800-25830,26520,26600-26615,26645-26665,26676,26720-26770,27130,27175-27181,27230-27235,27244,27245,27350,27409,27424,27430,27435,27465-27468,27500-27540,27570,27610,27620,27656,27664,27712,27750-27829,27846,27848,28300,28400-28531,28730,29049-29105,29126-29131,29240,29305-29445,29505,29515,29700-29720,29850-29856,29874-29879,29882,29894,29897-29899,93792,93793,97012,97018,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>356</b>
Condition:	RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Coding Specification Below) (See Guideline Notes 6,15,64,65,71,83,114,158)
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,M13.871-M13.879,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,M24.151-M24.176,M24.871-M24.872,M24.874-M24.875,M25.00,M25.011-M25.076,M25.151-M25.159,M25.851-M25.859,M25.871-M25.879,M76.20-M76.22,M87.00,M87.011-M87.9,M90.50,M90.511-M90.59,M93.20,M93.211-M93.29
CPT:	20610,20611,20690-20694,23120,23470-23474,23800,23802,24000,24006,24101,24102,24130,24160,24164,24360-24371,24800,24802,25000,25101-25109,25115-25119,25210-25240,25270,25320,25337,25390-25393,25441-25492,25800,25810-25830,26320,26516-26536,26820-26863,26990-26992,27036,27090,27091,27122-27132,27187,27284,27286,27358,27437-27454,27457,27580,27620-27626,27641,27700-27704,27870,27871,28090,28104,28114,28116,28122,28289-28292,28446,28715,28725,28740,28750,29819-29826,29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29891,29892,29894-29899,29904-29916,77014,77261-77290,77295,77300,77306,77307,77331-77336,77385-77387,77401-77423,77427,77470,93792,93793,97012,97018,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,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).	
<b>Line:</b>	<b>357</b>
Condition:	CONDITIONS OF PULMONARY ARTERY (See Guideline Notes 64,65)
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:	32480-32488,32501,32505-32540,32663,32666-32670,33726,33917-33922,92960-92971,92978-92998,93792-93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

<b>Line:</b>	<b>358</b>
Condition:	BODY INFESTATIONS (E.G., LICE, SCABIES) (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	B83.4,B85.0-B85.4,B86,B87.0-B87.4,B87.81-B87.9,B88.0-B88.9
CPT:	93792,93793,96902,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>359</b>
Condition:	DEFORMITY/CLOSED DISLOCATION OF JOINT AND RECURRENT JOINT DISLOCATIONS (See Guideline Notes 6,64,65)
Treatment:	SURGICAL TREATMENT
ICD-10:	M22.00-M22.12,M24.00,M24.011-M24.073,M24.171-M24.176,M24.321-M24.376,M24.411-M24.443,M24.451-M24.476,M24.811-M24.812,M24.821-M24.822,M24.831-M24.832,M24.841-M24.842,M24.851-M24.852,M24.871-M24.872,M24.874-M24.875,M25.871-M25.879,M72.0,M92.40-M92.52,Q66.0-Q66.1,Q66.21-Q66.4,Q66.6-Q66.7,Q68.2,Q69.0-Q69.1,Q70.00-Q70.13,Q71.40-Q71.63,Q71.811-Q71.93,Q72.40-Q72.73,Q72.811-Q72.93,Q73.1-Q73.8,Q74.0,S03.00XA-S03.00XD,S03.01XA-S03.01XD,S03.02XA-S03.02XD,S03.03XA-S03.03XD,S33.30XA-S33.30XD,S33.39XA-S33.39XD,S43.001A-S43.001D,S43.002A-S43.002D,S43.003A-S43.003D,S43.004A-S43.004D,S43.005A-S43.005D,S43.006A-S43.006D,S43.011A-S43.011D,S43.012A-S43.012D,S43.013A-S43.013D,S43.014A-S43.014D,S43.015A-S43.015D,S43.016A-S43.016D,S43.021A-S43.021D,S43.022A-S43.022D,S43.023A-S43.023D,S43.024A-S43.024D,S43.025A-S43.025D,S43.026A-S43.026D,S43.031A-S43.031D,S43.032A-S43.032D,S43.033A-S43.033D,S43.034A-S43.034D,S43.035A-S43.035D,S43.036A-S43.036D,S43.037A-S43.037D,S43.038A-S43.038D,S43.039A-S43.039D,S43.040A-S43.040D,S43.041A-S43.041D,S43.042A-S43.042D,S43.043A-S43.043D,S43.044A-S43.044D,S43.045A-S43.045D,S43.046A-S43.046D,S43.047A-S43.047D,S43.048A-S43.048D,S43.049A-S43.049D,S43.050A-S43.050D,S43.051A-S43.051D,S43.052A-S43.052D,S43.053A-S43.053D,S43.054A-S43.054D,S43.055A-S43.055D,S43.056A-S43.056D,S43.057A-S43.057D,S43.058A-S43.058D,S43.059A-S43.059D,S43.060A-S43.060D,S43.061A-S43.061D,S43.062A-S43.062D,S43.063A-S43.063D,S43.064A-S43.064D,S43.065A-S43.065D,S43.066A-S43.066D,S43.067A-S43.067D,S43.068A-S43.068D,S43.069A-S43.069D,S43.070A-S43.070D,S43.071A-S43.071D,S43.072A-S43.072D,S43.073A-S43.073D,S43.074A-S43.074D,S43.075A-S43.075D,S43.076A-S43.076D,S43.077A-S43.077D,S43.078A-S43.078D,S43.079A-S43.079D,S43.080A-S43.080D,S43.081A-S43.081D,S43.082A-S43.082D,S43.083A-S43.083D,S43.084A-S43.084D,S43.085A-S43.085D,S43.086A-S43.086D,S43.087A-S43.087D,S43.088A-S43.088D,S43.089A-S43.089D,S43.090A-S43.090D,S43.091A-S43.091D,S43.092A-S43.092D,S43.093A-S43.093D,S43.094A-S43.094D,S43.095A-S43.095D,S43.096A-S43.096D,S43.097A-S43.097D,S43.098A-S43.098D,S43.099A-S43.099D,S43.100A-S43.100D,S43.101A-S43.101D,S43.102A-S43.102D,S43.103A-S43.103D,S43.104A-S43.104D,S43.105A-S43.105D,S43.106A-S43.106D,S43.107A-S43.107D,S43.108A-S43.108D,S43.109A-S43.109D,S43.110A-S43.110D,S43.111A-S43.111D,S43.112A-S43.112D,S43.113A-S43.113D,S43.114A-S43.114D,S43.115A-S43.115D,S43.116A-S43.116D,S43.117A-S43.117D,S43.118A-S43.118D,S43.119A-S43.119D,S43.120A-S43.120D,S43.121A-S43.121D,S43.122A-S43.122D,S43.123A-S43.123D,S43.124A-S43.124D,S43.125A-S43.125D,S43.126A-S43.126D,S43.127A-S43.127D,S43.128A-S43.128D,S43.129A-S43.129D,S43.130A-S43.130D,S43.131A-S43.131D,S43.132A-S43.132D,S43.133A-S43.133D,S43.134A-S43.134D,S43.135A-S43.135D,S43.136A-S43.136D,S43.137A-S43.137D,S43.138A-S43.138D,S43.139A-S43.139D,S43.140A-S43.140D,S43.141A-S43.141D,S43.142A-S43.142D,S43.143A-S43.143D,S43.144A-S43.144D,S43.145A-S43.145D,S43.146A-S43.146D,S43.147A-S43.147D,S43.148A-S43.148D,S43.149A-S43.149D,S43.150A-S43.150D,S43.151A-S43.151D,S43.152A-S43.152D,S43.153A-S43.153D,S43.154A-S43.154D,S43.155A-S43.155D,S43.156A-S43.156D,S43.157A-S43.157D,S43.158A-S43.158D,S43.159A-S43.159D,S43.160A-S43.160D,S43.161A-S43.161D,S43.162A-S43.162D,S43.163A-S43.163D,S43.164A-S43.164D,S43.165A-S43.165D,S43.166A-S43.166D,S43.167A-S43.167D,S43.168A-S43.168D,S43.169A-S43.169D,S43.170A-S43.170D,S43.171A-S43.171D,S43.172A-S43.172D,S43.173A-S43.173D,S43.174A-S43.174D,S43.175A-S43.175D,S43.176A-S43.176D,S43.177A-S43.177D,S43.178A-S43.178D,S43.179A-S43.179D,S43.180A-S43.180D,S43.181A-S43.181D,S43.182A-S43.182D,S43.183A-S43.183D,S43.184A-S43.184D,S43.185A-S43.185D,S43.186A-S43.186D,S43.187A-S43.187D,S43.188A-S43.188D,S43.189A-S43.189D,S43.190A-S43.190D,S43.191A-S43.191D,S43.192A-S43.192D,S43.193A-S43.193D,S43.194A-S43.194D,S43.195A-S43.195D,S43.196A-S43.196D,S43.197A-S43.197D,S43.198A-S43.198D,S43.199A-S43.199D,S43.200A-S43.200D,S43.201A-S43.201D,S43.202A-S43.202D,S43.203A-S43.203D,S43.204A-S43.204D,S43.205A-S43.205D,S43.206A-S43.206D,S43.207A-S43.207D,S43.208A-S43.208D,S43.209A-S43.209D,S43.210A-S43.210D,S43.211A-S43.211D,S43.212A-S43.212D,S43.213A-S43.213D,S43.214A-S43.214D,S43.215A-S43.215D,S43.216A-S43.216D,S43.217A-S43.217D,S43.218A-S43.218D,S43.219A-S43.219D,S43.220A-S43.220D,S43.221A-S43.221D,S43.222A-S43.222D,S43.223A-S43.223D,S43.224A-S43.224D,S43.225A-S43.225D,S43.226A-S43.226D,S43.227A-S43.227D,S43.228A-S43.228D,S43.229A-S43.229D,S43.230A-S43.230D,S43.231A-S43.231D,S43.232A-S43.232D,S43.233A-S43.233D,S43.234A-S43.234D,S43.235A-S43.235D,S43.236A-S43.236D,S43.237A-S43.237D,S43.238A-S43.238D,S43.239A-S43.239D,S43.240A-S43.240D,S43.241A-S43.241D,S43.242A-S43.242D,S43.243A-S43.243D,S43.244A-S43.244D,S43.245A-S43.245D,S43.246A-S43.246D,S43.247A-S43.247D,S43.248A-S43.248D,S43.249A-S43.249D,S43.250A-S43.250D,S43.251A-S43.251D,S43.252A-S43.252D,S43.253A-S43.253D,S43.254A-S43.254D

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, S73.001A-S73.001D, S73.002A-S73.002D, S73.003A-S73.003D, S73.004A-S73.004D, S73.005A-S73.005D, S73.006A-S73.006D, S73.011A-S73.011D, S73.012A-S73.012D, S73.013A-S73.013D, S73.014A-S73.014D, S73.015A-S73.015D, S73.016A-S73.016D, S73.021A-S73.021D, S73.022A-S73.022D, S73.023A-S73.023D, S73.024A-S73.024D, S73.025A-S73.025D, S73.026A-S73.026D, S73.031A-S73.031D, S73.032A-S73.032D, S73.033A-S73.033D, S73.034A-S73.034D, S73.035A-S73.035D, S73.036A-S73.036D, S73.041A-S73.041D, S73.042A-S73.042D, S73.043A-S73.043D, S73.044A-S73.044D, S73.045A-S73.045D, S73.046A-S73.046D, S83.001A-S83.001D, S83.002A-S83.002D, S83.003A-S83.003D, S83.004A-S83.004D, S83.005A-S83.005D, S83.006A-S83.006D, S83.011A-S83.011D, S83.012A-S83.012D, S83.013A-S83.013D, S83.014A-S83.014D, S83.015A-S83.015D, S83.016A-S83.016D, S83.091A-S83.091D, S83.092A-S83.092D, S83.093A-S83.093D, S83.094A-S83.094D, S83.095A-S83.095D, S83.096A-S83.096D, S83.101A-S83.101D, S83.102A-S83.102D, S83.103A-S83.103D, S83.104A-S83.104D, S83.105A-S83.105D, S83.106A-S83.106D, S83.111A-S83.111D, S83.112A-S83.112D, S83.113A-S83.113D, S83.114A-S83.114D, S83.115A-S83.115D, S83.116A-S83.116D, S83.116D, S83.121A-S83.121D, S83.122A-S83.122D, S83.123A-S83.123D, S83.124A-S83.124D, S83.125A-S83.125D, S83.126A-S83.126D, S83.131A-S83.131D, S83.132A-S83.132D, S83.133A-S83.133D, S83.134A-S83.134D, S83.135A-S83.135D, S83.136A-S83.136D, S83.141A-S83.141D, S83.142A-S83.142D, S83.143A-S83.143D, S83.144A-S83.144D, S83.145A-S83.145D, S83.146A-S83.146D, S83.191A-S83.191D, S83.192A-S83.192D, S83.193A-S83.193D, S83.194A-S83.194D, S83.195A-S83.195D, S83.196A-S83.196D, S93.01XA-S93.01XD, S93.02XA-S93.02XD, S93.03XA-S93.03XD, S93.04XA-S93.04XD, S93.05XA-S93.05XD, S93.06XA-S93.06XD, 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, S93.301A-S93.301D, S93.302A-S93.302D, S93.303A-S93.303D, S93.304A-S93.304D, S93.305A-S93.305D, S93.306A-S93.306D, S93.311A-S93.311D, S93.312A-S93.312D, S93.313A-S93.313D, S93.314A-S93.314D, S93.315A-S93.315D, S93.316A-S93.316D, S93.321A-S93.321D, S93.322A-S93.322D, S93.323A-S93.323D, S93.324A-S93.324D, S93.325A-S93.325D, S93.326A-S93.326D, S93.331A-S93.331D, S93.332A-S93.332D, S93.333A-S93.333D, S93.334A-S93.334D, S93.335A-S93.335D, S93.336A-S93.336D, Z47.1

HCPCS: D7810-D7830,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2115

Condition: CHORIORETINAL INFLAMMATION (See Guideline Notes 10,64,65,116)  
Treatment: MEDICAL, SURGICAL, AND LASER TREATMENT

CPT: 67027,67028,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92136,  
92225-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-  
99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 361**  
Condition: SCOLIOSIS (See Guideline Notes 41,56,60,64,65,92,100)  
Treatment: MEDICAL AND SURGICAL THERAPY  
ICD-10: M41.00-M41.08,M41.112-M41.9,M96.5,Q67.5,Q76.3,Z47.82  
CPT: 20660-20665,20930,20931,20936-20938,21720,21725,22206-22226,22532-22855,22859,29000-29046,29710,29720,63001-63091,63170,63180-63199,63295-63610,63650,63655,63685,93792,93793,96150-96155,97110-97124,97140,97150,97161-97168,97530,97535,97760,97763,97810-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487,99489,99491,99495,99496,99605-99607  
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0160,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 362**  
Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM (See Coding Specification Below) (See Guideline Notes 64,65)  
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  
CPT: 31513,31570,31571,31573,31641,64612,64616,93792,93793,95873,95874,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Chemodenervation with botulinum toxin injection (CPT 64612, 64616) 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)
- Line: 363**  
Condition: CYST AND PSEUDOCYST OF PANCREAS (See Guideline Notes 64,65)  
Treatment: DRAINAGE OF PANCREATIC CYST  
ICD-10: K86.2-K86.3  
CPT: 43240,43274-43276,48000-48020,48105-48148,48152-48154,48500-48540,48548,49322,49324,49325,49405,49421-49423,64680,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 364**  
Condition: ACUTE SINUSITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL TREATMENT  
ICD-10: J01.00,J01.10,J01.20,J01.30,J01.40,J01.80,J01.90  
CPT: 31000,31002,31090,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012,S2342
- Line: 365**  
Condition: HYPHEMA  
Treatment: REMOVAL OF BLOOD CLOT  
ICD-10: H21.00-H21.03  
CPT: 65810,65815,65930,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 366**  
Condition: ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: B44.81  
CPT: 32662,33405-33440,33973,33974,35180-35184,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 367**  
Condition: ENTROPION AND TRICHIASIS OF EYELID  
Treatment: REPAIR  
ICD-10: H02.001-H02.059  
CPT: 67820-67850,67880,67882,67921-67924,67950-67975,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 368**  
Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL (See Guideline Notes 36,64,65)  
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY  
ICD-10: A38.0-A38.9,A69.0-A69.1,J02.0,J03.00-J03.01,J35.1,J35.3-J35.8  
CPT: 42820-42826,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 369**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 370**  
Condition: AMBLYOPIA (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: H53.001-H53.039  
CPT: 65778-65782,66820-66986,67311-67343,67901-67909,68135,68320-68328,68335,68340,68371,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92310,92314,92325-92342,92370,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 371**  
Condition: ENCEPHALOCELE  
Treatment: SURGICAL TREATMENT  
ICD-10: Q01.0-Q01.9  
CPT: 20664,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 372**  
Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (See Guideline Notes 12,16,64,65)  
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,G89.3,Z51.0  
CPT: 19260-19272,21627,21630,31512,31541-31546,31572,31592,31630,31631,31636-31641,31770,31775,32320,32480-32488,32505-32540,32553,32661-32663,32666-32670,32673,33120,33130,39000,39010,39220,49411,60520-60522,77014,77261-77290,77295,77306-77318,77331-77370,77385-77387,77402-77432,77469,77470,77600-77763,77770-77790,79005-79403,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>373</b>
Condition:	ACNE CONGLOBATA AND ACNE FULMINANS (See Guideline Notes 64,65,132)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	L70.0-L70.1
CPT:	10040-10061,11900,11901,17000,17340,17360,93792,93793,96902,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>374</b>
Condition:	RETINAL TEAR (See Guideline Notes 64,65,171)
Treatment:	LASER PROPHYLAXIS
ICD-10:	H33.301-H33.339,H35.411-H35.419
CPT:	67039,67141,67145,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>375</b>
Condition:	CHOLESTEATOMA; INFECTIONS OF THE PINNA (See Guideline Notes 64,65)
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:	21235,69220,69420,69421,69433-69540,69601-69646,69662,69670,69700,69905,69910,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>376</b>
Condition:	DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,28,64,65,98,120)
Treatment:	REPAIR, MEDICAL THERAPY
ICD-10:	M12.00,M12.011-M12.09,M25.751-M25.759,M35.4,M62.10,M62.111-M62.28,M62.89,M65.311-M65.319,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-M76.12,M76.30-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-

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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,S93.401A-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,S93.491A-S93.491D,S93.492A-S93.492D,S93.499A-S93.499D,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: 20550,20610,20611,23430,24340-24342,24344,25310,26055,26350-26412,26418,26420,26428-26437,26474,26480,26497,26530,26540,26775,26776,27380-27386,27650-27654,27658-27675,27695-27698,27829,28200-28210,29065-29105,29126-29280,29345-29425,29440,29445,29505-29540,29700,29705,29828,29861-29863,29901,29902,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 377**  
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 Coding Specification Below) (See Guideline Notes 6,38,64,65,90)  
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)  
ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.3,D81.5,E00.0-E00.9,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-E72.81,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,F84.0-F84.3,F84.8,F88,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1,G12.21-G12.9,G13.1-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,G32.0,G32.81-G32.89,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,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,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,G90.50,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,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,G98.0,G99.0-G99.8,H49.811-H49.819,H54.0X33-H54.3,H54.8,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.312,I63.319-I63.322,I63.329-I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.010-I69.018,I69.020-I69.090,I69.092-I69.093,I69.110-I69.118,I69.120-I69.190,I69.192-I69.193,I69.210-I69.218,I69.220-I69.290,I69.292-I69.293,I69.310-I69.318,I69.320-I69.390,I69.392-I69.393,I69.810-I69.818,I69.820-I69.890,I69.892-I69.893,I69.910-I69.918,I69.920-I69.990,I69.992-I69.993,I97.810-I97.821,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-M21.529,M21.541-M21.549,M21.6X1-M21.969,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,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,P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,P55.1-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-

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Q06.9,Q07.00-Q07.9,Q68.1,Q71.00-Q71.33,Q72.00-Q72.33,Q73.0,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-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,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,R62.0,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-S06.819D,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-S06.829D,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-S06.899D,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-S06.9X9D,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-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,Z44.001-Z44.22,Z44.8,Z46.3,Z46.89,Z47.81,Z87.820,Z89.011-Z89.9,Z90.01

CPT: 61215,92002-92014,92083,93792,93793,96150-96155,97012,97110-97127,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513-G0515,G2010-G2012,S2117

ICD-10-CM R62.0 is included on Lines 292, 345 and 377 for children 8 and under. ICD-10-CM F88 is included on these lines for developmental delay. When it is used to indicate sensory integration disorder or sensory processing disorder, it is included on Line 659.

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 378**  
Condition: ESOPHAGEAL STRICTURE; ACHALASIA (See Coding Specification Below) (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: K20.0,K22.0,K22.2,Z46.59  
CPT: 32110-32124,32820,43192,43195,43196,43201,43212-43214,43220,43226,43229,43233,43248,43249,43266,43279,43330,43410-43453,44300,49442,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Chemodenervation with botulinum toxin injection (CPT 43201) is included on this line for treatment of achalasia (ICD-10 K22.0)
- Line: 379**  
Condition: CHRONIC ULCER OF SKIN (See Guideline Notes 62,64,65,163)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: E08.621-E08.622,E09.621-E09.622,E10.621-E10.622,E11.621-E11.622,E13.621-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: 10060,10061,11000-11047,13101,13102,14350-15005,15271-15278,15920-15958,27598,27880,27881,27884-27888,28120-28124,28800-28825,29445,29580-29584,36465,36466,36470-36479,37700-37785,93792,93793,96150-96155,97605-97608,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C5271-C5278,D7920,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 380**  
Condition: ESOPHAGITIS; GERD (See Guideline Note 144)  
Treatment: SHORT-TERM MEDICAL THERAPY; SURGICAL TREATMENT  
ICD-10: K20.8-K20.9,K21.0-K21.9,K22.5,K22.70,K22.710  
CPT: 43030,43130-43180,43192,43201,43210,43227,43279-43282,43327-43337,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 381**  
Condition: BULIMIA NERVOSA AND UNSPECIFIED EATING DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F50.2,F50.81,F50.89-F50.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,97802-97804,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- ICD-10 F50.89 is included on Line 381 for psychogenic loss of appetite. ICD-10 F50.89 is included on Line 629 for pica in adults and for all other diagnoses using this code.
- Line: 382**  
Condition: LATE SYPHILIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A52.10-A52.15,A52.19-A52.9,A53.0-A53.9  
CPT: 47015,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 383**  
Condition: CENTRAL SEROUS CHORIORETINOPATHY (See Coding Specification Below) (See Guideline Notes 10,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: H31.401-H31.8,H35.50-H35.54,H35.711-H35.719,H44.421-H44.429  
CPT: 66020,67005-67028,67036-67043,67210,67515,68200,92002-92014,92018-92060,92081-92100,92134,92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012  
  
CPT 67027 (Implantation of intravitreal drug delivery system) is included on this line for use with medications other than intraocular steroid implants.
- Line: 384**  
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)  
Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)  
HCPCS: D3310,D3332
- Line: 385**  
Condition: SUPERFICIAL INJURIES WITH INFECTION (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: L08.89-L08.9,T79.8XXA-T79.8XXD  
CPT: 10120-10160,11000,11001,12001-12014,28190,29515,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 386**  
Condition: PITUITARY DWARFISM (See Coding Specification Below) (See Guideline Notes 64,65,74)  
Treatment: MEDICAL THERAPY  
ICD-10: E23.0,Q77.0-Q77.1,Q77.4-Q77.5,Q77.7-Q77.8  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9558  
  
ICD-10-CM E23.0 is included on this line for conditions other than adult human growth hormone deficiency.
- Line: 387**  
Condition: ANOGENITAL VIRAL WARTS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: A63.0  
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 388**  
Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F93.0  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005
- Line: 389**  
Condition: ACUTE OTITIS MEDIA (See Guideline Notes 29,64,65)  
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: 69209,69210,69420,69421,69433,69436,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 390**  
Condition: INTestinal Disaccharidase and Other Deficiencies (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E72.52-E72.53, E74.10, E74.31-E74.39  
CPT: 93792, 93793, 96150-96155, 97802-97804, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
- Line: 391**  
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, 93792, 93793, 98966-98969, 99051, 99060, 99201-99239, 99281-99285, 99324-99357, 99366, 99415, 99416, 99441-99449, 99451, 99452, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0176, G0177, G0248-G0250, G0406-G0408, G0410, G0411, G0425-G0427, G0459, G0463-G0467, G0469, G0470, G0508-G0511, G0513, G0514, G2012, H0004, H0019, H0023, H0032-H0039, H0045, H2010, H2012-H2014, H2021-H2023, H2027, H2032, S5151, S9125, S9480, S9484, T1005
- Line: 392**  
Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY  
ICD-10: J04.10-J04.2, J04.31, J05.0, J05.10-J05.11  
CPT: 31600, 31601, 31820-31830, 93792, 93793, 94640, 94664, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
- Line: 393**  
Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN (See Coding Specification Below) (See Guideline Notes 64,65,67,134)  
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, H57.811-H57.819, 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, 92002-92014, 92018-92065, 92081-92136, 92225, 92226, 92230-92270, 92283-92310, 92314, 92325-92342, 92370, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
- Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-10 H50.89). CPT 92065 is included on Line 393 only for pairing with ICD-10 H50.31 intermittent monocular esotropia), H50.32 (Intermittent alternating esotropia), H50.33 (Intermittent monocular exotropia), and H50.34 (Intermittent alternating exotropia).
- Line: 394**  
Condition: ANAL FISTULA (See Guideline Notes 64,65)  
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, 93792, 93793, 96150-96155, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012
- Line: 395**  
Condition: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Notes 39,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: N80.0-N80.9  
CPT: 49203-49205, 49322, 58145-58150, 58260-58263, 58290-58292, 58541-58544, 58550-58554, 58570-58573, 58660-58662, 58740, 58940, 93792, 93793, 96150-96155, 98966-98969, 99051, 99060, 99070, 99078, 99184, 99201-99239, 99281-99285, 99291-99404, 99408-99449, 99451, 99452, 99468-99480, 99487-99491, 99495-99498, 99605-99607  
HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0406-G0408, G0425-G0427, G0463-G0467, G0490, G0508-G0511, G0513, G0514, G2010-G2012, S9560

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>396</b>
Condition:	ACUTE MYELOID LEUKEMIA (See Guideline Notes 7,11,12,16)
Treatment:	BONE MARROW TRANSPLANT AND MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLIDE THERAPY
ICD-10:	C92.00-C92.02,C92.50-C92.A2,C93.00-C93.02,C94.00-C94.6,D61.810,G89.3,Z45.49,Z48.290,Z51.0,Z51.12,Z52.000-Z52.098,Z52.3
CPT:	32553,36680,38100,38120,38204-38215,38230-38243,38760,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77427,77469,77520-77525,81246,86828-86835,93792,93793,95990,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S2142,S2150,S9537
<b>Line:</b>	<b>397</b>
Condition:	MYELOID DISORDERS (See Guideline Notes 7,11,12,16)
Treatment:	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10:	C92.00-C92.02,C92.50-C92.92,C93.00-C93.02,C93.90-C93.92,C94.00-C94.6,C95.00-C95.02,D45,D61.810,G89.3,Z45.49,Z51.0,Z51.12
CPT:	32553,38100,38120,38760,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77427,77469,77520-77525,81246,93792,93793,95990,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
<b>Line:</b>	<b>398</b>
Condition:	INFLUENZA (See Guideline Notes 64,65,87)
Treatment:	MEDICAL THERAPY
ICD-10:	J09.X1-J09.X9,J10.00-J10.89,J11.00-J11.89
CPT:	93792,93793,94640,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>399</b>
Condition:	CHRONIC MYELOID LEUKEMIA
Treatment:	BONE MARROW TRANSPLANT
ICD-10:	C92.10-C92.22,C93.10-C93.12,C93.90-C93.92,D61.810,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
CPT:	36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S2142,S2150,S9537
<b>Line:</b>	<b>400</b>
Condition:	BENIGN CONDITIONS OF BONE AND JOINTS AT HIGH RISK FOR COMPLICATIONS (See Guideline Notes 6,7,11,64,65,94,100,137)
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10:	D16.00-D16.9,D17.79,D18.09,D48.1,K09.0-K09.1,M12.20,M12.211-M12.29,M27.1,M27.40-M27.49,M67.80,M67.811-M67.89,M85.40,M85.411-M85.69,Q67.6,Q79.8,Z51.0,Z51.12
CPT:	11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20600-20611,20615,20930,20931,20936-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600,21740-21743,21930-21936,22532-22819,22853,22854,22859,23071-23076,23101-23106,23140-23156,23200,24071-24079,24102-24126,24420,24498,25000,25071,25073,25105,25110-25136,25170-25240,25295-25301,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26130,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27334-27339,27355-27358,27365,27465-27468,27495,27625-27638,27645-27647,27656,27745,28039-28045,28070,28072,28100-28108,28122,28124,28171-28175,28820,28825,29820,29821,29835,29836,29844,29845,29863,29875,29876,29895,29905,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79440,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0070,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>401</b>
Condition:	CONDITIONS OF THE BACK AND SPINE (See Guideline Notes 6,56,60,64,65,92,160,166)
Treatment:	RISK ASSESSMENT, PHYSICAL MODALITIES, COGNITIVE BEHAVIORAL THERAPY, MEDICAL THERAPY
ICD-10:	F45.42,G83.4,G95.0,M24.08,M25.78,M40.00-M40.15,M40.202-M40.57,M42.00-M42.09,M42.11-M42.9,M43.00-M43.4,M43.5X2-M43.5X9,M43.8X1-M43.9,M45.0-M45.9,M46.1,M46.40-M46.99,M47.011-M47.9,M48.00-M48.05,M48.061-M48.38,M48.8X1-M48.9,M49.80-M49.89,M50.00-M50.01,M50.020-M50.93,M51.04-M51.9,M53.2X1-M53.9,M54.00-M54.9,M62.830,M96.1-M96.4,M99.00-M99.09,M99.20-M99.79,M99.81-M99.84,Q06.0-Q06.3,Q06.8-Q06.9,Q68.0,Q76.0-Q76.2,Q76.411-Q76.49,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,S33.8XXA-S33.8XXD,S33.9XXA-S33.9XXD,S34.3XXA-S34.3XXD,S39.092A-S39.092D,S39.82XA-S39.82XD,S39.92XA-S39.92XD
CPT:	90785,90832-90840,90853,93792,93793,96150-96155,97110-97124,97140,97150,97161-97168,97530,97535,97810-98942,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99304-99337,99340-99404,99408-99449,99451,99452,99487-99491,99495,99496,99605-99607
HCPCS:	G0068,G0071,G0157-G0160,G0248-G0250,G0396,G0397,G0425-G0427,G0463-G0467,G0469,G0470,G0490,G0511,G0513,G0514,G2010-G2012,S9451
<b>Line:</b>	<b>402</b>
Condition:	LYMPHADENITIS (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	I88.0-I88.8,L04.0-L04.9
CPT:	10030,10060,10061,38300-38308,38542,49405-49407,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>403</b>
Condition:	UTERINE LEIOMYOMA AND POLYPS (See Guideline Notes 40,64,65)
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:	37243,58120-58180,58260-58263,58290-58292,58541-58554,58559,58561,58570-58573,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9560
<b>Line:</b>	<b>404</b>
Condition:	APHAKIA AND OTHER DISORDERS OF LENS (See Guideline Notes 64,65)
Treatment:	MEDICAL AND SURGICAL THERAPY
ICD-10:	H27.00-H27.10,H27.111-H27.8
CPT:	65750,65765,65767,66682,66825,66985-66990,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,92311,92312,92352,92353,92358,92371,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>405</b>
Condition:	BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING (See Guideline Notes 64,65)
Treatment:	RECONSTRUCT OF EAR CANAL
ICD-10:	H61.301-H61.399,Q16.0-Q16.1,Q16.3-Q16.9,Z01.12
CPT:	69310,69320,69631-69637,92562-92565,92571-92577,92590,92591,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019*

- Line: 406**  
Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F44.0-F44.2,F44.81-F44.89,F48.1  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 407**  
Condition: EPIDERMOLYSIS BULLOSA (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: Q81.0-Q81.9  
CPT: 11000,11001,93792,93793,96150-96155,96902,97012,97110-97124,97140,97150,97161-97168,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 408**  
Condition: DELIRIUM DUE TO MEDICAL CAUSES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: F05  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 409**  
Condition: MIGRAINE HEADACHES (See Guideline Notes 42,64,65,92)  
Treatment: MEDICAL THERAPY  
ICD-10: G43.001-G43.719,G43.B0-G43.C1,G43.801-G43.919,G44.001-G44.1  
CPT: 64615,92002-92014,92081-92083,93792,93793,96150-96155,97810-97814,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 410**  
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)  
Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)  
HCPCS: D3320,D3332
- Line: 411**  
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F21  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 412**  
Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS (See Guideline Notes 64,65,180)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: N47.2,N47.6,N48.0-N48.1,N48.5  
CPT: 53431,54000-54015,54110-54112,54150-54161,54200,54205,54230,54231,54240,54250,54450,74445,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 413**  
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F41.1-F41.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005
- Line: 414**  
Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION (See Guideline Notes 64,65,119,125)  
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,I77.71,I77.74-I77.75,Z86.73  
CPT: 34001,35301,35390,35606,37215-37218,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 415**  
Condition: PERIPHERAL NERVE ENTRAPMENT; PALMAR FASCIAL FIBROMATOSIS (See Guideline Notes 6,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: G56.00-G56.03,G56.20-G56.23,G57.30-G57.53,M53.1,M72.0  
CPT: 20526,25109,25111,25118,25447,26035,26045,26060,26121-26180,26320,26440-26498,28035,29105,29515,29848,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,93792,93793,97012,97018,97110-97124,97140,97150,97161-97168,97530,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 416**  
Condition: MENIERE'S DISEASE (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: H81.01-H81.09  
CPT: 69666,69667,69801-69806,69915,69950,92531-92548,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 417**  
Condition: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 4 THROUGH 6 (See Guideline Notes 6,64,65,97)  
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: 20550,20610,20611,20615,23000,23020,23105-23130,23190,23195,23334,23335,23395,23410-23460,23490,23491,23650-23700,29807-29828,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 418**  
Condition: CHRONIC LEUKEMIAS WITH POOR PROGNOSIS (See Guideline Notes 7,11,12)  
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLIDE THERAPY  
ICD-10: C91.10-C91.92,C93.Z0-C93.Z2,C94.80-C94.82,C95.10-C95.92,D61.810,G89.3,Z51.0,Z51.12  
CPT: 32553,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,79101,81233,90284,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 419**  
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 64,65,152)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F91.3,F91.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005
- Line: 420**  
Condition: MENSTRUAL BLEEDING DISORDERS (See Guideline Notes 44,64,65,88)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: N85.01,N85.5,N92.0-N92.6,N93.8,Q51.5  
CPT: 57800,58120,58150,58180,58260,58262,58290,58291,58300,58301,58353,58356,58541-58544,58550-58554,58561-58563,58570-58573,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 421**  
Condition: LYMPHEDEMA (See Guideline Notes 6,43,64,65,149)  
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL  
ICD-10: I89.0,I89.8-I89.9,I97.2,Q82.0  
CPT: 29581,29584,38300-38382,38542-38555,38700-38745,38747,38760,49062,49185,49323,49423,93792,93793,97016,97110,97124,97140,97161-97168,97530,97760,97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 422**  
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Coding Specification Below) (See Guideline Notes 6,62,64,65,149,157)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: D78.31-D78.89,E36.8,E89.810-E89.89,G89.22,G96.11,G97.1,G97.41,H59.011-H59.099,H59.811-H59.89,H74.8X1-H74.8X9,H95.811-H95.89,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,L58.0,L64.0,L65.8,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,N99.840-N99.843,O89.4,T66.XXXA-T66.XXXD,T80.1XXA-T80.1XXD,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,T83.021A-T83.021D,T83.028A-T83.028D,T83.031A-T83.031D,T83.038A-T83.038D,T83.091A-T83.091D,T83.098A-T83.098D,T83.31XA-T83.31XD,T83.32XA-T83.32XD,T83.39XA-T83.39XD,T83.411A-T83.411D,T83.421A-T83.421D,T83.491A-T83.491D,T83.711A-T83.711D,T83.712A-T83.712D,T83.713A-T83.713D,T83.714A-T83.714D,T83.718A-T83.718D,T83.719A-T83.719D,T83.721A-T83.721D,T83.722A-T83.722D,T83.723A-T83.723D,T83.724A-

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T83.724D,T83.728A-T83.728D,T83.729A-T83.729D,T83.79XA-T83.79XD,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,T85.840A-T85.840D,T85.848A-T85.848D,T86.820-T86.829,T87.30-T87.34,T87.81-T87.9,T88.52XA-T88.52XD,T88.53XA-T88.53XD,T88.59XA-T88.59XD,T88.8XXA-T88.8XXD,Z45.42,Z45.82,Z47.32-Z47.33

CPT: 10030,10140,10160,11042-11047,11976,11982,11983,13160,15002-15005,19328,19330,19371,19380,20661,20680,20694,21120,21501,22849-22852,22855,24160,24164,25250,25251,25449,25909,26320,26990,27090,27091,27132-27138,27265,27266,27301,27486-27488,27570,27603,27704,27884,27886,29584,31613,31614,31630,31631,31636-31638,31641,31645,31750-31781,31800-31830,33922,35875,35876,35901-35905,36860,36861,37224,37228,43285,43771-43774,43848,43870,44227,44312,44314,44340-44346,44620-44626,47536,47537,49185,49422,49429,53442,53446-53449,57295,57296,58301,58562,62100,62273,63661-63664,63688,63707,63709,64595,64788,65150-65175,65920,66825,66985,66986,67036,67121,67560,69424,69711,75984,92002-92014,92507,92508,92521-92526,92607-92609,92633,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97605-97608,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: A9282,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9152

ICD-10-CM codes L58.0, L64.0 and L65.8 are only included on this line for pairing with HCPC A9282.

**Line: 423**

Condition: ADRENOGENITAL DISORDERS (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: E25.0-E25.9,Q56.0-Q56.4

CPT: 50700,54690,56800-56810,57335,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 424**

Condition: SEVERE INFLAMMATORY SKIN DISEASE (See Coding Specification Below) (See Guideline Note 21)

Treatment: MEDICAL THERAPY

ICD-10: H01.121-H01.129,L20.82-L20.9,L40.0-L40.4,L40.8-L40.9,L41.0-L41.9,L43.0-L43.9,L44.0,L93.0,Q82.8

CPT: 93792,93793,96150-96155,96900,96902,96910-96922,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: A4633,E0691-E0694,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

ICD-10-CM Q82.8 is included on this line only for Darier disease.

**Line: 425**

Condition: ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY (See Guideline Note 133)

Treatment: SURGICAL THERAPY

ICD-10: G57.20-G57.23,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: 20550,20551,21032,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26556,26565-26596,26820-26863,27060,27097,27100-27122,27140-27165,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 426**

Condition: NON-MALIGNANT OTITIS EXTERNA (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: B37.84,H60.311-H60.399,H62.40-H62.43

CPT: 69000,69020,69209,69210,92633,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

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- Line: 427**  
Condition: VAGINITIS AND CERVICITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A56.02,A59.00-A59.9,B37.3,N72,N76.0-N76.3,N77.1,N89.8  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 428**  
Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; GONADAL DYSGENESIS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: D27.0-D27.9,D28.2,N83.00-N83.12,N83.201-N83.299,N83.40-N83.42,N83.7,Q50.01-Q50.39  
CPT: 49322,58559,58561,58562,58660-58662,58700-58740,58800,58805,58900-58943,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 429**  
Condition: URETHRAL FISTULA (See Guideline Notes 64,65)  
Treatment: EXCISION, MEDICAL THERAPY  
ICD-10: N36.0-N36.1,N36.5  
CPT: 45820,53230-53250,53520,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 430**  
Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,98,104)  
Treatment: REPAIR, MEDICAL THERAPY  
ICD-10: M22.2X1-M22.3X9,M22.8X1-M22.8X9,M23.011-M23.205,M23.211-M23.305,M23.311-M23.8X9,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  
CPT: 20610,20611,27332-27335,27340,27350,27380,27381,27403-27416,27420-27430,27570,29345-29445,29505,29530,29705,29871-29889,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 431**  
Condition: PERSISTENT DEPRESSIVE DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F34.1  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9480,S9484

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
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- Line: 432**  
Condition: HYPOSPADIAS AND EPISPADIAS (See Guideline Notes 64,65,72,73)  
Treatment: REPAIR  
ICD-10: Q54.0-Q54.8,Q55.5,Q55.61-Q55.69,Q64.0,S39.840A-S39.840D  
CPT: 51715,53431,54230,54231,54240-54390,54420,54430,54440,55175,55180,74445,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 433**  
Condition: CANCER OF GALLBLADDER AND OTHER BILIARY (See Guideline Notes 7,11,12,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY  
ICD-10: C23,C24.0-C24.9,D01.5,D61.810,G89.3,Z51.0,Z51.11-Z51.12  
CPT: 32553,43260-43265,43273-43278,47533-47540,47542,47562-47570,47600-47620,47711,47712,47741,47785,48145-48155,49327,49411,49412,60540,77014,77261-77290,77295,77300,77306-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79403,93792,93793,96150-96155,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
- Line: 434**  
Condition: PRECANCEROUS VULVAR CONDITIONS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: L90.0,N90.0-N90.1,N90.4-N90.5  
CPT: 56501,56515,56620,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 435**  
Condition: RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65)  
Treatment: ANTHERIAL STROMAL PUNCTURE, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION  
ICD-10: H18.831-H18.839  
CPT: 65430,65435,65600,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 436**  
Condition: STEREOTYPED MOVEMENT DISORDER WITH SELF-INJURIOUS BEHAVIOR DUE TO NEURODEVELOPMENTAL DISORDER (See Guideline Notes 64,65,126)  
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION  
ICD-10: F98.4  
CPT: 0362T,0373T,90785,90832-90840,90846-90853,90882,90887,93792,93793,97151-97158,98966-98969,99051,99060,99201-99215,99281-99285,99341-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005
- Line: 437**  
Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: T19.2XXA-T19.2XXD,T19.3XXA-T19.3XXD  
CPT: 57415,58120,58562,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

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- Line: 438**  
Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE  
Treatment: REMOVAL  
ICD-10: H02.811-H02.819,M79.5,Z18.01-Z18.89  
CPT: 10120,10121,20520,20525,23330,23333,24200,24201,25248,27086,27087,27372,28190-28193,40804,41805,55120,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 439**  
Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,65,116)  
Treatment: SURGICAL TREATMENT INCLUDING LASER SURGERY, MEDICAL THERAPY INCLUDING INJECTION  
ICD-10: H34.8110-H34.8192,H34.8310-H34.9  
CPT: 67028,67228,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 440**  
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY  
ICD-10: G50.0-G50.9,G52.0-G52.9,G53,Z45.42,Z51.0  
CPT: 32553,49411,61450,61458,61790-61800,64568-64570,64600-64610,64716,77014,77261-77295,77300,77301,77332-77372,77402,77417-77432,77469,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 441**  
Condition: MALUNION AND NONUNION OF FRACTURE (See Guideline Notes 6,64,65)  
Treatment: SURGICAL TREATMENT  
ICD-10: M80.00XX-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-M80.032P,M80.039K-M80.039P,M80.041K-M80.041P,M80.042K-M80.042P,M80.049K-M80.049P,M80.051K-M80.051P,M80.052K-M80.052P,M80.059K-M80.059P,M80.061K-M80.061P,M80.062K-M80.062P,M80.069K-M80.069P,M80.071K-M80.071P,M80.072K-M80.072P,M80.079K-M80.079P,M80.08XK-M80.08XP,M80.80XK-M80.80XP,M80.811K-M80.811P,M80.812K-M80.812P,M80.819K-M80.819P,M80.821K-M80.821P,M80.822K-M80.822P,M80.829K-M80.829P,M80.831K-M80.831P,M80.832K-M80.832P,M80.839K-M80.839P,M80.841K-M80.841P,M80.842K-M80.842P,M80.849K-M80.849P,M80.851K-M80.851P,M80.852K-M80.852P,M80.859K-M80.859P,M80.861K-M80.861P,M80.862K-M80.862P,M80.869K-M80.869P,M80.871K-M80.871P,M80.872K-M80.872P,M80.879K-M80.879P,M80.88XK-M80.88XP,M84.30XK-M84.30XP,M84.311K-M84.311P,M84.312K-M84.312P,M84.319K-M84.319P,M84.321K-M84.321P,M84.322K-M84.322P,M84.329K-M84.329P,M84.331K-M84.331P,M84.332K-M84.332P,M84.333K-M84.333P,M84.334K-M84.334P,M84.339K-M84.339P,M84.341K-M84.341P,M84.342K-M84.342P,M84.343K-M84.343P,M84.344K-M84.344P,M84.345K-M84.345P,M84.346K-M84.346P,M84.350K-M84.350P,M84.351K-M84.351P,M84.352K-M84.352P,M84.353K-M84.353P,M84.359K-M84.359P,M84.361K-M84.361P,M84.362K-M84.362P,M84.363K-M84.363P,M84.364K-M84.364P,M84.369K-M84.369P,M84.371K-M84.371P,M84.372K-M84.372P,M84.373K-M84.373P,M84.374K-M84.374P,M84.375K-M84.375P,M84.376K-M84.376P,M84.377K-M84.377P,M84.378K-M84.378P,M84.379K-M84.379P,M84.38XK-M84.38XP,M84.40XK-M84.40XP,M84.411K-M84.411P,M84.412K-M84.412P,M84.419K-M84.419P,M84.421K-M84.421P,M84.422K-M84.422P,M84.429K-M84.429P,M84.431K-M84.431P,M84.432K-M84.432P,M84.433K-M84.433P,M84.434K-M84.434P,M84.439K-M84.439P,M84.441K-M84.441P,M84.442K-M84.442P,M84.443K-M84.443P,M84.444K-M84.444P,M84.445K-M84.445P,M84.446K-M84.446P,M84.451K-M84.451P,M84.452K-M84.452P,M84.453K-M84.453P,M84.454K-M84.454P,M84.459K-M84.459P,M84.461K-M84.461P,M84.462K-M84.462P,M84.463K-M84.463P,M84.464K-M84.464P,M84.469K-M84.469P,M84.471K-M84.471P,M84.472K-M84.472P,M84.473K-M84.473P,M84.474K-M84.474P,M84.475K-M84.475P,M84.476K-M84.476P,M84.477K-M84.477P,M84.478K-M84.478P,M84.479K-M84.479P,M84.48XK-M84.48XP,M84.50XK-M84.50XP,M84.511K-M84.511P,M84.512K-M84.512P,M84.519K-M84.519P,M84.521K-M84.521P,M84.522K-M84.522P,M84.529K-M84.529P,M84.531K-M84.531P,M84.532K-M84.532P,M84.533K-M84.533P,M84.534K-M84.534P,M84.539K-M84.539P,M84.541K-M84.541P,M84.542K-M84.542P,M84.549K-M84.549P,M84.550K-M84.550P,M84.551K-M84.551P,M84.552K-M84.552P,M84.553K-M84.553P,M84.559K-M84.559P,M84.561K-M84.561P,M84.562K-M84.562P,M84.563K-M84.563P,M84.564K-M84.564P,M84.569K-M84.569P,M84.571K-M84.571P,M84.572K-M84.572P,M84.573K-M84.573P,M84.574K-M84.574P,M84.575K-M84.575P,M84.576K-M84.576P,M84.58XK-M84.58XP,M84.60XK-M84.60XP,M84.611K-M84.611P,M84.612K-M84.612P,M84.619K-M84.619P,M84.621K-M84.621P,M84.622K-M84.622P,M84.629K-M84.629P,M84.631K-M84.631P,M84.632K-M84.632P,M84.633K-M84.633P,M84.634K-M84.634P,M84.639K-M84.639P,M84.641K-M84.641P,M84.642K-M84.642P,M84.649K-M84.649P,M84.650K-M84.650P,M84.651K-M84.651P,M84.652K-M84.652P,M84.653K-M84.653P,M84.659K-M84.659P,M84.661K-M84.661P,



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JANUARY 1, 2019

M84.662K-M84.662P,M84.663K-M84.663P,M84.664K-M84.664P,M84.669K-M84.669P,M84.671K-M84.671P,  
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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

	S92.135K-S92.135P,S92.136K-S92.136P,S92.141K-S92.141P,S92.142K-S92.142P,S92.143K-S92.143P, S92.144K-S92.144P,S92.145K-S92.145P,S92.146K-S92.146P,S92.151K-S92.151P,S92.152K-S92.152P, S92.153K-S92.153P,S92.154K-S92.154P,S92.155K-S92.155P,S92.156K-S92.156P,S92.191K-S92.191P, S92.192K-S92.192P,S92.199K-S92.199P,S92.201K-S92.201P,S92.202K-S92.202P,S92.209K-S92.209P, S92.211K-S92.211P,S92.212K-S92.212P,S92.213K-S92.213P,S92.214K-S92.214P,S92.215K-S92.215P, S92.216K-S92.216P,S92.221K-S92.221P,S92.222K-S92.222P,S92.223K-S92.223P,S92.224K-S92.224P, S92.225K-S92.225P,S92.226K-S92.226P,S92.231K-S92.231P,S92.232K-S92.232P,S92.233K-S92.233P, S92.234K-S92.234P,S92.235K-S92.235P,S92.236K-S92.236P,S92.241K-S92.241P,S92.242K-S92.242P, S92.243K-S92.243P,S92.244K-S92.244P,S92.245K-S92.245P,S92.246K-S92.246P,S92.251K-S92.251P, S92.252K-S92.252P,S92.253K-S92.253P,S92.254K-S92.254P,S92.255K-S92.255P,S92.256K-S92.256P, S92.301K-S92.301P,S92.302K-S92.302P,S92.309K-S92.309P,S92.311K-S92.311P,S92.312K-S92.312P, S92.313K-S92.313P,S92.314K-S92.314P,S92.315K-S92.315P,S92.316K-S92.316P,S92.321K-S92.321P, S92.322K-S92.322P,S92.323K-S92.323P,S92.324K-S92.324P,S92.325K-S92.325P,S92.326K-S92.326P, S92.331K-S92.331P,S92.332K-S92.332P,S92.333K-S92.333P,S92.334K-S92.334P,S92.335K-S92.335P, S92.336K-S92.336P,S92.341K-S92.341P,S92.342K-S92.342P,S92.343K-S92.343P,S92.344K-S92.344P, S92.345K-S92.345P,S92.346K-S92.346P,S92.351K-S92.351P,S92.352K-S92.352P,S92.353K-S92.353P, S92.354K-S92.354P,S92.355K-S92.355P,S92.356K-S92.356P,S92.401K-S92.401P,S92.402K-S92.402P, S92.403K-S92.403P,S92.404K-S92.404P,S92.405K-S92.405P,S92.406K-S92.406P,S92.411K-S92.411P, S92.412K-S92.412P,S92.413K-S92.413P,S92.414K-S92.414P,S92.415K-S92.415P,S92.416K-S92.416P, S92.421K-S92.421P,S92.422K-S92.422P,S92.423K-S92.423P,S92.424K-S92.424P,S92.425K-S92.425P, S92.426K-S92.426P,S92.491K-S92.491P,S92.492K-S92.492P,S92.499K-S92.499P,S92.501K-S92.501P, S92.502K-S92.502P,S92.503K-S92.503P,S92.504K-S92.504P,S92.505K-S92.505P,S92.506K-S92.506P, S92.511K-S92.511P,S92.512K-S92.512P,S92.513K-S92.513P,S92.514K-S92.514P,S92.515K-S92.515P, S92.516K-S92.516P,S92.521K-S92.521P,S92.522K-S92.522P,S92.523K-S92.523P,S92.524K-S92.524P, S92.525K-S92.525P,S92.526K-S92.526P,S92.531K-S92.531P,S92.532K-S92.532P,S92.533K-S92.533P, S92.534K-S92.534P,S92.535K-S92.535P,S92.536K-S92.536P,S92.591K-S92.591P,S92.592K-S92.592P, S92.599K-S92.599P,S92.811K-S92.811P,S92.812K-S92.812P,S92.819K-S92.819P,S92.901K-S92.901P, S92.902K-S92.902P,S92.909K-S92.909P,S92.911K-S92.911P,S92.912K-S92.912P,S92.919K-S92.919P, S99.001K-S99.001P,S99.002K-S99.002P,S99.009K-S99.009P,S99.011K-S99.011P,S99.012K-S99.012P, S99.019K-S99.019P,S99.021K-S99.021P,S99.022K-S99.022P,S99.029K-S99.029P,S99.031K-S99.031P, S99.032K-S99.032P,S99.039K-S99.039P,S99.041K-S99.041P,S99.042K-S99.042P,S99.049K-S99.049P, S99.091K-S99.091P,S99.092K-S99.092P,S99.099K-S99.099P,S99.101K-S99.101P,S99.102K-S99.102P, S99.109K-S99.109P,S99.111K-S99.111P,S99.112K-S99.112P,S99.119K-S99.119P,S99.121K-S99.121P, S99.122K-S99.122P,S99.129K-S99.129P,S99.131K-S99.131P,S99.132K-S99.132P,S99.139K-S99.139P, S99.141K-S99.141P,S99.142K-S99.142P,S99.149K-S99.149P,S99.191K-S99.191P,S99.192K-S99.192P, S99.199K-S99.199P,S99.201K-S99.201P,S99.202K-S99.202P,S99.209K-S99.209P,S99.211K-S99.211P, S99.212K-S99.212P,S99.219K-S99.219P,S99.221K-S99.221P,S99.222K-S99.222P,S99.229K-S99.229P, S99.231K-S99.231P,S99.232K-S99.232P,S99.239K-S99.239P,S99.241K-S99.241P,S99.242K-S99.242P, S99.249K-S99.249P,S99.291K-S99.291P,S99.292K-S99.292P,S99.299K-S99.299P,Z47.1
CPT:	20680-20694,20955-20975,21244,21462,21750,21825,23472-23485,24130,24140,24400,24410,24430,24435, 25259,25400-25440,25628,26185,26546,26565,26567,26735,26841,27125-27132,27165,27170,27217,27236, 27465-27472,27656,27707,27720-27726,27824-27829,27880-27888,28315-28322,28485,28725,29075,29085, 29130,29345,29405,29425,29825,29826,29904-29907,93792,93793,97012,97110-97124,97140,97150,97161- 97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281- 99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPSCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>442</b>
Condition:	DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment:	BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)
HCPSCS:	D3330,D3332
<b>Line:</b>	<b>443</b>
Condition:	ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment:	MEDICAL/PSYCHOTHERAPY
ICD-10:	F43.20-F43.8,F98.9,Z62.810-Z62.812,Z62.819-Z62.898,Z63.4,Z63.8,Z71.89
CPT:	90785,90832-90840,90846-90853,90882,90887,93792,93793,96150-96155,98966-98969,99051,99060,99201- 99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605- 99607
HCPSCS:	G0068,G0071,G0176,G0177,G0248-G0250,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012, H0004,H0023,H0032-H0038,H0045,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125, S9484,T1005

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 reactions to severe stress.

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 444**  
Condition: HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 51,64,65,103,143,154)  
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY  
ICD-10: H72.00-H72.13,H72.2X1-H72.93,H83.3X1-H83.3X9,H90.0,H90.11-H90.8,H90.A11-H90.A32,H91.01-H91.3,H91.8X1-H91.93,H93.091-H93.099,H93.211-H93.249,H93.291-H93.8X9,H94.00-H94.03,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD,Z01.12,Z46.1  
CPT: 21235,42830,42835,69209,69210,69433,69436,69610-69646,69714-69718,92562-92565,92571-92577,92590-92595,92597,92626,92627,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 445**  
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F95.0-F95.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,96150-96155,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032-H0034,H0036-H0038,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S9484
- Line: 446**  
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: I70.0-I70.1  
CPT: 35501-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35654,35663,35697,35820,35840,35875,35876,35905,35907,37184-37186,37236,37237,37246,37247,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 447**  
Condition: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65)  
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT  
ICD-10: H31.101-H31.20,H31.22-H31.29,H31.301-H31.319,H35.30,H35.3110-H35.389,H35.81,H44.20-H44.23,H44.2A1-H44.2B9,H44.2D1-H44.2E9  
CPT: 66990,67028,67039-67043,67210,67221,67225,67515,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 448**  
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F94.1-F94.2  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99217,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005
- Line: 449**  
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: 92002-92060,92081-92136,92225,92226,92230-92270,92283-92310,92314,92325-92342,92370,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
*JANUARY 1, 2019*

- Line: 450**  
Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-10: H05.20,H05.211-H05.359,H05.811-H05.819,H21.311-H21.329,H21.341-H21.359  
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 451**  
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH, PROSTHESIS FAILURE) (See Guideline Note 117)  
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,D5221,D5222,D5511-D5761,D5820,D5821,D5876,D7472,D7473,D7970
- Line: 452**  
Condition: RECTAL PROLAPSE (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-10: K62.2-K62.4  
CPT: 44139-44144,44204-44208,44213,44701,45130,45135,45303,45340,45400,45402,45505-45541,45900,46080,46500,46604,46700,46705,46750,46751,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 453**  
Condition: URINARY INCONTINENCE (See Guideline Notes 6,47,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: N36.41-N36.43,N39.3,N39.41-N39.42,N39.46,N39.490-N39.498,R39.81  
CPT: 51840-51845,51990,51992,53446,53448,57160,57220,57260,57267,57280-57289,57423,57425,90911,93792,93793,96150-96155,97110,97140,97161-97164,97530,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 454**  
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: 36514,36516,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 455**  
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: 456**  
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: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032-H0038,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9484

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 457**  
Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: B25.0,J20.0-J20.9,J21.0-J21.9,J98.01  
CPT: 31600,31601,31820,31825,93792,93793,94640,94664,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 458**  
Condition: CENTRAL PTERYGIUM AFFECTING VISION (See Guideline Notes 64,65)  
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY  
ICD-10: H11.021-H11.029,Z51.0  
CPT: 32553,49411,65420,65426,77316-77318,77332-77370,77402,77424-77427,77469,77789,79005-79403,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 459**  
Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX (See Guideline Notes 64,65)  
Treatment: EXCISION, MEDICAL THERAPY  
ICD-10: J39.2,K09.0-K09.1,Q18.0-Q18.2,Q89.2  
CPT: 38550,38555,42808,42810,42815,60000,60280,60281,69145,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 460**  
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F42.2-F42.9,F45.22,F63.3  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S9480,S9484,T1005
- Line: 461**  
Condition: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Notes 6,64,65,92,104)  
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,M24.171-M24.176,M24.671-M24.673,M24.871-M24.872,M24.874-M24.875,M25.871-M25.879  
CPT: 11042,11045,20600-20611,25000,29075,93792,93793,96150-96155,97012,97018,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,97810-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 462**  
Condition: ATELECTASIS (COLLAPSE OF LUNG) (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: J18.2,J98.11-J98.19  
CPT: 31645,31646,93792,93793,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 463**  
Condition: CHRONIC SINUSITIS (See Guideline Notes 35,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: J01.01,J01.11,J01.21,J01.31,J01.41,J01.81,J01.91,J32.0-J32.9  
CPT: 30000,30020,30110-30140,30200-30420,30435,30450,30465-30930,31000-31230,31237-31298,42830,42835,61782,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 464**  
Condition: UTERINE PROLAPSE; CYSTOCELE (See Guideline Notes 6,50,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: N81.0,N81.10-N81.9,N99.3  
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220-57289,57423,57425,57545,57555,57556,58150,58152,58260-58280,58290-58294,58550-58554,58570-58573,93792,93793,97110,97140,97161-97164,97530,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 465**  
Condition: BRACHIAL PLEXUS LESIONS (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: G54.0  
CPT: 21615,21616,21700,21705,93792,93793,97110,97112,97116,97124,97140,97161-97168,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 466**  
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)  
Treatment: ADVANCED RESTORATIVE (I.E., BASIC CROWNS)  
HCPCS: D2710,D2712,D2751,D2752
- Line: 467**  
Condition: GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT (See Guideline Notes 64,65,74,88,182)  
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,N83.311-N83.319,N83.331-N83.339,N95.0-N95.9,N98.1,Q50.01-Q50.39,Q55.4,Q96.0-Q96.8,Q98.0-Q98.4,Z79.890  
CPT: 54520,54660,54690,58300,58301,58660-58662,58740,58940,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9558
- Line: 468**  
Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F98.1  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99217,99324-99357,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005
- Line: 469**  
Condition: ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT (See Guideline Notes 64,65,67,130)  
Treatment: PTOSIS REPAIR  
ICD-10: G90.2,H02.201-H02.519,H02.531-H02.539,H02.831-H02.839,H57.811-H57.819,Q10.1-Q10.3  
CPT: 15822,15823,67710,67875-67912,67917,67961,67971,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
*JANUARY 1, 2019*

Funding Level as of January 1, 2018

- Line: 470**  
Condition: KERATOCONJUNCTIVITIS (See Guideline Notes 64,65)  
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,M35.01  
CPT: 65778-65780,67515,67880,67882,68200,68760,68761,68801-68840,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92310,92325-92342,92370,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 471**  
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-10: F94.0  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032-H0038,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484
- Line: 472**  
Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)  
Treatment: HEMORRHOIDECTOMY, INCISION  
ICD-10: K64.3,K64.5  
CPT: 44391,45317,45320,45334,45335,45350,45381,45382,45398,46083,46220,46221,46250-46262,46320,46500,46610-46615,46930,46945-46947,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 473**  
Condition: CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM (See Guideline Notes 51,64,65,154)  
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY  
ICD-10: 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,H72.00-H72.13,H72.2X1-H72.93,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,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD  
CPT: 21235,42830-42836,69209-69222,69310,69420,69421,69433-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565,92571-92577,92590,92591,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 474**  
Condition: OTOSCLEROSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: H80.00-H80.93  
CPT: 69650-69662,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 475**  
Condition: FOREIGN BODY IN EAR AND NOSE (See Guideline Notes 64,65)  
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: 30300-30320,69200,69205,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>476</b>
<b>Condition:</b>	CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT NEUROLOGIC INJURY OR STRUCTURAL INSTABILITY (See Guideline Notes 6,64,65,100,109,136)
<b>Treatment:</b>	MEDICAL AND SURGICAL TREATMENT
<b>ICD-10:</b>	M43.5X4-M43.5X9,M48.40XA-M48.40XG,M48.43XA-M48.43XG,M48.44XA-M48.44XG,M48.45XA-M48.45XG,M48.46XA-M48.46XG,M48.47XA-M48.47XG,M48.48XA-M48.48XG,M48.50XA-M48.50XG,M48.53XA-M48.53XG,M48.54XA-M48.54XG,M48.55XA-M48.55XG,M48.56XA-M48.56XG,M48.57XA-M48.57XG,M48.58XA-M48.58XG,M80.08XA-M80.08XG,M80.88XA-M80.88XG,M84.58XA,M84.68XA,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,S23.101A-S23.101D,S23.111A-S23.111D,S23.121A-S23.121D,S23.123A-S23.123D,S23.131A-S23.131D,S23.133A-S23.133D,S23.141A-S23.141D,S23.143A-S23.143D,S23.151A-S23.151D,S23.153A-S23.153D,S23.161A-S23.161D,S23.163A-S23.163D,S23.171A-S23.171D,S23.20XA-S23.20XD,S23.29XA-S23.29XD,S32.000A,S32.000D-S32.000G,S32.001A,S32.001D-S32.001G,S32.008A,S32.008D-S32.008G,S32.009A,S32.009D-S32.009G,S32.010A,S32.010D-S32.010G,S32.011A,S32.011D-S32.011G,S32.018A,S32.018D-S32.018G,S32.019A,S32.019D-S32.019G,S32.020A,S32.020D-S32.020G,S32.021A,S32.021D-S32.021G,S32.028A,S32.028D-S32.028G,S32.029A,S32.029D-S32.029G,S32.030A,S32.030D-S32.030G,S32.031A,S32.031D-S32.031G,S32.038A,S32.038D-S32.038G,S32.039A,S32.039D-S32.039G,S32.040A,S32.040D-S32.040G,S32.041A,S32.041D-S32.041G,S32.048A,S32.048D-S32.048G,S32.049A,S32.049D-S32.049G,S32.050A,S32.050D-S32.050G,S32.051A,S32.051D-S32.051G,S32.058A,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,S33.101A-S33.101D,S33.111A-S33.111D,S33.121A-S33.121D,S33.131A-S33.131D,S33.141A-S33.141D,S33.2XXA-S33.2XXD,S33.39XA-S33.39XD,Z47.2
<b>CPT:</b>	20930,20931,20936-20938,22310,22325-22328,22510-22819,22840-22855,22859,27216,27218,29035-29046,29700,29710,29720,63001-63011,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	C1754,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>477</b>
<b>Condition:</b>	CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65,152)
<b>Treatment:</b>	MEDICAL/PSYCHOTHERAPY
<b>ICD-10:</b>	F91.0-F91.2,F91.8-F91.9
<b>CPT:</b>	90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005
<b>Line:</b>	<b>478</b>
<b>Condition:</b>	BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,65,149)
<b>Treatment:</b>	MEDICAL AND SURGICAL TREATMENT
<b>ICD-10:</b>	N60.01-N60.99,N64.0,N64.89
<b>CPT:</b>	10160,19000,19001,19110-19126,49185,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
<b>HCPCS:</b>	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 479**  
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Notes 64,65)  
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: 10060,10061,11004,56440,56501,56515,56740,57135,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 480**  
Condition: LICHEN PLANUS (See Guideline Notes 21,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: L43.0-L43.9,L44.1-L44.3,L66.1  
CPT: 11900,11901,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 481**  
Condition: RUPTURE OF SYNOVIUM  
Treatment: REMOVAL OF BAKER'S CYST  
ICD-10: M66.0,M71.20-M71.22  
CPT: 27345,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 482**  
Condition: ENOPHTHALMOS (See Guideline Notes 64,65)  
Treatment: ORBITAL IMPLANT  
ICD-10: H05.401-H05.429,H11.241-H11.249  
CPT: 21076,21077,67550,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D5915,D5928,D5992,D5993,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 483**  
Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS (See Guideline Notes 64,65)  
Treatment: TARSORRHAPHY  
ICD-10: G51.0-G51.2,G51.31-G51.9,H02.59,H02.89,H16.211-H16.219  
CPT: 15840-15842,64864-64868,67875-67882,67911,67917,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 484**  
Condition: PERIPHERAL ENTHESOPATHIES (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: 93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 485**  
Condition: ANGIOEDEMA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: D81.810,T78.3XXA-T78.3XXD  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

- Line: 486**  
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: M84.377A-M84.377G,M84.378A-M84.378G,M84.379A-M84.379G,M84.477A-M84.477G,M84.478A-M84.478G,M84.479A-M84.479G,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,S92.911D-S92.911G,S92.912A,S92.912D-S92.912G,S92.919A,S92.919D-S92.919G,S99.201A,S99.201D-S99.201G,S99.202A,S99.202D-S99.202G,S99.209A,S99.209D-S99.209G,S99.211A,S99.211D-S99.211G,S99.212A,S99.212D-S99.212G,S99.219A,S99.219D-S99.219G,S99.221A,S99.221D-S99.221G,S99.222A,S99.222D-S99.222G,S99.229A,S99.229D-S99.229G,S99.231A,S99.231D-S99.231G,S99.232A,S99.232D-S99.232G,S99.239A,S99.239D-S99.239G,S99.241A,S99.241D-S99.241G,S99.242A,S99.242D-S99.242G,S99.249A,S99.249D-S99.249G,S99.291A,S99.291D-S99.291G,S99.292A,S99.292D-S99.292G,S99.299A,S99.299D-S99.299G  
CPT: 28510,28515,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 487**  
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: B35.1,B35.3,B35.6-B35.8,B36.1-B36.9,B47.9,L08.1  
CPT: 11720-11732,11750,93792,93793,96900,96902,96910-96913,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 488**  
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: M84.38XD-M84.38XG,M84.48XD-M84.48XG,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: 21820,27200,29200,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 489**  
Condition: SPASTIC DIPLEGIA (See Guideline Note 170)  
Treatment: RHIZOTOMY  
ICD-10: G80.1,Z45.49  
CPT: 21720,21725,62320-62323,62350-62370,63185,63190,63295,93792,93793,95990,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 490**  
Condition: DENTAL CONDITIONS (E.G., PERIODONTAL DISEASE)  
Treatment: ADVANCED PERIODONTICS (E.G., SURGICAL PROCEDURES AND SPLINTING)  
HCPCS: D4240-D4245,D4260,D4261,D4268-D4321,D4381,D5982

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>491</b>
Condition:	HEPATORENAL SYNDROME (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	K76.7
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>492</b>
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:	90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032,H0034,H0035,H2010,H2014,H2027,H2032,H2033,S9484
<b>Line:</b>	<b>493</b>
Condition:	ECTROPION AND BENIGN NEOPLASM OF EYE
Treatment:	ECTROPION REPAIR
ICD-10:	D22.10,D22.111-D22.122,D23.10,D23.111-D23.122,D31.00-D31.92,H02.101-H02.159,H02.871-H02.879,H11.231-H11.239
CPT:	21280,21282,65778-65780,67343,67700-67808,67820-67850,67880,67882,67914-67924,67950-67975,68110-68135,68320-68340,68362,68705,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>494</b>
Condition:	RAYNAUD'S SYNDROME (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	I73.00,I73.89-I73.9
CPT:	64821-64823,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>495</b>
Condition:	CALCIUM PYROPHOSPHATE DEPOSITION DISEASE (CPPD) AND HYDROXYAPETITE DEPOSITION DISEASE (See Guideline Notes 6,64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	M11.00,M11.011-M11.09,M11.20,M11.211-M11.89
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012,S9152
<b>Line:</b>	<b>496</b>
Condition:	PHIMOSIS
Treatment:	SURGICAL TREATMENT
ICD-10:	N47.0-N47.1,N47.5
CPT:	54150-54161,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>497</b>
Condition:	CERUMEN IMPACTION (See Guideline Notes 64,65)
Treatment:	REMOVAL OF EAR WAX
ICD-10:	H61.20-H61.23
CPT:	69209,69210,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 498**  
Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,65,128)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: K11.5-K11.9,R68.2  
CPT: 40810-40816,42300,42305,42330-42340,42408-42425,42440-42510,42600-42665,64611,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7979-D7982,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 499**  
Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: E50.6,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: 92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 500**  
Condition: CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS (See Guideline Notes 64,65,172)  
Treatment: SPECIFIED INTERVENTIONS
- Line: 501**  
Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSSTROPHY (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,M89.611-M89.69,M90.811-M90.89,M94.0-M94.1,M94.351-M94.8X9,Q77.8-Q77.9,Q78.4,Q78.8-Q78.9  
CPT: 20550-20553,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 502**  
Condition: ERYTHEMATOUS CONDITIONS (See Guideline Notes 21,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: H01.121-H01.129,L26,L30.4,L49.0-L49.6,L49.8-L49.9,L51.0,L51.8-L51.9,L52,L53.0-L53.9,L54,L71.0,L92.0,L93.0-L93.2,L95.1,L98.2  
CPT: 17340,17360,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 503**  
Condition: PERIPHERAL ENTHESTOPATHIES (See Guideline Note 28)  
Treatment: SURGICAL TREATMENT  
ICD-10: M25.70,M25.721-M25.749,M25.761-M25.776,M46.00-M46.09,M70.10-M70.72,M75.20-M75.22,M76.40-M76.72,M76.811-M76.9,M77.00-M77.9  
CPT: 20550-20553,20600-20611,21032,23931,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26556,26565-26596,26820-26863,27060,27062,27097,27100-27122,27140-27170,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 504**  
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 35,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: J33.0-J33.9,J34.1,J34.81-J34.9,Q30.8,T70.1XXA-T70.1XXD  
CPT: 30000,30020,30110-30140,30200-30420,30435,30450,30465-30930,31000-31230,31237-31298,61782,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 505**  
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,D3430,D3450
- Line: 506**  
Condition: CIRCUMSCRIBED SCLERODERMA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: L94.0-L94.1,L94.3  
CPT: 11900,11901,17000-17004,93792,93793,96900,96910-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 507**  
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Notes 6,64,65,133)  
Treatment: MEDICAL THERAPY  
ICD-10: G13.0,G54.0-G54.9,G55,G56.10-G56.13,G56.30-G56.93,G57.00-G57.23,G57.70-G57.93,G58.0-G58.9,G59,G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G63,G64,M53.0,S44.00XA-S44.00XD,S44.01XA-S44.01XD,S44.02XA-S44.02XD,S44.10XA-S44.10XD,S44.11XA-S44.11XD,S44.12XA-S44.12XD,S44.20XA-S44.20XD,S44.21XA-S44.21XD,S44.22XA-S44.22XD,S44.30XA-S44.30XD,S44.31XA-S44.31XD,S44.32XA-S44.32XD,S44.40XA-S44.40XD,S44.41XA-S44.41XD,S44.42XA-S44.42XD,S54.00XA-S54.00XD,S54.01XA-S54.01XD,S54.02XA-S54.02XD,S54.10XA-S54.10XD,S54.11XA-S54.11XD,S54.12XA-S54.12XD,S54.20XA-S54.20XD,S54.21XA-S54.21XD,S54.22XA-S54.22XD,S64.00XA-S64.00XD,S64.01XA-S64.01XD,S64.02XA-S64.02XD,S64.10XA-S64.10XD,S64.11XA-S64.11XD,S64.12XA-S64.12XD,S64.20XA-S64.20XD,S64.21XA-S64.21XD,S64.22XA-S64.22XD,S64.30XA-S64.30XD,S64.31XA-S64.31XD,S64.32XA-S64.32XD,S64.40XA-S64.40XD,S64.490A-S64.490D,S64.491A-S64.491D,S64.492A-S64.492D,S64.493A-S64.493D,S64.494A-S64.494D,S64.495A-S64.495D,S64.496A-S64.496D,S64.497A-S64.497D,S64.498A-S64.498D,S74.00XA-S74.00XD,S74.01XA-S74.01XD,S74.02XA-S74.02XD,S74.10XA-S74.10XD,S74.11XA-S74.11XD,S74.12XA-S74.12XD,S94.00XA-S94.00XD,S94.01XA-S94.01XD,S94.02XA-S94.02XD,S94.10XA-S94.10XD,S94.11XA-S94.11XD,S94.12XA-S94.12XD,S94.20XA-S94.20XD,S94.21XA-S94.21XD,S94.22XA-S94.22XD  
CPT: 90284,93792,93793,97110,97112,97116,97124,97161-97168,97530,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 508**  
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION (See Guideline Notes 64,65,134)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: H02.881-H02.88B,H04.001-H04.9,M35.00,P39.1,Q10.6-Q10.7  
CPT: 67880,67882,68420,68520,68530,68720-68840,92002-92014,92018-92060,92071,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 509**  
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: 50542,50543,50545,50546,50562,52224,52282,53260,53265,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

**Line: 510**  
 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,H82.1-H82.9,H83.11-H83.19,H83.2X1-H83.2X9,H83.8X1-H83.93,T75.3XXA-T75.3XXD  
 CPT: 69666,69667,69805,69806,69915,69950,92531-92548,93792,93793,95992,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 511**  
 Condition: ESOPHAGITIS AND GERD; ESOPHAGEAL SPASM; ASYMPTOMATIC DIAPHRAGMATIC HERNIA (See Guideline Notes 64,65,144)  
 Treatment: MEDICAL THERAPY  
 ICD-10: K20.8-K20.9,K21.0-K21.9,K22.10,K22.5,K44.9,T17.218A-T17.218D,T17.318A-T17.318D,T18.118A-T18.118D  
 CPT: 43180,43229,43248,43249,43255,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 512**  
 Condition: HIDRADENITIS SUPPURATIVA; DISSECTING CELLULITIS OF THE SCALP  
 Treatment: MEDICAL THERAPY  
 ICD-10: L66.2-L66.3,L66.8-L66.9,L73.2  
 CPT: 11000,11001,11450-11471,11900,11901,64650,64653,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 513**  
 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-N42.1,N42.30-N42.9  
 CPT: 55801,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 514**  
 Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Notes 64,65)  
 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: 29584,36465,36466,36470-36479,37500,37700-37785,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 515**  
 Condition: DISORDERS OF SWEAT GLANDS (See Coding Specification Below) (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: 11450-11471,64650,64653,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

Chemodenervation with botulinum toxin injection (CPT 64650, 64653) is included on this line for the treatment of axillary hyperhidrosis and palmar hyperhidrosis (ICD-10 L74.52, R61)

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
*JANUARY 1, 2019*

- Line: 516**  
Condition: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,65,141)  
Treatment: INCISION/EXCISION/ENDOSCOPY  
ICD-10: J38.00-J38.02,J38.6  
CPT: 31513,31551-31554,31570,31571,31574,31590,31591,92507,92508,92524,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1878,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 517**  
Condition: POSTTHROMBOTIC SYNDROME  
Treatment: MEDICAL THERAPY  
ICD-10: I87.001-I87.009,I87.021-I87.029,I87.091-I87.099  
CPT: 29584,36465-36479,37700-37761,37766-37790,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 518**  
Condition: FOREIGN BODY IN GASTROINTESTINAL TRACT WITHOUT RISK OF PERFORATION OR OBSTRUCTION  
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: 43247,44363,44390,45307,45332,45379,45915,46608,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 519**  
Condition: PANNICULITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: M35.6,M79.3  
CPT: 68760,68761,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 520**  
Condition: ROSACEA; ACNE (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: L70.0-L70.9,L71.1-L71.9,L73.0  
CPT: 10040-10061,11900,11901,17000,17340,17360,93792,93793,96902,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 521**  
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65,159)  
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: 54235,54400-54417,90785,90832-90840,90846-90853,90882,90887,93792,93793,93980,93981,98966-98969,99051,99060,99070,99078,99201-99217,99304-99366,99374,99375,99379-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: C1813,C2622,G0068,G0071,G0176,G0177,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0490,G0508-G0511,G0513,G0514,G2010-G2012,H0004,H0023,H0032-H0035,H0038,H2014,H2027,H2032,S9484

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 522**  
Condition: UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA) (See Guideline Notes 24,64,65)  
Treatment: REPAIR  
ICD-10: K40.20-K40.21,K40.90-K40.91,K41.20-K41.21,K41.90-K41.91,K42.9,K43.0,K43.2-K43.3,K43.5-K43.6,K43.9,K45.8,K46.0,K46.9  
CPT: 44050,49250,49505,49520,49525-49550,49555,49560,49565,49568,49570,49580,49585,49590,49650-49659,55540,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 523**  
Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES  
Treatment: EXCISION, RECONSTRUCTION  
ICD-10: D14.0  
CPT: 30117-30150,30520,31020,31032,31201,61782,69145,69501-69554,69960,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 524**  
Condition: CHRONIC ANAL FISSURE (See Guideline Notes 52,64,65)  
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY  
ICD-10: K60.1-K60.2  
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46505,46700,46706,46707,46940,46942,93792,93793,96150-96155,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 525**  
Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,65,94)  
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY  
ICD-10: M20.001-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,M21.70,M21.721-M21.959,M24.031-M24.059,M24.121-M24.159,M24.444-M24.446,M24.621-M24.659,M24.7,M24.821-M24.859,M25.10,M25.111-M25.18,M25.221-M25.269,M25.28,M25.321-M25.369,M25.80,M25.811-M25.869,M72.1,M72.4,M85.9,M89.121-M89.29,M89.70,M89.711-M89.79,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,Q68.1-Q68.5,Q68.8,Q72.70,Q74.0-Q74.9,Q76.6-Q76.9,Q79.6-Q79.8  
CPT: 11042,11045,20150,20690-20694,21740-21743,24000,24006,24101,24102,25101-25109,25320,25335,25337,25390-25393,25441-25492,25810-25830,26035,26055,26060,26121-26180,26320,26390,26426,26432,26440-26556,26565-26596,26820-26863,27097,27100-27122,27140,27185,27306,27307,27435,27448-27455,27465-27468,27475-27485,27590,27656,27676,27685-27690,27705,27715,27727-27742,28300,28304,29075,29130,29345,29540,29861-29863,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 526**  
Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65,129)  
Treatment: MEDICAL AND SURGICAL THERAPY  
ICD-10: D78.02,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,P78.3,R15.0,R15.2-R15.9  
CPT: 44141-44144,44188,44206,44320,44340-44346,45110,45395,45397,46761,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>527</b>
Condition:	CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS (See Guideline Notes 37,60,64,65,100,101,161)
Treatment:	SURGICAL THERAPY
ICD-10:	G95.0,M40.00-M40.15,M40.202-M40.57,M42.00-M42.9,M43.00-M43.28,M43.8X1-M43.8X9,M45.0-M45.9,M46.1,M46.40-M46.99,M47.20-M47.28,M47.811-M47.9,M48.00-M48.05,M48.061-M48.19,M48.30-M48.38,M48.8X1-M48.9,M49.80-M49.89,M50.10-M50.11,M50.120-M50.93,M51.14-M51.9,M53.80-M53.9,M54.10-M54.18,M96.1-M96.4,M99.20-M99.79,Q06.0-Q06.3,Q06.8-Q06.9,Q76.0-Q76.2,Q76.411-Q76.49,S13.0XXA-S13.0XXD,S23.0XXA-S23.0XXD,S23.100A-S23.100D,S23.110A-S23.110D,S23.120A-S23.120D,S23.122A-S23.122D,S23.130A-S23.130D,S23.132A-S23.132D,S23.140A-S23.140D,S23.142A-S23.142D,S23.150A-S23.150D,S23.152A-S23.152D,S23.160A-S23.160D,S23.162A-S23.162D,S23.170A-S23.170D,S33.0XXA-S33.0XXD,S33.100A-S33.100D,S33.110A-S33.110D,S33.120A-S33.120D,S33.130A-S33.130D,S33.140A-S33.140D,S34.3XXA-S34.3XXD
CPT:	20610,20660-20665,20930,20931,20936-20938,21720,21725,22206-22226,22532-22865,27035,27096,27279,29000-29046,29710,29720,62322,62323,63001-63091,63170,63173-63200,63270-63273,63295-63610,63650,63655,63685,64483,64484,64493-64495,93792,93793,96150-96155,97110-97124,97140,97150,97161-97168,97530,97535,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487,99489,99491,99495,99496,99605-99607
HCPCS:	C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0160,G0248-G0250,G0260,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0508-G0511,G0513,G0514,G2010-G2012,S2350,S2351
<b>Line:</b>	<b>528</b>
Condition:	FIBROMYALGIA, CHRONIC FATIGUE SYNDROME, AND RELATED DISORDERS (See Guideline Notes 64,65,135)
Treatment:	MEDICAL THERAPY
ICD-10:	G89.21,G89.28-G89.29,G89.4,M79.7,R53.82
CPT:	90785,90832-90840,90846-90853,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>529</b>
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,N94.10-N94.2,N94.810-N94.89,R10.2
CPT:	49322,58150,58180,58260,58262,58290,58291,58400,58410,58541-58544,58550-58554,58562,58570-58573,58660-58662,58700-58740,58805,58925,58940,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>530</b>
Condition:	MILD ECZEMA (See Guideline Notes 21,64,65,156)
Treatment:	MEDICAL THERAPY
ICD-10:	E08.620,E09.620,E10.620,E11.620,E13.620,L20.0,L20.81-L20.9,Z51.6
CPT:	93792,93793,96902,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>531</b>
Condition:	CONTACT DERMATITIS AND NON-INFECTIOUS OTITIS EXTERNA (See Guideline Notes 64,65,156)
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,Z51.6
CPT:	86003,86008,86486,93792,93793,95004,95018-95180,96900,96902,96910-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	A4633,E0691-E0694,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>532</b>
Condition:	HYPOTENSION (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	G90.01,I95.0-I95.3,I95.81-I95.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>539</b>
Condition:	MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY (See Guideline Notes 21,64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	B35.0,B35.2,B35.4-B35.5,B35.9,L40.0-L40.4,L40.8-L40.9,L41.0-L41.9,L44.0,L94.5
CPT:	11900,11901,93792,93793,96900,96902,96910-96922,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	A4633,E0691-E0694,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>540</b>
Condition:	DEFORMITIES OF FOOT (See Guideline Notes 64,65,158)
Treatment:	FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-10:	M20.10-M20.12,M20.30-M20.42,M20.5X1-M20.62,M21.171-M21.172,M21.531-M21.6X9,M21.961-M21.969,M24.074-M24.076,M24.477-M24.479,M24.674-M24.676,M24.873,M24.876,M25.271-M25.279,M25.371-M25.376,M92.60-M92.72,Q66.80-Q66.9,Q72.70,Q74.2
CPT:	27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160,28220-28289,28292-28341,28360,28705-28730,28737-28760,29405,29425,29450,29750,29904-29907,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>541</b>
Condition:	FOREIGN BODY GRANULOMA OF MUSCLE, SKIN AND SUBCUTANEOUS TISSUE (See Guideline Notes 64,65)
Treatment:	REMOVAL OF GRANULOMA
ICD-10:	L92.3,M60.20,M60.211-M60.28
CPT:	11400-11446,21011-21014,21552-21556,21930-21933,22901-22903,23071-23076,24071-24076,25071-25076,26111-26116,27043-27048,27327,27328,27337,27339,27618,27619,27632,27634,28039-28045,28192,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>542</b>
Condition:	HYDROCELE (See Guideline Notes 64,65,149)
Treatment:	MEDICAL THERAPY, EXCISION
ICD-10:	N43.3,N43.40-N43.42,N50.89,P83.5
CPT:	49185,54840,55000-55060,55500,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>543</b>
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:	86003,86008,93792,93793,96902,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>544</b>
Condition:	IMPULSE DISORDERS (See Guideline Notes 58,64,65)
Treatment:	MEDICAL/PSYCHOTHERAPY
ICD-10:	F63.1-F63.2,F63.81-F63.9
CPT:	90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
*JANUARY 1, 2019*

- Line: 545**  
Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,65)  
Treatment: VENOUS INJECTION, VASCULAR SURGERY  
ICD-10: I86.0-I86.2  
CPT: 36470,37241,37242,55530,55535,55550,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 546**  
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,G02,G03.2  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 547**  
Condition: TMJ DISORDER (See Guideline Notes 64,65)  
Treatment: TMJ SPLINTS  
ICD-10: M26.601-M26.69,S03.40XA-S03.40XD,S03.41XA-S03.41XD,S03.42XA-S03.42XD,S03.43XA-S03.43XD  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: D7880,D7881,D9130,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 548**  
Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 36,64,65)  
Treatment: TONSILLECTOMY AND ADENOIDECTOMY  
ICD-10: J35.01-J35.9  
CPT: 42820-42836,42860,42870,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 549**  
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.A  
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,96150-96155,98966-98969,99051,99060,99201-99215,99341-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0017,H0019,H0023,H0032-H0039,H2010,H2012-H2014,H2021-H2023,H2027,H2032,H2033,S9484
- Line: 550**  
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Guideline Notes 61,64,65,156)  
Treatment: MEDICAL THERAPY  
ICD-10: K52.1,K52.21-K52.29,K52.81-K52.82,K52.831-K52.9,K90.9,Z51.6  
CPT: 86003,86008,86486,93792,93793,95004,95018-95180,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 551**  
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: 10140,69000-69020,69140,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>552</b>
Condition:	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,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:	11000-11057,11200,11201,11401-11406,11900,11950-11954,17000-17004,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>553</b>
Condition:	CHONDROMALACIA (See Guideline Notes 6,64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	M94.20,M94.211-M94.29
CPT:	93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>554</b>
Condition:	CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,65,149)
Treatment:	MEDICAL THERAPY
ICD-10:	N28.1
CPT:	49185,50390,50541,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>555</b>
Condition:	DYSMENORRHEA (See Guideline Notes 59,64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	N94.4-N94.6
CPT:	58150,58180,58260,58290,58541-58544,58550-58554,58570-58573,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>556</b>
Condition:	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,7,11,64,65,100,137)
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10:	D16.00-D16.9,D17.79,D18.09,D21.0,D21.10-D21.9,D36.10-D36.17,D48.1,D61.810,G89.3,K09.0-K09.1,M12.20,M12.211-M12.29,M27.1,M27.40-M27.49,M27.8,M67.80,M67.811-M67.89,M85.00,M85.011-M85.09,M85.40,M85.411-M85.69,Z51.0,Z51.12
CPT:	11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20600-20611,20615,20930,20931,20936-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21198,21552-21556,21600,21930-21936,22532-22819,22853,22854,22859,23071-23076,23101-23106,23140-23156,23200,24071-24079,24102-24126,24420,24498,25000,25071,25073,25105,25110-25136,25170-25240,25295-25301,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26130,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27334-27339,27355-27358,27365,27465-27468,27495,27625-27638,27645-27647,27656,27745,28039-28045,28070,28072,28100-28108,28122,28124,28171-28175,28820,28825,29820,29821,29835,29836,29844,29845,29863,29875,29876,29895,29905,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79440,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	C9725,G0068,G0070,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 557**  
Condition: SPASTIC DYSPHONIA (See Coding Specification Below) (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: J38.3  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012,S2340,S2341
- ICD-10 J38.3 is included on Line 206 for treatment of abscesses and cellulitis of the vocal cords; it is included on Line 557 for treatment of spastic dysphonia.
- Line: 558**  
Condition: MACROMASTIA (See Guideline Note 166)  
Treatment: BREAST REDUCTION  
ICD-10: N62  
CPT: 19318,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 559**  
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,65,156)  
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,Z51.6  
CPT: 30420,86003,86008,86486,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 560**  
Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS  
Treatment: LIVER TRANSPLANT  
ICD-10: C22.0-C22.8,T86.40-T86.49,Z48.23,Z51.11,Z52.6  
CPT: 47133-47147,86825-86835,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 561**  
Condition: BENIGN NEOPLASM AND CONDITIONS OF EXTERNAL FEMALE GENITAL ORGANS  
Treatment: EXCISION  
ICD-10: D28.0-D28.1,D28.7-D28.9,I86.3,N89.9  
CPT: 56440,56441,56501,57130,57135,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 562**  
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: 67700,67800-67808,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 563**  
Condition: ACUTE ANAL FISSURE (See Guideline Notes 64,65)  
Treatment: FISSURECTOMY, MEDICAL THERAPY  
ICD-10: K60.0  
CPT: 46200,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>564</b>
Condition:	PLEURISY (See Guideline Notes 64,65,149)
Treatment:	MEDICAL THERAPY
ICD-10:	J92.0-J92.9,J94.1,J94.8-J94.9,R09.1
CPT:	32200-32310,32550,32552,32560-32562,32650-32652,32655,32664,32665,32940,49185,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>565</b>
Condition:	PERITONEAL ADHESION
Treatment:	SURGICAL TREATMENT
ICD-10:	K66.0,K66.8-K66.9,K68.9,N99.4
CPT:	44005,44180,44603,44604,49423,58660-58662,58740,58940,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>566</b>
Condition:	DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,65,156)
Treatment:	MEDICAL THERAPY
ICD-10:	L27.1-L27.9,Z51.6
CPT:	86003,86008,86486,93792,93793,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>567</b>
Condition:	BLEPHARITIS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	H01.001-H01.02B,H01.8-H01.9
CPT:	92002-92014,92018-92060,92071,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>568</b>
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:	52450,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>569</b>
Condition:	OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	H18.821-H18.829,T81.81XA-T81.81XD,T81.82XA-T81.82XD,T81.9XXA-T81.9XXD
CPT:	38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>570</b>
Condition:	ANEMIAS DUE TO DISEASE (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	D61.811,D63.0-D63.8,D64.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 571**  
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: 90846,90849,90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99215,99224-99226,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9484,T1005
- Line: 572**  
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: H83.01-H83.09  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 573**  
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,Q30.8,S02.2XXA,S02.2XXD-S02.2XXG,S03.1XXA-S03.1XXD  
CPT: 20912,21325-21335,30115,30117,30124-30420,30465,30520,30580,30620,30630,31020-31200,61782,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7260,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 574**  
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Notes 64,65)  
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY  
ICD-10: K12.1,K12.30-K12.39,K13.1,K13.22-K13.24,K13.4,K13.6,K13.70-K13.79,K14.0  
CPT: 40650,40805,40810-40816,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 575**  
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,Q66.50-Q66.52,Q69.2-Q69.9,Q70.20-Q70.9  
CPT: 11200,26951,27605,27687,27690,27700-27703,28090,28238,28300,28306,28307,28344,28345,28715,28735,29907,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 576**  
Condition: INFECTIOUS MONONUCLEOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: B27.00-B27.99  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 577**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 578**  
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: 57135,57720,58400,58540,58559-58562,58660-58662,58700-58740,58940,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 579**  
Condition: THROMBOTIC DISORDERS  
Treatment: MEDICAL THERAPY  
ICD-10: D68.51-D68.69  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012,S9345
- Line: 580**  
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,65,113)  
Treatment: MEDICAL THERAPY  
ICD-10: B37.0,B37.2,B37.83,B37.9,K13.0  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 581**  
Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: D29.1,D29.20-D29.32,D29.8-D29.9  
CPT: 54231,54512,54522,54900,54901,55200,55600-55680,55801,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 582**  
Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE  
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS  
ICD-10: K08.20-K08.26  
CPT: 21210,21215,21244-21249,40840,40842,40845,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7340,D7350,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 583**  
Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: L60.0-L60.9,L62,L63.0-L63.9,L64.0-L64.9,L65.0-L65.9,L66.0,L67.0-L67.9,L68.0-L68.9,L73.1,L73.8-L73.9,Q84.0-Q84.6  
CPT: 11000,11001,11720-11765,11900,11901,17380,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 584**  
Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: J03.80-J03.91  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>585</b>
Condition:	CORNS AND CALLUSES (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	L84
CPT:	11055-11057,17000-17004,17110,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012,S0390
<b>Line:</b>	<b>586</b>
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:	20550-20553,20600-20611,25000,26055,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>587</b>
Condition:	PROLAPSED URETHRAL MUCOSA (See Guideline Notes 64,65)
Treatment:	SURGICAL TREATMENT
ICD-10:	N36.2,N36.8
CPT:	51840,51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,77321,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>588</b>
Condition:	DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
Treatment:	ADVANCED RESTORATIVE-ELECTIVE (INLAYS, ONLAYS, GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS:	D2410-D2544,D2720-D2750,D2780-D2794,D2929,D2949,D2952,D2953,D2971,D2981,D2982,D4249,D5213,D5214,D5223,D5224,D5282,D5283,D5810,D5811,D5862,D5867,D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790,D6793-D6920,D6940,D6950,D9950
<b>Line:</b>	<b>589</b>
Condition:	SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,12,64,65)
Treatment:	MEDICAL AND SURGICAL TREATMENT
ICD-10:	C26.0-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:	11600-11646,32553,36260-36262,38720,38724,38745,41110-41114,41130,42120,42842-42845,43195,43196,43212-43214,43216-43229,43233,43248-43250,43266,43270,47420,47425,47610,47741,47785,49411,58951,60600-60650,61500,61510,61517-61521,61546,61548,61586,77014,77261-77295,77300-77370,77385-77387,77401-77432,77469,77470,77761-77763,77770-77790,79005-79403,93792,93793,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G6017,S9537
<b>Line:</b>	<b>590</b>
Condition:	GANGLION (See Guideline Notes 64,65,149)
Treatment:	EXCISION
ICD-10:	M67.40,M67.411-M67.49,M71.30,M71.311-M71.39
CPT:	10140,10160,20551-20553,20612,25111,25112,26160,28090,49185,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
*JANUARY 1, 2019*

- Line: 591**  
Condition: EPISCLERITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: H15.101-H15.129  
CPT: 92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 592**  
Condition: DIAPER RASH (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: L22  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 593**  
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE (See Guideline Note 139)  
Treatment: FRENOTOMY, TONGUE TIE  
ICD-10: Q38.1-Q38.3  
CPT: 40819,41010,41115,92526,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 594**  
Condition: INCONSEQUENTIAL CYSTS OF ORAL SOFT TISSUES (See Guideline Notes 64,65)  
Treatment: INCISION AND DRAINAGE  
ICD-10: K06.2,K06.8-K06.9,K09.8-K09.9,K11.1,K13.5  
CPT: 40800,41005-41009,41015-41018,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: D7460,D7461,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 595**  
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: 27403-27416,27420-27429,27435,27465-27468,27656,29871-29889,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 596**  
Condition: CHRONIC PANCREATITIS  
Treatment: SURGICAL TREATMENT  
ICD-10: K86.0-K86.1  
CPT: 48020,48120,48548,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 597**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 598**  
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH)  
Treatment: COMPLEX PROSTHODONTICS (I.E., FIXED BRIDGES, OVERDENTURES)  
HCPCS: D5863-D5866,D6211,D6241,D6242,D6251,D6252,D6545,D6549,D6751,D6752,D6791,D6792

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>599</b>
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:	21086,21089,69110,69300,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS:	D5914,D5927,D5992,D5993,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>600</b>
Condition:	KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE (See Guideline Note 12)
Treatment:	INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-10:	L91.0,L92.9,Z51.0
CPT:	11200,11201,11400-11446,11900,11901,12032,17000-17004,32553,49411,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79403,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G6017
<b>Line:</b>	<b>601</b>
Condition:	DISORDERS OF SOFT TISSUE (See Guideline Notes 64,65,149)
Treatment:	MEDICAL THERAPY
ICD-10:	M43.6,M60.80,M60.811-M60.9,M70.80,M70.811-M70.99,M72.9,M79.0,M79.10-M79.2,M79.4,M79.81-M79.9,S13.5XXA-S13.5XXD,S16.8XXA-S16.8XXD,S16.9XXA-S16.9XXD,S19.9XXA-S19.9XXD,T14.8XXA-T14.8XXD,Z45.42
CPT:	11042,11045,20550,49185,93792,93793,95990,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>602</b>
Condition:	MINOR BURNS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	L00,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,T20.55XA-T20.55XD,T20.56XA-T20.56XD,T20.57XA-T20.57XD,T20.59XA-T20.59XD,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-T20.69XD,T21.00XA-T21.00XD,T21.01XA-T21.01XD,T21.02XA-T21.02XD,T21.03XA-T21.03XD,T21.04XA-T21.04XD,T21.05XA-T21.05XD,T21.06XA-T21.06XD,T21.07XA-T21.07XD,T21.09XA-T21.09XD,T21.10XA-T21.10XD,T21.11XA-T21.11XD,T21.12XA-T21.12XD,T21.13XA-T21.13XD,T21.14XA-T21.14XD,T21.15XA-T21.15XD,T21.16XA-T21.16XD,T21.17XA-T21.17XD,T21.19XA-T21.19XD,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,T21.40XA-T21.40XD,T21.41XA-T21.41XD,T21.42XA-T21.42XD,T21.43XA-T21.43XD,T21.44XA-T21.44XD,T21.45XA-T21.45XD,T21.46XA-T21.46XD,T21.47XA-T21.47XD,T21.49XA-T21.49XD,T21.50XA-T21.50XD,T21.51XA-T21.51XD,T21.52XA-T21.52XD,T21.53XA-T21.53XD,T21.54XA-T21.54XD,T21.55XA-T21.55XD,T21.56XA-T21.56XD,T21.57XA-T21.57XD,T21.59XA-T21.59XD,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,T22.00XA-T22.00XD,T22.011A-T22.011D,T22.012A-T22.012D,T22.019A-T22.019D,T22.021A-T22.021D,T22.022A-T22.022D,T22.029A-T22.029D,T22.031A-T22.031D,T22.032A-T22.032D,T22.039A-T22.039D,T22.041A-T22.041D,T22.042A-T22.042D,T22.049A-T22.049D,T22.051A-T22.051D,T22.052A-T22.052D,T22.059A-T22.059D,T22.061A-T22.061D,T22.062A-T22.062D,T22.069A-T22.069D,T22.091A-T22.091D,T22.092A-T22.092D,T22.099A-T22.099D,T22.10XA-T22.10XD,T22.111A-T22.111D,T22.112A-T22.112D,T22.119A-T22.119D,T22.121A-T22.121D,T22.122A-T22.122D,T22.129A-T22.129D,T22.131A-T22.131D,T22.132A-T22.132D,T22.139A-T22.139D,T22.141A-T22.141D,T22.142A-T22.142D,T22.149A-T22.149D,T22.151A-T22.151D,T22.152A-T22.152D,T22.159A-T22.159D,T22.161A-T22.161D,T22.162A-T22.162D,T22.169A-T22.169D,T22.191A-T22.191D,T22.192A-T22.192D,T22.199A-T22.199D,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,

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

T22.292A-T22.292D, T22.299A-T22.299D, T22.40XA-T22.40XD, T22.411A-T22.411D, T22.412A-T22.412D, T22.419A-T22.419D, T22.421A-T22.421D, T22.422A-T22.422D, T22.429A-T22.429D, T22.431A-T22.431D, T22.432A-T22.432D, T22.439A-T22.439D, T22.441A-T22.441D, T22.442A-T22.442D, T22.449A-T22.449D, T22.451A-T22.451D, T22.452A-T22.452D, T22.459A-T22.459D, T22.461A-T22.461D, T22.462A-T22.462D, T22.469A-T22.469D, T22.491A-T22.491D, T22.492A-T22.492D, T22.499A-T22.499D, T22.50XA-T22.50XD, T22.511A-T22.511D, T22.512A-T22.512D, T22.519A-T22.519D, T22.521A-T22.521D, T22.522A-T22.522D, T22.529A-T22.529D, T22.531A-T22.531D, T22.532A-T22.532D, T22.539A-T22.539D, T22.541A-T22.541D, T22.542A-T22.542D, T22.549A-T22.549D, T22.551A-T22.551D, T22.552A-T22.552D, T22.559A-T22.559D, T22.561A-T22.561D, T22.562A-T22.562D, T22.569A-T22.569D, T22.591A-T22.591D, T22.592A-T22.592D, T22.599A-T22.599D, 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, T23.001A-T23.001D, T23.002A-T23.002D, T23.009A-T23.009D, T23.011A-T23.011D, T23.012A-T23.012D, T23.019A-T23.019D, T23.021A-T23.021D, T23.029A-T23.029D, T23.031A-T23.031D, T23.032A-T23.032D, T23.039A-T23.039D, T23.041A-T23.041D, T23.042A-T23.042D, T23.049A-T23.049D, T23.051A-T23.051D, T23.052A-T23.052D, T23.059A-T23.059D, T23.061A-T23.061D, T23.062A-T23.062D, T23.069A-T23.069D, T23.071A-T23.071D, T23.072A-T23.072D, T23.079A-T23.079D, T23.091A-T23.091D, T23.092A-T23.092D, T23.099A-T23.099D, T23.101A-T23.101D, T23.102A-T23.102D, T23.109A-T23.109D, T23.111A-T23.111D, T23.112A-T23.112D, T23.119A-T23.119D, T23.121A-T23.121D, T23.122A-T23.122D, T23.129A-T23.129D, T23.131A-T23.131D, 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T23.429A-T23.429D, T23.431A-T23.431D, T23.432A-T23.432D, T23.439A-T23.439D, T23.441A-T23.441D, T23.442A-T23.442D, T23.449A-T23.449D, T23.451A-T23.451D, T23.452A-T23.452D, T23.459A-T23.459D, T23.461A-T23.461D, T23.462A-T23.462D, T23.469A-T23.469D, T23.471A-T23.471D, T23.472A-T23.472D, T23.479A-T23.479D, T23.491A-T23.491D, T23.492A-T23.492D, T23.499A-T23.499D, T23.501A-T23.501D, T23.502A-T23.502D, T23.509A-T23.509D, T23.511A-T23.511D, T23.512A-T23.512D, T23.519A-T23.519D, T23.521A-T23.521D, T23.522A-T23.522D, T23.529A-T23.529D, T23.531A-T23.531D, T23.532A-T23.532D, T23.539A-T23.539D, T23.541A-T23.541D, T23.542A-T23.542D, T23.549A-T23.549D, T23.551A-T23.551D, T23.552A-T23.552D, T23.559A-T23.559D, T23.561A-T23.561D, T23.562A-T23.562D, T23.569A-T23.569D, T23.571A-T23.571D, T23.572A-T23.572D, T23.579A-T23.579D, T23.591A-T23.591D, T23.592A-T23.592D, T23.599A-T23.599D, 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, T24.001A-T24.001D, T24.002A-T24.002D, T24.009A-T24.009D, T24.011A-T24.011D, T24.012A-T24.012D, T24.019A-T24.019D, T24.021A-T24.021D, T24.022A-T24.022D, T24.029A-T24.029D, T24.031A-T24.031D, T24.032A-T24.032D, T24.039A-T24.039D, T24.091A-T24.091D, T24.092A-T24.092D, T24.099A-T24.099D, T24.101A-T24.101D, T24.102A-T24.102D, T24.109A-T24.109D, T24.111A-T24.111D, T24.112A-T24.112D, T24.119A-T24.119D, T24.121A-T24.121D, T24.122A-T24.122D, T24.129A-T24.129D, T24.131A-T24.131D, T24.132A-T24.132D, T24.139A-T24.139D, T24.191A-T24.191D, T24.192A-T24.192D, T24.199A-T24.199D, 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, T24.401A-T24.401D, T24.402A-T24.402D, T24.409A-T24.409D, T24.411A-T24.411D, T24.412A-T24.412D, T24.419A-T24.419D, T24.421A-T24.421D, T24.422A-T24.422D, T24.429A-T24.429D, T24.431A-T24.431D, T24.432A-T24.432D, T24.439A-T24.439D, T24.491A-T24.491D, T24.492A-T24.492D, T24.499A-T24.499D, T24.501A-T24.501D, T24.502A-T24.502D, T24.509A-T24.509D, T24.511A-T24.511D, T24.512A-T24.512D, T24.519A-T24.519D, T24.521A-T24.521D, T24.522A-T24.522D, T24.529A-T24.529D, T24.531A-T24.531D, T24.532A-T24.532D, T24.539A-T24.539D, T24.591A-T24.591D, T24.592A-T24.592D, T24.599A-T24.599D, 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, T25.011A-T25.011D, T25.012A-T25.012D, T25.019A-T25.019D, T25.021A-T25.021D, T25.022A-T25.022D, T25.029A-T25.029D, T25.031A-T25.031D, T25.032A-T25.032D, T25.039A-T25.039D, T25.091A-T25.091D, T25.092A-T25.092D, T25.099A-T25.099D, T25.111A-T25.111D, T25.112A-T25.112D, T25.119A-T25.119D, T25.121A-T25.121D, T25.122A-T25.122D, T25.129A-T25.129D, T25.131A-T25.131D, T25.132A-T25.132D, T25.139A-T25.139D, T25.191A-T25.191D, T25.192A-T25.192D, T25.199A-T25.199D, 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, T25.411A-T25.411D, T25.412A-T25.412D, T25.419A-T25.419D, T25.421A-T25.421D,



**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

T25.422A-T25.422D, T25.429A-T25.429D, T25.431A-T25.431D, T25.432A-T25.432D, T25.439A-T25.439D, T25.491A-T25.491D, T25.492A-T25.492D, T25.499A-T25.499D, T25.511A-T25.511D, T25.512A-T25.512D, T25.519A-T25.519D, T25.521A-T25.521D, T25.522A-T25.522D, T25.529A-T25.529D, T25.531A-T25.531D, T25.532A-T25.532D, T25.539A-T25.539D, T25.591A-T25.591D, T25.592A-T25.592D, T25.599A-T25.599D, 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, T30.0-T30.4

CPT: 11000, 11001, 11042-11047, 11960-11971, 16000-16030, 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99201-99215, 99281-99285, 99341-99378, 99381-99404, 99408-99449, 99451, 99452, 99487-99491, 99495-99498, 99605-99607

HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0463-G0467, G0490, G0511, G0513, G0514, G2010-G2012

**Line: 603**  
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-F51.9, G25.70-G25.81, G25.89, G26, G47.00-G47.29, G47.32, G47.50-G47.51, G47.53-G47.9

CPT: 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99201-99215, 99281-99285, 99341-99378, 99381-99404, 99408-99449, 99451, 99452, 99487-99491, 99495-99498, 99605-99607

HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0463-G0467, G0490, G0511, G0513, G0514, G2010-G2012

**Line: 604**  
Condition: ORAL APHTHA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: K12.0

CPT: 93792, 93793, 98966-98969, 99051, 99060, 99070, 99078, 99201-99215, 99281-99285, 99341-99378, 99381-99404, 99408-99449, 99451, 99452, 99487-99491, 99495-99498, 99605-99607

HCPCS: G0068, G0071, G0248-G0250, G0396, G0397, G0463-G0467, G0490, G0511, G0513, G0514, G2010-G2012

**Line: 605**  
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes 6,64,65,97,98)  
Treatment: MEDICAL THERAPY  
ICD-10: M22.2X1-M22.92, M23.000-M23.92, M24.20, M24.211-M24.28, M24.661-M24.669, M76.30-M76.32, Q68.6, S03.8XXA-S03.8XXD, S03.9XXA-S03.9XXD, S23.41XA-S23.41XD, S23.420A-S23.420D, S23.421A-S23.421D, S23.428A-S23.428D, S23.429A-S23.429D, S29.011A-S29.011D, S29.012A-S29.012D, S29.019A-S29.019D, S33.6XXA-S33.6XXD, S39.011A-S39.011D, S39.012A-S39.012D, S39.013A-S39.013D, 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, 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,

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

	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, 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CPT:	24341,27006,27305,27347,29240-29280,29520-29550,93792,93793,97012,97110-97124,97140,97150,97161- 97168,97530,97535,97542,97760-97763,98925-98943,98966-98969,99051,99060,99070,99078,99201-99215, 99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010- G2012
<b>Line:</b>	<b>606</b>
Condition:	ASYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	L50.2-L50.4,L50.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>607</b>
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:	12001,12002,14350,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341- 99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>608</b>
Condition:	ABUSE OF NONADDICTIVE SUBSTANCES
Treatment:	MEDICAL THERAPY
ICD-10:	F55.0-F55.8
CPT:	90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98969,99051,99060,99201-99239,99324- 99357,99366,99408,99409,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0508-G0511,G0513,G0514,G2012,H0004-H0006,H0015,H0016,H0032-H0035,H0038,H2010,H2013,H2033, H2035,T1006,T1007,T1502
<b>Line:</b>	<b>609</b>
Condition:	MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO PERSISTENT SYMPTOMS (See Guideline Notes 64,65,121)
Treatment:	MEDICAL THERAPY
ICD-10:	S02.0XXA,S02.101A,S02.101D-S02.101G,S02.102A,S02.102D-S02.102G,S02.109A,S02.109D-S02.109G, S02.110A,S02.111A,S02.112A,S02.113A,S02.118A,S02.119A,S02.11AA,S02.11AD-S02.11AG,S02.11BA, S02.11BD-S02.11BG,S02.11CA,S02.11CD-S02.11CG,S02.11DA,S02.11DD-S02.11DG,S02.11EA,S02.11ED- S02.11EG,S02.11FA,S02.11FD-S02.11FG,S02.11GA,S02.11GD-S02.11GG,S02.11HA,S02.11HD-S02.11HG, S02.19XA,S02.80XA-S02.80XG,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:	93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>610</b>
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:	11055-11057,11420-11424,11900,11901,17000-17004,17110,17111,28039-28043,93792,93793,98966-98969, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>611</b>
Condition:	ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
ICD-10:	J00,J06.0-J06.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
*JANUARY 1, 2019*

- Line: 612**  
Condition: OTHER VIRAL INFECTIONS (See Guideline Notes 61,64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: A88.1,B01.81-B01.9,B03,B04,B05.3-B05.4,B05.81-B05.9,B06.89-B06.9,B08.010-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: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 613**  
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: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 614**  
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,M26.71-M26.9,M27.0,M27.51-M27.59  
CPT: 21120-21127,21145-21160,21193-21209,21255,21295,21296,30520,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7940-D7949,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 615**  
Condition: DENTAL CONDITIONS (E.G., MALOCCLUSION)  
Treatment: ORTHODONTIA (I.E., FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)  
ICD-10: M26.211-M26.29,M26.31,M26.33-M26.37,M26.4,M26.70,Z46.4  
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D7296,D7297,D8010-D8694
- Line: 616**  
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH)  
Treatment: IMPLANTS (I.E., IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)  
ICD-10: M27.61-M27.69  
HCPCS: D0393-D0395,D6010-D6095,D6100-D6194,D6210,D6240,D6245,D6250,D7951,D7952
- Line: 617**  
Condition: BENIGN LESIONS OF TONGUE (See Guideline Notes 64,65)  
Treatment: EXCISION  
ICD-10: K13.21,K13.3,K14.1-K14.9  
CPT: 41110-41114,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 618**  
Condition: UNCOMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)  
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY  
ICD-10: K64.0-K64.2,K64.8-K64.9  
CPT: 44391,45317,45334,45335,45350,45381,45382,45398,46083,46220-46262,46320,46500,46610-46615,46930,46945-46947,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 619**  
Condition: PREVENTION SERVICES WITH LIMITED OR NO EVIDENCE OF EFFECTIVENESS (See Guideline Notes 64,65,106)  
Treatment: MEDICAL THERAPY  
ICD-10: Q92.61,Q95.0-Q95.1,Q95.9,Z12.12,Z12.39,Z12.5,Z12.81,Z12.83,Z13.6,Z22.0-Z22.2,Z22.31,Z22.321-Z22.322,Z22.338-Z22.9,Z71.3,Z71.42,Z71.52,Z71.82,Z79.810  
CPT: 58940,76706,90749,93792,93793,96110,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0117,G0118,G0248-G0250,G0396,G0397,G0446,G0451,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 620**  
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Notes 64,65)  
Treatment: REPAIR SOFT TISSUES  
ICD-10: K08.123,S01.501A-S01.501D,S01.502A-S01.502D,S01.512A-S01.512D,S01.532A-S01.532D,S01.552A-S01.552D  
CPT: 12001-12020,12031-12057,13131-13153,40831,41250,41251,42180,42182,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 621**  
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: 10060,10061,11400-11446,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 622**  
Condition: SEBORRHEIC KERATOSIS, DYSCROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-10: 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: 11000,11042,11045,11055-11057,11400-11446,13100-13160,15780-15793,15830-15839,15876-15879,17000-17108,17360,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 623**  
Condition: REDUNDANT PREPUCE (See Guideline Notes 64,65)  
Treatment: ELECTIVE CIRCUMCISION  
ICD-10: N47.3-N47.4,N47.7-N47.8,Z41.2  
CPT: 54000,54001,54150-54164,54450,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 624**  
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: 68020,68040,68110,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

**Line: 625**  
 Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 13,64,65)  
 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,D18.09-D18.1,D19.7-D19.9,D22.0,D22.10,D22.111-D22.9,D23.0,D23.10,D23.111-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: 11400-11446,12031,12032,13100-13151,17000-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,37241,37242,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,93792,93793,96567,96573,96574,96904,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: C9727,D7450-D7460,D7981,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 626**  
 Condition: DISEASE OF CAPILLARIES  
 Treatment: EXCISION  
 ICD-10: I78.1-I78.9,I79.8  
 CPT: 11400-11426,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 627**  
 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,N90.7,N90.89-N90.9  
 CPT: 56441,56805,57061,57065,57200,57800,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 628**  
 Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,65,149)  
 Treatment: SURGICAL TREATMENT  
 ICD-10: E04.1,E07.89-E07.9  
 CPT: 49185,60200-60225,60270,60271,60300,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012

**Line: 629**  
 Condition: PICA (See Coding Specification Below) (See Guideline Notes 64,65)  
 Treatment: MEDICAL/PSYCHOTHERAPY  
 ICD-10: F50.89,F98.3  
 CPT: 90785,90832-90840,90847,93792,93793,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012

ICD-10 F50.89 is included on Line 381 for psychogenic loss of appetite. ICD-10 F50.89 is included on Line 629 for pica in adults and for all other diagnoses using this code.

**Line: 630**  
 Condition: ACUTE VIRAL CONJUNCTIVITIS (See Guideline Notes 64,65)  
 Treatment: MEDICAL THERAPY  
 ICD-10: B30.0-B30.9,H10.30-H10.33  
 CPT: 92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 631**  
 Condition: MUSCULAR CALCIFICATION AND OSSIFICATION (See Guideline Notes 64,65)  
 Treatment: MEDICAL THERAPY  
 ICD-10: M61.00,M61.011-M61.9  
 CPT: 27036,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
 HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

Line:	632
Condition:	SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Notes 64,65)
Treatment:	MEDICAL THERAPY
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, S00.12XA-S00.12XD,S00.201A-S00.201D,S00.202A-S00.202D,S00.209A-S00.209D,S00.211A-S00.211D, S00.212A-S00.212D,S00.219A-S00.219D,S00.221A-S00.221D,S00.222A-S00.222D,S00.229A-S00.229D, S00.261A-S00.261D,S00.262A-S00.262D,S00.269A-S00.269D,S00.271A-S00.271D,S00.272A-S00.272D, S00.279A-S00.279D,S00.30XA-S00.30XD,S00.31XA-S00.31XD,S00.32XA-S00.32XD,S00.33XA-S00.33XD, S00.34XA-S00.34XD,S00.35XA-S00.35XD,S00.36XA-S00.36XD,S00.37XA-S00.37XD,S00.401A-S00.401D, S00.402A-S00.402D,S00.409A-S00.409D,S00.411A-S00.411D,S00.412A-S00.412D,S00.419A-S00.419D, S00.421A-S00.421D,S00.422A-S00.422D,S00.429A-S00.429D,S00.431A-S00.431D,S00.432A-S00.432D, S00.439A-S00.439D,S00.441A-S00.441D,S00.442A-S00.442D,S00.449A-S00.449D,S00.451A-S00.451D, S00.452A-S00.452D,S00.459A-S00.459D,S00.461A-S00.461D,S00.462A-S00.462D,S00.469A-S00.469D, S00.471A-S00.471D,S00.472A-S00.472D,S00.479A-S00.479D,S00.501A-S00.501D,S00.502A-S00.502D, S00.511A-S00.511D,S00.512A-S00.512D,S00.521A-S00.521D,S00.522A-S00.522D,S00.531A-S00.531D, S00.532A-S00.532D,S00.541A-S00.541D,S00.542A-S00.542D,S00.551A-S00.551D,S00.552A-S00.552D, S00.561A-S00.561D,S00.562A-S00.562D,S00.571A-S00.571D,S00.572A-S00.572D,S00.80XA-S00.80XD, S00.81XA-S00.81XD,S00.82XA-S00.82XD,S00.83XA-S00.83XD,S00.84XA-S00.84XD,S00.85XA-S00.85XD, S00.86XA-S00.86XD,S00.87XA-S00.87XD,S00.90XA-S00.90XD,S00.91XA-S00.91XD,S00.92XA-S00.92XD, S00.93XA-S00.93XD,S00.94XA-S00.94XD,S00.95XA-S00.95XD,S00.96XA-S00.96XD,S00.97XA-S00.97XD, S05.10XA-S05.10XD,S05.11XA-S05.11XD,S05.12XA-S05.12XD,S09.10XA-S09.10XD,S09.11XA-S09.11XD, S09.19XA-S09.19XD,S09.8XXA-S09.8XXD,S09.90XA-S09.90XD,S09.92XA-S09.92XD,S09.93XA-S09.93XD, S10.0XXA-S10.0XXD,S10.10XA-S10.10XD,S10.11XA-S10.11XD,S10.12XA-S10.12XD,S10.14XA-S10.14XD, 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PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

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S60.559A-S60.559D,S60.561A-S60.561D,S60.562A-S60.562D,S60.569A-S60.569D,S60.571A-S60.571D,  
S60.572A-S60.572D,S60.579A-S60.579D,S60.811A-S60.811D,S60.812A-S60.812D,S60.819A-S60.819D,  
S60.821A-S60.821D,S60.822A-S60.822D,S60.829A-S60.829D,S60.841A-S60.841D,S60.842A-S60.842D,  
S60.849A-S60.849D,S60.851A-S60.851D,S60.852A-S60.852D,S60.859A-S60.859D,S60.861A-S60.861D,  
S60.862A-S60.862D,S60.869A-S60.869D,S60.871A-S60.871D,S60.872A-S60.872D,S60.879A-S60.879D,  
S60.911A-S60.911D,S60.912A-S60.912D,S60.919A-S60.919D,S60.921A-S60.921D,S60.922A-S60.922D,  
S60.929A-S60.929D,S60.931A-S60.931D,S60.932A-S60.932D,S60.939A-S60.939D,S60.940A-S60.940D,  
S60.941A-S60.941D,S60.942A-S60.942D,S60.943A-S60.943D,S60.944A-S60.944D,S60.945A-S60.945D,  
S60.946A-S60.946D,S60.947A-S60.947D,S60.948A-S60.948D,S60.949A-S60.949D,S66.001A-S66.001D,  
S66.002A-S66.002D,S66.009A-S66.009D,S66.091A-S66.091D,S66.092A-S66.092D,S66.099A-S66.099D,  
S66.100A-S66.100D,S66.101A-S66.101D,S66.102A-S66.102D,S66.103A-S66.103D,S66.104A-S66.104D,  
S66.105A-S66.105D,S66.106A-S66.106D,S66.107A-S66.107D,S66.108A-S66.108D,S66.109A-S66.109D,



PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)  
JANUARY 1, 2019

S66.190A-S66.190D,S66.191A-S66.191D,S66.192A-S66.192D,S66.193A-S66.193D,S66.194A-S66.194D,  
S66.195A-S66.195D,S66.196A-S66.196D,S66.197A-S66.197D,S66.198A-S66.198D,S66.199A-S66.199D,  
S66.201A-S66.201D,S66.202A-S66.202D,S66.209A-S66.209D,S66.291A-S66.291D,S66.292A-S66.292D,  
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S66.309A-S66.309D,S66.390A-S66.390D,S66.391A-S66.391D,S66.392A-S66.392D,S66.393A-S66.393D,  
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S70.222A-S70.222D,S70.229A-S70.229D,S70.241A-S70.241D,S70.242A-S70.242D,S70.249A-S70.249D,  
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S79.911A-S79.911D,S79.912A-S79.912D,S79.919A-S79.919D,S79.921A-S79.921D,S79.922A-S79.922D,  
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S90.571A-S90.571D,S90.572A-S90.572D,S90.579A-S90.579D,S90.811A-S90.811D,S90.812A-S90.812D,  
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S90.861A-S90.861D,S90.862A-S90.862D,S90.869A-S90.869D,S90.871A-S90.871D,S90.872A-S90.872D,  
S90.879A-S90.879D,S90.911A-S90.911D,S90.912A-S90.912D,S90.919A-S90.919D,S90.921A-S90.921D,

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

S90.922A-S90.922D,S90.929A-S90.929D,S90.931A-S90.931D,S90.932A-S90.932D,S90.933A-S90.933D,  
S90.934A-S90.934D,S90.935A-S90.935D,S90.936A-S90.936D,S96.001A-S96.001D,S96.002A-S96.002D,  
S96.009A-S96.009D,S96.091A-S96.091D,S96.092A-S96.092D,S96.099A-S96.099D,S96.101A-S96.101D,  
S96.102A-S96.102D,S96.109A-S96.109D,S96.191A-S96.191D,S96.192A-S96.192D,S96.199A-S96.199D,  
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S99.912A-S99.912D,S99.919A-S99.919D,S99.921A-S99.921D,S99.922A-S99.922D,S99.929A-S99.929D,  
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CPT: 10120,10140,11740,11760,11762,12001-12014,28190,93792,93793,98966-98969,99051,99060,99070,99078,  
99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,  
99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 633**  
Condition: CHRONIC BRONCHITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: J40,J41.0,J41.8,J42  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,  
99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 634**  
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,N64.1-N64.4,N64.81-N64.82,N64.9,Q83.0-Q83.9  
CPT: 19110,19120-19126,19324-19396,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,  
99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: C1789,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-  
G0511,G0513,G0514,G2010-G2012

**Line: 635**  
Condition: BENIGN POLYPS OF VOCAL CORDS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, STRIPPING  
ICD-10: J38.1  
CPT: 31540,31541,31572,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-  
99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**Line: 636**  
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-  
D3A.096,K31.7  
CPT: 43195,43196,43212-43214,43216-43229,43233,43245,43248-43250,43266,43270,43450,44110-44120,44139-  
44145,44204-44208,44213,44369,44379,44381,44384,44392-44402,44404,44405,44701,45160,45308,45309,  
45317-45327,45333-45335,45338,45346,45347,45381-45389,46610,93792,93793,98966-98969,99051,99060,  
99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-  
99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,  
G0513,G0514,G2010-G2012

**Line: 637**  
Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR OTHER MAJOR COMPLICATION (See  
Guideline Notes 64,65)  
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: 29584,36465-36479,37700-37790,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-  
99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 638**  
Condition: HYPERTELORISM OF ORBIT (See Guideline Notes 64,65)  
Treatment: ORBITOTOMY  
ICD-10: H05.89  
CPT: 67405,92002-92014,92018-92060,92081-92136,92225,92226,92230-92270,92283-92287,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 639**  
Condition: GALLSTONES WITHOUT CHOLECYSTITIS (See Coding Specification Below) (See Guideline Notes 64,65,167)  
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY  
ICD-10: K80.20,K80.50,K80.70,K80.80,K82.4-K82.9,K91.5  
CPT: 43260-43265,43273-43278,47490,47542,47564,47570,47600-47620,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- ICD-10 K82.8 (Other specified diseases of gallbladder) is included on Line 55 when the patient has porcelain gallbladder or gallbladder dyskinesia with a gallbladder ejection fraction <35%. Otherwise, K82.8 is included on Line 639.
- Line: 640**  
Condition: GYNECOMASTIA  
Treatment: MASTECTOMY  
ICD-10: N62  
CPT: 19300,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 641**  
Condition: TMJ DISORDERS (See Guideline Notes 64,65)  
Treatment: TMJ SURGERY  
ICD-10: M26.50-M26.59,M26.601-M26.69  
CPT: 21010,21050-21073,21210-21243,21480-21490,29800,29804,30520,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: D7852-D7877,D7899,D7955,D7991,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 642**  
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,P83.81-P83.9  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 643**  
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,K03.3-K03.4,K03.6-K03.7,K03.9,M26.30,M26.39  
HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548,D6600,D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

- Line: 644**  
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Notes 64,65)  
Treatment: ELECTIVE DENTAL SERVICES  
ICD-10: K00.7,K08.0,K08.51-K08.52,K08.54,K08.81-K08.89,M26.32,M85.2  
CPT: 41822  
HCPCS: D2799,D2955,D2990,D3355-D3357,D3427-D3429,D3431,D3432,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D5994,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9941-D9946,D9952
- Line: 645**  
Condition: AGENESIS OF LUNG (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-10: Q33.3  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 646**  
Condition: CENTRAL RETINAL ARTERY OCCLUSION  
Treatment: PARACENTESIS OF AQUEOUS  
ICD-10: H34.10-H34.13,H34.211-H34.239  
CPT: 67015,67500,67505,93792,93793,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G0513,G0514,G2010-G2012
- Line: 647**  
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: 93792,93793,98966-98969,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G0513,G0514,G2012
- Line: 648**  
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,I68.0,I68.8  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 649**  
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,B64,B89,B99.9,L94.6,M60.009  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 650**  
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Coding Specification Below) (See Guideline Notes 64,65,74)  
Treatment: EVALUATION  
ICD-10: E01.0-E01.2,E04.0,E04.2-E04.9,E16.0-E16.2,E23.0,E23.7,E30.9,E32.0,E32.8-E32.9,E34.1,E34.3,E34.8-E34.9,E35,E67.1,E70.40-E70.49,E71.30,E73.1-E73.9,E74.11,E74.9,E75.10,E75.3,E75.5,E77.0,E77.8-E77.9,E78.41,E78.71-E78.79,E80.4,E80.6-E80.7,E85.0,E88.89,Q89.1  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- ICD-10-CM E23.0 is included on this line only for adult human growth hormone deficiency.

**PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)**  
**JANUARY 1, 2019**

<b>Line:</b>	<b>651</b>
Condition:	CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,81)
Treatment:	EVALUATION
ICD-10:	I51.7,I51.89,I52,I73.1,Q24.0-Q24.1,Q25.47,Q28.9,Q34.1,Q55.5,Q89.3
CPT:	33620,33621,75573,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>652</b>
Condition:	SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,67,131,171)
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,H22,H31.001-H31.099,H31.321-H31.329,H33.111-H33.119,H33.301-H33.309,H33.321-H33.329,H34.821-H34.829,H35.40,H35.411-H35.469,H35.721-H35.739,H35.82-H35.9,H36,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,H53.71-H53.72,H54.40,H54.413A-H54.62,H55.02,H55.04,H55.81-H55.89,H57.00-H57.04,H57.051-H57.09,H57.811-H57.9,H59.40-H59.43,H61.90-H61.93,H62.8X1-H62.8X9,H69.80-H69.83,H75.80-H75.83,H93.11-H93.19
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>653</b>
Condition:	NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment:	EVALUATION
ICD-10:	F07.9,F48.2,G24.4,G25.82-G25.89,G31.84,G60.9,G61.9,G62.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>654</b>
Condition:	DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 21,64,65)
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,L45,L57.3,L80,L81.0-L81.9,L85.3,L98.7,Q82.1-Q82.2,Q82.4-Q82.5,Q82.8-Q82.9,Q84.8-Q84.9
CPT:	29581,93792,93793,96900,96910-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0429,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>655</b>
Condition:	RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,105)
Treatment:	EVALUATION
ICD-10:	J22,J98.3,J98.51-J98.9,J99,P24.10,P24.20,P24.30,Q33.1,Q33.5,Q33.8-Q33.9,Q34.0,Q34.8-Q34.9
CPT:	93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
<b>Line:</b>	<b>656</b>
Condition:	GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,72,73)
Treatment:	EVALUATION
ICD-10:	D30.8-D30.9,E28.0,K64.4,N28.81,N28.83,N28.89,N32.89-N32.9,N33,N37,N39.8,N42.30-N42.39,N44.1-N44.8,N48.6,N48.82-N48.9,N50.89-N50.9,N51,N83.321-N83.329,N83.6,N83.9,N85.4,N85.6,N85.8-N85.9,N90.60-N90.69,N90.810-N90.818,N91.4-N91.5,N93.9,N94.9,N96,N99.83,Q52.120,Q54.0,Q54.4,Q54.9,Q55.0-Q55.1,Q55.20-Q55.22,Q55.29,Q55.61-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:	51860,51865,53080,53085,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS:	G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012

*PRIORITIZED LIST OF HEALTH SERVICES (ANNOTATED)*  
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- Line: 657**  
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,E10.618,E11.618,E13.618,E78.81-E78.89,E88.2,M06.30,M07.60,M07.611-M07.69,M11.10,M11.111-M11.19,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,M24.30,M24.40,M24.60,M24.80,M24.9,M25.20,M25.30,M35.5,M35.7,M62.00,M62.011-M62.08,M62.81,M62.831-M62.84,M62.9,M63.80,M63.811-M63.89,M84.38XD-M84.38XG,M84.811-M84.88,M85.10,M85.111-M85.19,M85.80,M85.811-M85.89,M89.30,M89.311-M89.59,M89.8X0-M89.8X9,M95.3-M95.4,M95.9,M96.0,M99.88,M99.9,Q76.5,Q77.2,Q79.9,R29.4  
CPT: 93792,93793,97010,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 658**  
Condition: GASTROINTESTINAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-10: A04.9,K11.0,K22.4,K22.9,K62.81,K62.89-K62.9,K63.89-K63.9,K75.9,K76.9,K83.5-K83.9,K86.9,K90.41,K92.9,P78.9  
CPT: 93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 659**  
Condition: MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-10: E66.3,E67.2,E67.8,F82,Q18.3-Q18.9,Q30.1-Q30.9,Q67.0-Q67.4,Q67.7-Q67.8,T73.3XXA-T73.3XXD  
CPT: 40806,93792,93793,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487,99489,99491,99495,99496,99605-99607  
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463,G0490,G0511,G0513,G0514,G2010-G2012
- Line: 660**  
Condition: CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS (See Guideline Notes 64,65,173)  
Treatment: SPECIFIED INTERVENTIONS

# **STATEMENTS OF INTENT**

## STATEMENTS OF INTENT FOR THE JANUARY 1, 2019 PRIORITIZED LIST OF HEALTH SERVICES

### STATEMENT OF INTENT 1: PALLIATIVE CARE

It is the intent of the Commission that palliative care services are covered for patients with a life-threatening or serious progressive illness to alleviate symptoms and improve quality of life.

Palliative care services should include culturally appropriate discussions and medical decision making aligned with patient's personal goals of therapy, assessment of symptom burden, assistance with advance care planning, care coordination, emotional, psychosocial and spiritual support for patients and their families. Palliative care services may be provided concurrently with life prolonging/curative treatments.

Some examples of services associated with an encounter for palliative care (ICD-10 Z51.5) that should be available to patients without regard to Prioritized List line placement:

- A) Inpatient palliative care consultations
  - 1) Hospital Care E&M (CPT 99218-99233)
- B) Outpatient palliative care consultations provided in either the office or home setting
  - 1) E&M Services (CPT 99201-99215)
  - 2) Transitional Care Management Services (CPT 99495-6)
  - 3) Advance Care Planning (CPT 99497-8)
  - 4) Chronic Care Management (CPT 99487-99490)
- C) Psychological support and grief counseling (CPT 99201-99215)
- D) Medical equipment and supplies for the management of symptomatic complications or support activities of daily living
- E) Medications or acupuncture to reduce pain and symptom burden
- F) Surgical procedures or therapeutic interventions (for example, palliative radiation therapy) to relieve pain or symptom burden

Other services associated with palliative care includes:

- A) Social Work
- B) Clinical Chaplain/ Spiritual Care
- C) Care Coordination

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 PATIENT-CENTERED CARE OF ADVANCED CANCER.

### 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: LOWER PRIORITY SERVICES

It is the intent of the Commission that therapies that exhibit one or more of the following characteristics generally be given low priority on the Prioritized List:

- A) Marginal or clinically unimportant benefit
- B) Unproven/no benefit
- C) Harms outweigh benefits
- D) very high cost in which the cost does not justify the benefit
- E) significantly greater cost compared to alternate therapies when both have similar benefit
- F) Significant budget impact that could affect the overall Prioritized List funding level

Where possible, the Commission prioritizes pairings of condition and treatment codes to reflect this lower priority, or simply does not pair a procedure code with one or more conditions if it exhibits one of these characteristics. This is, however, impractical in several circumstances:

- A) For diagnostic services appropriate for billing with a variety of diagnoses, including diagnoses representing signs and symptoms as well as diagnoses which otherwise appear above the funding line
- B) For ancillary services such as prescription drugs, supplies, physician-administered drugs or durable medical equipment and not identified by a CPT or HCPCS code appropriate for placement on the Prioritized List
- C) For procedure codes not appropriate for placement in the funded region of the list but which may be billed with many possible diagnoses, some of which are above the funding line while others may be below the funding line

In these circumstances, the HERC identifies the services in Guideline Notes 172 and 173, which are attached to Line 500 or Line 660 in order to make its intent transparent.

### STATEMENT OF INTENT 4: ROLE OF THE PRIORITIZED LIST IN COVERAGE

The Commission makes its prioritization decisions based on the best available published evidence about treatments for each condition. The Prioritized List prioritizes health services according to their importance for the population served and the legislature determines where to place the funding line on the Prioritized List.

The Commission recognizes that a condition and treatment pairing above the funding line does not necessarily mean that the service will be covered by the Oregon Health Plan (OHP). There may be other restrictions that apply, such as the service not being



**STATEMENT OF INTENT 4: ROLE OF THE PRIORITIZED LIST IN COVERAGE (CONT'D)**

medically necessary or appropriate for an individual member. Likewise, the absence of a treatment and condition pairing above the funding line is not meant to be an absolute exclusion from coverage. Coverage may still be authorized under applicable federal and state laws, and Oregon's Medicaid State Plan and Waiver for an individual member. For example, OAR 410-141-0480 (Oregon Health Plan Benefit Package of Covered Services) includes services such as, but not limited to, the following:

- Diagnostic services, subject to the List's diagnostic guideline notes when applicable;
- Ancillary services (such as hospitalization, durable medical equipment, certain medications and anesthesia) provided for conditions appearing above the funding line, subject to the List's ancillary guideline notes when applicable; and
- Services paired with an unfunded condition which is causing or exacerbating a funded condition, the treatments for the funded condition are not working or contraindicated, and treatment of the unfunded condition would improve the outcome of treating the funded condition (the "Comorbidity Rule" OAR 410-141-0480(8)(a through b))

In addition, Oregon's 1115(a) Waiver includes coverage for services such as, but not limited to:

- Services on unfunded lines for children ages from birth through 1
- Services provided for a condition appearing in the funded region of the List in conjunction with federal requirements for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Oregon's waiver

As a result, the Prioritized List must be used in conjunction with applicable OHP provisions found in federal and state laws, the State Plan and Waiver in coverage determination.

**STATEMENT OF INTENT 5: TREATMENT OF CHRONIC PAIN**

It is the intent of the Commission that covered chronic pain conditions be treated in a multidisciplinary fashion, with a focus on active therapies, improving function, and demedicalizing the condition. Care should include education on sleep, nutrition, stress reduction, mood, exercise, and knowledge of pain. All providers seeing chronic pain patients should be trained in pain science (e.g. a contemporary understanding of the central and peripheral nervous system in chronic pain), motivational interviewing, culturally sensitive care, and trauma-informed care. Care should be provided as outlined in the Oregon Pain Management Commission pain management module: <https://www.oregon.gov/oha/HPA/DSI-PMC/Pages/module.aspx>.

# PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES  
NOT APPEARING ON THE JANUARY 1, 2019 PRIORITIZED LIST  
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES  
THAT APPEAR ON THE JANUARY 1, 2019 PRIORITIZED LIST  
OF HEALTH SERVICES

ANCILLARY/DIAGNOSTIC GUIDELINE NOTES FOR THE  
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**[GLhead,A1,NERVE BLOCKS]**

The Health Evidence Review Commission intends that single injection and continuous nerve blocks (CPT 64400-64450, 64461-64463, 64505-64530) 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.

**[GLhead,A2,SELF-MONITORING OF BLOOD GLUCOSE IN DIABETES]**

For patients with type 1 diabetes and those with type 2 diabetes using multiple daily insulin injections, home blood glucose monitors and related diabetic supplies are covered.

For patients with type 2 diabetes not requiring multiple daily insulin injections, 50 test strips and related supplies are covered at the time of diagnosis. For those who require diabetic medication that may result in hypoglycemia, up to 50 test strips per 90 days are covered. If there is an acute change in glycemic control or active diabetic medication adjustment, an additional 50 strips are covered.

All diabetic patients who are prescribed diabetic test strips should have a structured education and feedback program for self-monitoring of blood glucose.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,A3,IVC FILTERS FOR TRAUMA]**

It is the intent of the Commission that inferior vena cava (IVC) filter placement (CPT 37191) and subsequent repositioning and removal (CPT 37192, 37193) are covered when medically indicated for hospitalized patients with severe trauma resulting in prolonged hospitalization.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,A4,SMOKING CESSATION AND ELECTIVE SURGICAL PROCEDURES]**

Smoking cessation is required prior to elective surgical procedures for active tobacco users. Cessation is required for at least 4 weeks prior to the procedure and requires objective evidence of abstinence from smoking prior to the procedure.

Elective surgical procedures in this guideline are defined as surgical procedures which are flexible in their scheduling because they do not pose an imminent threat nor require immediate attention within 1 month. Procedures for contraceptive/sterilization purposes, procedures targeted to active cancers (i.e. when a delay in the procedure could lead to cancer progression) and diagnostic procedures are not subject to the limitations in this guideline note.

The well-studied tests for confirmation of smoking cessation include cotinine levels and exhaled carbon monoxide testing. However, cotinine levels may be positive in nicotine replacement therapy (NRT) users, smokeless tobacco and e-cigarette users (which are not contraindications to elective surgery coverage). In patients using nicotine products aside from combustible cigarettes the following alternatives to urine cotinine to demonstrate smoking cessation may be considered:

- Exhaled carbon monoxide testing
- Anabasine or anatabine testing (NRT or vaping)

Certain procedures, such as lung volume reduction surgery, bariatric surgery, erectile dysfunction surgery, and spinal fusion have 6 month tobacco abstinence requirements. See Guideline Notes 8, 100, 112 and 159.

**[GLhead,D1,NON-PRENATAL GENETIC TESTING GUIDELINE]**

- A) Genetic tests are covered as diagnostic, unless they are listed below in section F1 as excluded or have other restrictions listed in this guideline. To be covered, initial screening (e.g. physical exam, medical history, family history, laboratory studies, imaging studies) must indicate that the chance of genetic abnormality is > 10% and results would do at least one of the following:
  - 1) Change treatment,
  - 2) Change health monitoring,
  - 3) Provide prognosis, or
  - 4) Provide information needed for genetic counseling for patient; or patient's parents, siblings, or children
- B) Pretest and posttest genetic counseling is required for presymptomatic and predisposition genetic testing. Pretest and posttest genetic evaluation (which includes genetic counseling) is covered when provided by a suitable trained health professional with expertise and experience in genetics.
  - 1) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
- C) A more expensive genetic test (generally one with a wider scope or more detailed testing) is not covered 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.

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**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: (CONT'D)**

- D) 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.
  - 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.
  - 3) CPT 81243, 81244, 81171, 81172 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.
- E) Related to other tests with specific CPT codes:
- 1) Certain genetic tests have not been found to have proven clinical benefit. These tests are listed in Guideline Note 173, INTERVENTIONS THAT HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS; UNPROVEN INTERVENTIONS
  - 2) The following tests are covered only if they meet the criteria in section A above 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, 81222, 81223: 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 once in a lifetime.
    - d) CPT 81224, CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; introm 8 poly-T analysis (eg, male infertility): Covered only after genetic counseling.
    - e) 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.
    - f) 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.
    - g) CPT 81247, G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-) should only be covered
      - i) After G6PD enzyme activity testing is done and found to be normal; AND either
        - (a) There is an urgent clinical reason to know if a deficiency is present, e.g. in a case of acute hemolysis; OR
        - (b) In situations where the enzyme activity could be unreliable, e.g. female carrier with extreme Lyonization.
    - h) CPT 81248, G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) is only covered when the information is required for genetic counseling.
    - i) CPT 81249, G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence is only covered
      - i) after G6PD enzyme activity has been tested, and
      - ii) the requirements under CPT 81247 above have been met, and
      - iii) common variants (CPT 81247) have been tested for and not found.
    - j) 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.

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**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. Genetic testing of 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. (CONT'D)

- k) 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. Genetic testing of 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.
- l) CPT 81329, Screening for spinal muscular atrophy: is covered once in a lifetime for preconception testing or testing of the male partner of a pregnant female carrier
- m) CPT 81415-81416, exome testing: A genetic counseling/geneticist consultation is required prior to ordering test
- n) CPT 81430-81431, Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel: Testing for mutations in GJB2 and GJB6 need to be done first and be negative in non-syndromic patients prior to panel testing.
- o) CPT 81440, 81460, 81465, mitochondrial genome testing: A genetic counseling/geneticist or metabolic consultation is required prior to ordering test.
- p) CPT 81412 Ashkenazi Jewish carrier testing panel: panel testing is only covered when the panel would replace and would be similar or lower cost than individual gene testing including CF carrier testing.

\* American College of Medical Genetics Standards and Guidelines for Clinical Genetics Laboratories. 2008 Edition, Revised 7/2018 and found at <http://www.acmg.net/PDFLibrary/Cystic-Fibrosis-Population-Based-Carrier-Screening-Standards.pdf>.

**[GLhead,D2,IMPLANTABLE CARDIAC LOOP RECORDERS/SUBCUTANEOUS CARDIAC RHYTHM MONITORS]**

Use of an implantable cardiac loop recorder (ICLR)/subcutaneous cardiac rhythm monitor is a covered service only when the patient meets all of the following criteria:

- 1) The evaluation is for recurrent transient loss of consciousness (TLoC); and
- 2) A comprehensive evaluation including 30 days of noninvasive ambulatory cardiac monitoring did not demonstrate a cause of the TLoC; and
- 3) A cardiac arrhythmia is suspected to be the cause of the TLoC; and
- 4) There is a likely recurrence of the TLoC within the battery longevity of the device.

ICLRs and subcutaneous cardiac rhythm monitors are not a covered service for evaluation of cryptogenic stroke or any other indication.

**[GLhead,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.

**[GLhead,D4, ADVANCED IMAGING FOR LOW BACK PAIN]**

In patients with non-specific low back pain and no "red flag" conditions [see Table D4], imaging is not a covered service; otherwise work up is covered as shown in the table. Repeat imaging is only covered when there is a substantial clinical change (e.g. progressive neurological deficit) or new clinical indication for imaging (i.e. development of a new red flag condition). Repeat imaging for acute exacerbations of chronic radiculopathic pain is not covered.

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

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

Possible cause	Key features on history or physical examination	Imaging <sup>1</sup>	Additional studies <sup>1</sup>
Cancer	• History of cancer with new onset of LBP	MRI	ESR
	• Unexplained weight loss	Lumbosacral plain radiography	
	• Failure to improve after 1 month		
	• Age >50 years		
	• Symptoms such as painless neurologic deficit, night pain or pain increased in supine position		
	• Multiple risk factors for cancer present	Plain radiography or MRI	
Spinal column infection	• Fever	MRI	ESR and/or CRP
	• Intravenous drug use		
	• Recent infection		

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Possible cause	Key features on history or physical examination	Imaging <sup>1</sup>	Additional studies <sup>1</sup>
Cauda equina syndrome	<ul style="list-style-type: none"> <li>• Urinary retention</li> <li>• Motor deficits at multiple levels</li> <li>• Fecal incontinence</li> <li>• Saddle anesthesia</li> </ul>	MRI	None
Vertebral compression fracture	<ul style="list-style-type: none"> <li>• History of osteoporosis</li> <li>• Use of corticosteroids</li> <li>• Older age</li> </ul>	Lumbosacral plain radiography	None
Ankylosing spondylitis	<ul style="list-style-type: none"> <li>• Morning stiffness</li> <li>• Improvement with exercise</li> <li>• Alternating buttock pain</li> <li>• Awakening due to back pain during the second part of the night</li> <li>• Younger age</li> </ul>	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"> <li>• Back pain with leg pain in an L4, L5, or S1 nerve root distribution present &lt; 1 month</li> <li>• Positive straight-leg-raise test or crossed straight-leg-raise test</li> </ul>	None	None
	<ul style="list-style-type: none"> <li>• Radiculopathic signs<sup>2</sup> present &gt;1 month</li> <li>• Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness</li> </ul>	MRI <sup>3</sup>	Consider EMG/NCV
Spinal stenosis	<ul style="list-style-type: none"> <li>• Radiating leg pain</li> <li>• Older age</li> <li>• Pain usually relieved with sitting (Pseudoclaudication a weak predictor)</li> </ul>	None	None
	<ul style="list-style-type: none"> <li>• Spinal stenosis symptoms present &gt;1 month</li> </ul>	MRI <sup>3</sup>	Consider EMG/NCV

<sup>1</sup>Level of evidence for diagnostic evaluation is variable

<sup>2</sup>Radiculopathic signs are defined for the purposes of this guideline as the presence of 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

<sup>3</sup>Only if patient is a potential candidate for surgery

Red Flag: Red flags are findings from the history and physical examination that may be associated with a higher risk of serious disorders.

CRP = C-reactive protein; EMG = electromyography; ESR = erythrocyte sedimentation rate; MRI = magnetic resonance imaging; NCV = nerve conduction velocity.

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

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

#### [GLhead,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 waking the patient up (Nota bene migraine is the most frequent cause of morning headache)
- H) Headache precipitated by physical exertion or valsava 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

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**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). (CONT'D)**

- 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).

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,D6, BREAST CANCER SCREENING IN ABOVE-AVERAGE RISK WOMEN]**

Annual screening mammography and annual screening MRI without computer-aided detection (CAD) are covered only for women at above-average risk of breast cancer. This coverage, beginning at 30 years of age, includes women who have one or more of the following:

- Greater than 20% lifetime risk of breast cancer
- BRCA1 or BRCA2 gene mutation, or who have not been tested for BRCA but have a first-degree relative who is a BRCA carrier
- A personal history or a first-degree relative diagnosed with Bannayan-Riley-Ruvalcaba syndrome, Cowden syndrome, or Li-Fraumeni syndrome
- Other germline gene mutations known to confer a greater than 20% lifetime risk of breast cancer

For women with a history of high dose chest radiation ( $\geq 20$  Gray) before the age of 30, annual screening MRI without computer-aided detection (CAD) and annual screening mammography are covered beginning 8 years after radiation exposure or at age 25, whichever is later.

For women with both a personal history and a family history of breast cancer, annual mammography, annual breast MRI without computer-aided detection (CAD) and annual breast ultrasound are covered.

For women with increased breast density, supplemental screening with breast ultrasound, MRI, or digital breast tomosynthesis is not covered.

Breast PET-CT scanning and breast-specific gamma imaging are not covered for breast cancer screening.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,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)

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,D8,DIAGNOSTIC TESTING FOR OBSTRUCTIVE SLEEP APNEA (OSA) IN ADULTS]**

In adults with clinical signs and symptoms consistent with obstructive sleep apnea (OSA), a home sleep study is the first-line diagnostic test for most patients, when available.

Polysomnography in a sleep lab is indicated as a first-line test for patients with significant cardiorespiratory disease, potential respiratory muscle weakness due to a neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia. If a patient has had an inconclusive (or negative) home sleep apnea test and a clinical suspicion for OSA remains, then attended polysomnography is included on this line. Split night diagnostic protocols are required when a diagnosis of OSA is confirmed in the first portion of the night.

For portable devices, Type II-III are included on this line. Type IV sleep testing devices must measure three or more channels, one of which is airflow, to be included on this line. Sleep testing devices that are not Type I-IV and measure three or more channels that include actigraphy, oximetry, and peripheral arterial tone, are included on this line.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,D9,MRI FOR BREAST CANCER DIAGNOSIS]**

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



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**[GLhead,D10,MRI IN MULTIPLE SCLEROSIS] (CONT'D)**

**[GLhead,D10,MRI IN MULTIPLE SCLEROSIS]**

MRI is a diagnostic test for multiple sclerosis and should not be used for routine monitoring of disease.

MRI may be considered in the following circumstances:

- A) Suspected drug failure in the setting of clinical relapse in patients with objective changes in neurological status or documented new clinical symptoms such as urinary urgency or cognitive changes
- B) Evaluation of a clear objective progression in clinical symptoms in patients with previously relapsing disease to rule out ongoing inflammatory disease when conversion to secondary progressive MS is suspected
- C) Patients who require enhanced pharmacovigilance, including
  - 1) Yearly monitoring for patients treated with natalizumab who are JCV seropositive
  - 2) One MRI for patients who switch from natalizumab to other therapeutics (including fingolimod, alemtuzumab and dimethyl fumarate) one year after the switch from natalizumab

**[GLhead,D11,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 markedly abnormal reflexes, 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.

**[GLhead,D12,UPPER ENDOSCOPY FOR GERD OR DYSPEPSIA SYMPTOMS]**

Upper endoscopy for uninvestigated dyspepsia or GERD symptoms is covered for:

Patients less than 50 years of age with persistent symptoms following advice on lifestyle modifications and completion of an appropriate course of twice daily PPI therapy or an H. pylori test and treat protocol.

Patients 50 years of age and older

Patients with "alarm symptoms" including, but not limited to, iron deficiency anemia or weight loss

Upper endoscopy is not covered for patients with previous upper endoscopy with non-malignant findings (other than Barrett's esophagus) in the absence of significant new symptoms.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GIhead,D13,SCREENING FOR CAROTID ARTERY STENOSIS]**

Screening for carotid artery stenosis (CPT 93880) in the general primary care population is not a covered service.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GIhead,D14,LUNG CANCER SCREENING]**

Low dose computed tomography is included for annual screening for lung cancer in persons aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. Current smokers should be offered evidence based smoking cessation interventions.

**[GIhead,D15, COMPUTER-AIDED MAMMOGRAPHY]**

Computer-aided mammography is not intended to be a covered service.

**[GIhead,D16, OSTEOPOROSIS SCREENING AND MONITORING IN ADULTS]**

Osteoporosis screening by dual-energy X-ray absorptiometry (DXA) is covered only for women aged 65 or older, and for men or younger women whose 10-year risk of major osteoporotic fracture is equal to or greater than 9.3 percent.

Fracture risk should be assessed by the World Health Organization's FRAX tool or similar instrument.

Routine osteoporosis screening by DXA is not covered for men.

The frequency of subsequent monitoring for development of osteoporosis should not be based on DXA scores alone. If rapid change in bone density is expected, more frequent DXA scanning is appropriate (for example, in patients taking glucocorticoids, those with a history of rapid weight loss, those with medical conditions that could result in secondary osteoporosis, etc.).

If there has been no significant change in an individual's risk factors, monitoring by repeat DXA scanning is covered only at the following frequencies:

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**once every two years for those with osteoporosis or advanced osteopenia (T-score of -2.00 or lower) (CONT'D)**

- 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)
- once every ten years for mild osteopenia (T-score between -1.01 and -1.49).
- once every fifteen years for those with normal bone density.

Repeat testing is only covered if the results will influence clinical management. For purposes of monitoring osteoporosis medication therapy, testing at intervals of less than two years is not covered.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GIhead,D17,PRENATAL GENETIC TESTING]**

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

- A) Genetic counseling (CPT 96040, HPCPS S0265) for high risk women who have family history of inheritable disorder or carrier state, ultrasound abnormality, previous pregnancy with aneuploidy, or elevated risk of neural tube defect.
- B) Genetic counseling (CPT 96040, HPCPS S0265) prior to consideration of chorionic villus sampling (CVS), amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening
- C) Validated questionnaire to assess genetic risk in all pregnant women
- D) Screening high risk ethnic groups for hemoglobinopathies (CPT 83020, 83021)
- E) Screening for aneuploidy with any of five screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, and contingency] (CPT 76813, 76814, 81508-81511,81512,82105,82677)
- F) Cell free fetal DNA testing (CPT 81420, 81507) for evaluation of aneuploidy in women who have an elevated risk of a fetus with aneuploidy (maternal age >34, family history or elevated risk based on screening).
- G) Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
- H) CVS or amniocentesis (CPT 59000, 59015, 76945,76946, 82106, 88235, 88261-88264, 88267, 88269, 88280, 88283, 88285, 88289,88291) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
- I) Array CGH (CPT 81228, 81229) when major fetal congenital anomalies are apparent on imaging, or with normal imaging when array CGH would replace karyotyping performed with CVS or amniocentesis in #8 above.
- J) FISH testing (CPT 88271, 88272, 88274, 88275, 81171, 81172) 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)
- K) Screening for Tay-Sachs carrier status (CPT 81255) in high risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
- L) Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
- M) Screening for fragile X status (CPT 81243, 81244, 81171, 81172) in patients with a personal or family history of
  - a. fragile X tremor/ataxia syndrome
  - b. premature ovarian failure
  - c. unexplained early onset intellectual disability
  - d. fragile X intellectual disability
  - e. unexplained autism through the pregnant woman's maternal line
- N) Screening for spinal muscular atrophy (CPT 81239) once in a lifetime
- O) Screening those with Ashkenazi Jewish heritage for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255). Ashkenazi Jewish carrier panel testing (CPT 81412) is covered if the panel would replace and would be of similar or lower cost than individual gene testing including CF carrier testing.
- P) Expanded carrier screening only for those genetic conditions identified above

The following genetic screening tests are not covered:

- A) Serum triple screen
- B) Screening for thrombophilia in the general population or for recurrent pregnancy loss
- C) Expanded carrier screening which includes results for conditions not explicitly recommended for coverage

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GIhead,D18,ADVANCED IMAGING FOR STAGING OF PROSTATE CANCER]**

MRI is covered for men with histologically proven prostate cancer if knowledge of the T or N stage could affect management. CT of the pelvis is covered only when MRI is contraindicated.

Radionuclide bone scanning is not covered in men with low risk localized prostate cancer. Low risk is defined as PSA <10 ng/ml and Gleason score <=6 and clinical stage T1-T2a.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GIhead,D19,SPECT]**

SPECT (CPT 78451, 78452) is not covered for screening for coronary artery disease in asymptomatic patients.

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**(CONT'D)**

Stress SPECT (78451, 78452 in conjunction with stress testing) is only covered for diagnosis or risk stratification of coronary artery disease when a stress ECHO is contraindicated, is unavailable or would provide suboptimal imaging (i.e. pre-existing cardiomyopathy, baseline regional wall motion abnormalities, left bundle branch block, paced rhythm, unsuitable acoustic windows due to body habitus, or inability to exercise with inability to utilize dobutamine.)

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,D20,OPHTHALMOLOGY DIAGNOSTIC VISITS]**

Ophthalmology diagnostic visits (CPT 92002, 92004, 92012, 92014, 92081-92083, 92100, 92133, 92134) are covered for the evaluation of serious eye symptoms such as sudden vision loss or eye pain.

**[GLhead,D21,PHARMACOGENETICS TESTING FOR PSYCHIATRIC MEDICATION MANAGEMENT]**

Pharmacogenetics testing for management of psychiatric medications is not a covered service.

**[GLhead,D22, PET SCAN GUIDELINES]**

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

- Solitary pulmonary nodules and non-small cell lung cancer
- 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.

**[GLhead,D23, URINE DRUG TESTING]**

Urine drug testing (UDT) using presumptive testing is a covered diagnostic benefit when the results will affect treatment planning. Definitive testing is covered as a confirmatory test only when the result of the presumptive testing is inconsistent with the patient's history, presentation, or current prescribed medication plan, and the results would change management.

Definitive testing other than to confirm the results of a presumptive test as specified above is not covered, unless the clinician suspects use of a substance that is inadequately detected by presumptive UDT (e.g., fentanyl). Definitive testing is limited to no more than seven drug classes per date of service.

For patients receiving treatment for a substance use disorder, presumptive testing on up to 36 dates of service and definitive testing on up to 12 dates of service per year are covered. These limits must be applied in accordance with mental health parity law.

For patients receiving chronic opioid therapy for chronic pain, frequency of testing depending on the patient's risk level (using a validated opioid risk assessment tool). Definitive testing should be conducted only for confirmatory purposes as described above and should not exceed 12 dates of service per year:

- Low Risk: Random presumptive testing on up to two dates of service per year
- Moderate Risk: Random presumptive testing on up to four dates of service per year
- High Risk: Random presumptive testing on up to 12 dates of service per year

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**In patients with unexplained alteration of mental status and when knowledge of drug use is necessary for medical management (e.g., emergency department evaluation for altered mental status), UDT (presumptive and confirmatory definitive testing, if indicated) is covered in excess of the above limitations. (CONT'D)**

In patients with unexplained alteration of mental status and when knowledge of drug use is necessary for medical management (e.g., emergency department evaluation for altered mental status), UDT (presumptive and confirmatory definitive testing, if indicated) is covered in excess of the above limitations.

Urine drug testing conducted in accordance with policy of the DHS Office of Child Welfare Programs, when medically necessary, is also covered in excess of these limitations.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,D24, CARDIAC MAGNETIC RESONANCE IMAGING]**

Cardiac magnetic resonance imaging (CMR) is covered only after it has been determined that echocardiogram and Doppler studies are inconclusive or expected to be nondiagnostic.

**[GLhead,D25, HEREDITARY CANCER GENETIC TESTING]**

Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer or other related cancers suspected to be hereditary, or patients at increased risk to due to family history, services are provided according to the Comprehensive Cancer Network Guidelines.

- A) Lynch syndrome (hereditary colorectal, endometrial and other cancers associated with Lynch syndrome) services (CPT 81288, 81292-81300, 81317-81319, 81435, 81436) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Colorectal V1.2018 (7/12/18). [www.nccn.org](http://www.nccn.org).
- B) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for patients without a personal history of breast, ovarian and other associated cancers should be provided to high risk patients as defined by the US Preventive Services Task Force or according to the NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast and ovarian. V2.2019 (7/30/18). [www.nccn.org](http://www.nccn.org).
- C) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for women with a personal history of breast, ovarian, or other associated cancers and for men with breast or other associated cancers should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V2.2019 (7/30/18). [www.nccn.org](http://www.nccn.org).
- D) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V2.2019 (7/30/18) or Genetic/Familial High-Risk Assessment: Colorectal V1.2018 (7/12/18). [www.nccn.org](http://www.nccn.org).

Genetic counseling should precede genetic testing for hereditary cancer whenever possible.

- A) Pre and post-test genetic counseling should be covered when provided by a suitable trained health professional with expertise and experience in cancer genetics. Genetic counseling is recommended for cancer survivors when test results would affect cancer screening.
  - 1) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
- B) If timely pre-test genetic counseling is not possible for time-sensitive cases, appropriate genetic testing accompanied by pre- and post- test informed consent and post-test disclosure performed by a board-certified physician with experience in cancer genetics should be covered.
  - 1) Post-test genetic counseling should be performed as soon as is practical.

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 81163) 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).

Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.

Hereditary breast cancer-related disorders genomic sequence analysis panels (CPT 81432, 81433, 81479) are only included for patients meeting the criteria for hereditary cancer syndrome testing per NCCN guidelines

# **PRACTICE GUIDELINES**

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES  
NOT APPEARING ON THE JANUARY 1, 2019 PRIORITIZED LIST  
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GUIDELINE NOTES FOR HEALTH SERVICES  
THAT APPEAR ON THE JANUARY 1, 2019 PRIORITIZED LIST  
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**[GLhead,1,ROUTINE CERVICAL CANCER SCREENING]***[GLLines,1]*

Cervical cancer screening is covered on Line 3 for women:

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
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.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,2,FETOSCOPIC SURGERY]***[GLLines,2]*

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 extralobar 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, extralobar pulmonary sequestration and sacrococcygeal teratoma must show evidence of developing hydrops fetalis.

Certification of laboratory required (76813-76814).

**[GLhead,3, PROPHYLACTIC TREATMENT FOR PREVENTION OF BREAST CANCER IN HIGH RISK WOMEN]***[GLLines,3]*

Bilateral prophylactic breast removal and/or oophorectomy are included on Line 191 for women without a personal history of invasive breast cancer who meet the criteria in the NCCN Clinical Practice Guidelines in Oncology. Breast Cancer Risk Reduction. V.1.2016 (2/23/16). [www.nccn.org](http://www.nccn.org). Prior to surgery, women without a personal history of breast cancer must have a genetics consultation as defined in section A2 of the DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE.

Contralateral prophylactic mastectomy is included on Line 191 for women with a personal history of breast cancer.

**[GLhead,4, TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY]***[GLLines,4]*

Pharmacotherapy (including varenicline, bupropion and all five FDA-approved forms of nicotine-replacement therapy) and behavioral counseling are included on this line, alone or in combination, for at least two quit attempts per year. At least two quit attempts per year

**Pharmacotherapy (including varenicline, bupropion and all five FDA-approved forms of nicotine-replacement therapy) and behavioral counseling are included on this line, alone or in combination, for at least two quit attempts per year. At least two quit attempts per year must be provided without prior authorization, and each attempt can include both pharmacotherapy and behavioral counseling. Combination drug therapy (i.e. two forms of NRT or NRT plus bupropion) is also included with each quit attempt without prior authorization. However, nicotine inhalers and sprays may be subject to prior authorization. (CONT'D)**

must be provided without prior authorization, and each attempt can include both pharmacotherapy and behavioral counseling. Combination drug therapy (i.e. two forms of NRT or NRT plus bupropion) is also included with each quit attempt without prior authorization. However, nicotine inhalers and sprays may be subject to prior authorization.

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. During pregnancy, additional intensive behavioral counseling is strongly encouraged. All tobacco cessation interventions during pregnancy are not subject to quantity or duration limits.

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://www.oregon.gov/oha/PH/PreventionWellness/TobaccoPrevention/Documents/tob\\_cessation\\_coverage\\_standards.pdf](https://www.oregon.gov/oha/PH/PreventionWellness/TobaccoPrevention/Documents/tob_cessation_coverage_standards.pdf). The USPSTF has also made "A" recommendations for screening, counseling, and treatment of pregnant and nonpregnant adults, included in Guideline Note 106.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

#### **[GLhead,5, OBESITY AND OVERWEIGHT]**

*[GLLines,5]*

Medical treatment of overweight (with known cardiovascular risk factors) and obesity in adults is limited to intensive counseling on nutrition and physical activity, provided by health care professionals. Intensive counseling is defined as face-to-face contact more than monthly. A multidisciplinary team is preferred, but a single clinician could also deliver intensive counseling in primary care or other settings.

Intensive counseling visits are included on this line for 6 months. Intensive counseling visits may continue for an additional 6 months (up to 12 months) as long as there is evidence of continued weight loss or improvement in cardiovascular risk factors based on the intervention. Maintenance visits at the conclusion of the intensive treatment are included on this line no more than monthly after this intensive counseling period. The characteristics of effective behavioral interventions include: high intensity programs; multicomponent (including at a minimum diet and exercise), group-based commercial programs; Mediterranean diet; and the following sub-elements -- calorie counting, contact with a dietician, and comparison to peers.

Known cardiovascular risk factors in overweight persons for which this therapy is effective include: hypertension, dyslipidemia, prediabetes, or the metabolic syndrome. Treatment of prediabetes with the Diabetes Prevention Program (DPP) is addressed on Line 3 in Guideline Note 179.

Medical treatment of obesity in children is limited to comprehensive, intensive behavioral interventions. For treatment of children up to 12 years old, interventions may be targeted only to parents, or to both parents and children.

Pharmacological treatments and devices (e.g. gastric balloons, duodenal jejunal bypass liners, and vagus nerve blocking devices) for obesity are not intended to be included as services on this line or any other line on the Prioritized List.

#### **[GLhead,6, REHABILITATIVE AND HABILITATIVE THERAPIES]**

*[GLLines,6]*

The quantitative limits in this guideline note do not apply to mental health or substance abuse conditions.

A total of 30 visits per year of rehabilitative therapy and a total of 30 visits per year of habilitative therapy (physical, occupational and speech therapy) are included on these lines when medically appropriate. Additional visits, not to exceed 30 visits per year of rehabilitative therapy and 30 visits per year of habilitative therapy, may be authorized in cases of a new acute injury, surgery, or other significant change in functional status. Children under age 21 may have additional visits authorized beyond these limits if medically appropriate.

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

- A) therapy is provided by a licensed physical therapist, occupational therapist, speech language pathologist, physician, or other practitioner licensed to provide the therapy,
- B) there is objective, measurable documentation of clinically significant progress toward the therapy plan of care goals and objectives,
- C) the therapy plan of care requires the skills of a medical provider, and
- D) 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.

**(CONT'D)**

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.

**[GLhead,7, ERYTHROPOIESIS-STIMULATING AGENT (ESA) GUIDELINE]**

[GLLines,7]

- 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.

**[GIhead,8, BARIATRIC SURGERY]**

[GLLines,8]

Bariatric/metabolic surgery (limited to Roux-en-Y gastric bypass, and sleeve gastrectomy) is included on Line 320 when the following criteria are met:

- A) Age ≥ 18
- B) The patient has obesity with a:
  - 1) BMI ≥ 40 OR
  - 2) BMI ≥ 35 with:
    - a) Type 2 diabetes, OR
    - b) at least two of the following other serious obesity-related comorbidities: hypertension, coronary heart disease, mechanical arthropathy in major weight bearing joint, sleep apnea
- C) Repeat bariatric surgery is included when it is a conversion from a less intensive (such as gastric band or sleeve gastrectomy) to a more intensive surgery (e.g. Roux-en-Y). Repair of surgical complications (excluding failure to lose sufficient weight) are also included on this and other lines. Reversal of surgical procedures and devices is included on this line when benefits of reversal outweigh harms.
- 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 any nicotine product or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within 1 month of the quit date and within 1 month of the surgery to confirm abstinence from illicit drugs. Tobacco and nicotine abstinence to be confirmed in active users by negative cotinine levels at least 6 months apart, with the second test within one month of the surgery date.
    - c) No mental or behavioral disorder that may interfere with postoperative outcomes<sup>1</sup>.
    - d) Patient with 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 program<sup>2</sup>)
    - a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery.
    - b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure 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 clinically supervised weight reduction program (including intensive nutrition and physical activity counseling as defined by the USPSTF).
    - 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).



**(CONT'D)**

- <sup>1</sup> Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.
- <sup>2</sup> All surgical services must be provided by a program with current accreditation (as a comprehensive center or low acuity center) by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)

**[GLhead,9, WIRELESS CAPSULE ENDOSCOPY]**

*[GLLines,9]*

- 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
    - 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

**[GLhead,10, CENTRAL SEROUS CHORIORETINOPATHY AND POSTERIOR CYCLITIS]**

*[GLLines,10]*

Central serous chorioretinopathy (ICD-10-CM H35.71) is included on Line 383 only for treatment when the condition has been present for three months or longer. Posterior Cyclitis (ICD-10-CM H30.2) should only be treated in patients with 20/40 or worse vision.

**[GLhead,11, COLONY STIMULATING FACTOR (CSF) GUIDELINES]**

*[GLLines,11]*

- 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.

**[GLhead,12, PATIENT-CENTERED CARE OF ADVANCED CANCER]**

*[GLLines,12]*

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:



**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 (CONT'D)**

- A) 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
- B) 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.

Treatments with intent to relieve symptoms or improve quality of life are covered as defined in STATEMENT OF INTENT 1, PALLIATIVE CARE.

Examples include:

- A) Single-dose radiation therapy for painful bone metastases with the intent to relieve pain and improve quality of life.
- B) Surgical decompression for malignant bowel obstruction. Single fraction radiotherapy should be given strong consideration for use over multiple fraction radiotherapy when clinically appropriate (e.g., not contraindicated by risk of imminent pathologic fracture, worsening neurologic compromise or radioresistant histologies such as sarcoma, melanoma, and renal cell carcinoma).
- 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.

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.

The development of the single fraction radiotherapy portion of this guideline note was informed by a HERC [coverage guidance](http://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <http://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,13, HEMANGIOMAS, COMPLICATED]**

*[GLLines, 13]*

Dermatologic hemangiomas (ICD-10-CM D18.01 Hemangioma and Lymphangioma of skin and subcutaneous tissue) are included on Line 321 when they are ulcerated, infected, recurrently hemorrhaging, or function-threatening (e.g. eyelid hemangioma). Otherwise, they are included on Line 625.

**[GLhead,14, SECOND BONE MARROW TRANSPLANTS]**

*[GLLines, 14]*

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

**[GLhead,15, HETEROTOPIC BONE FORMATION]**

*[GLLines, 15]*

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.

**[GLhead,16, PROTON BEAM THERAPY FOR CANCER]**

*[GLLines, 16]*

Proton beam therapy is included on Lines 113 CANCER OF EYE AND ORBIT, 126 BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD and 294 CANCER OF BRAIN AND NERVOUS SYSTEM.

Proton beam therapy is included on Lines 129, 201 and 287 only for: malignant skull base, paranasal sinus (including lethal midline granuloma), spinal, and juxtaspinal tumors .

Proton beam therapy is additionally included on Lines 93, 191, 238, 276, 396 and 397 only for pediatric malignant tumors (incident cancer under age 21.)

**[GLhead,17, PREVENTIVE DENTAL CARE]**

*[GLLines, 17]*

Dental cleaning is limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120). More frequent dental cleanings may be required for certain higher risk populations.

Fluoride varnish (99188) is included on Line 3 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on Line 53 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

Fluoride varnish (99188) is included on Line 3 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on Line 53 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. (CONT'D)

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.

**[GLhead,18, VENTRICULAR ASSIST DEVICES]**

*[GLLines,18]*

Ventricular assist devices are covered as a bridge to cardiac transplant; as treatment for pulmonary hypertension when pulmonary hypertension is the only contraindication to cardiac transplant and the anticipated outcome is cardiac transplant; as a bridge to recovery; or as destination therapy.

When used as destination therapy, patients must

- A) have chronic end-stage heart failure (New York Heart Association Class IIIB or IV end-stage left ventricular failure) for more than 60 days, AND
- B) not be a candidate for heart transplantation, AND
- C) meet all of the following conditions:
  - 1) Have failed to respond to optimal medical management, including beta-blockers and ACE inhibitors (if tolerated) for at least 45 of the last 60 days, or have been balloon pump dependent for 7 days, or IV inotrope dependent for 14 days; and
  - 2) Have a left ventricular ejection fraction (LVEF) <25%; and
  - 3) Have demonstrated functional limitation with a peak oxygen consumption of <14 ml/kg/min unless balloon pump or inotrope dependent or physically unable to perform the test.
- D) Have adequate psychological condition and appropriate external psychosocial support for prolonged VAD support
- E) Have adequate end organ function

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22**

**[GIHead,19,NEUROPSYCHOLOGICAL TESTING FOR PTSD]**

*[GLLines,19]*

Neuropsychological testing is included on this line only when there is question of cognitive deficit or impairment and such testing is required to assist in making the correct diagnosis.

**[GLhead,20, ATTENTION DEFICIT/HYPERACTIVITY DISORDERS IN CHILDREN]**

*[GLLines,20]*

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](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,21, SEVERE INFLAMMATORY SKIN DISEASE]**

*[GLLines,21]*

Inflammatory skin conditions included in this guideline are:

- A) Psoriasis
- B) Atopic dermatitis
- C) Lichen planus
- D) Darier disease
- E) Pityriasis rubra pilaris

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**F) Discoid lupus**

The conditions above are included on Line 424 if severe, defined as having functional impairment (e.g. inability to use hands or feet for activities of daily living, or significant facial involvement preventing normal social interaction) AND one or more of the following:

- A) At least 10% of body surface area involved
- B) Hand, foot or mucous membrane involvement.

Otherwise, these conditions above are included on Lines 480, 502, 530, 539 and 654.

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 included 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.

For severe atopic dermatitis/eczema, first-line agents include topical moderate- to high- potency corticosteroids and narrowband UVB. Second line agents include topical calcineurin inhibitors (e.g. pimecrolimus, tacrolimus), topical phosphodiesterase (PDE)-4 inhibitors (e.g. crisaborole), and oral immunomodulatory therapy (e.g. cyclosporine, methotrexate, azathioprine, mycophenolate mofetil, or oral corticosteroids). Use of the topical second line agents (e.g. calcineurin inhibitors and phosphodiesterase (PDE)-4 inhibitors) should be limited to those who fail or have contraindications to first line agents. Biologic agents are included on this line for atopic dermatitis only after failure of or contraindications to at least one agent from each of the following three classes: 1) moderate to high potency topical corticosteroids, 2) topical calcineurin inhibitors or topical phosphodiesterase (PDE)-4 inhibitors, and 3) oral immunomodulator therapy.

**[GLhead,22, PLANNED CESAREAN DELIVERY]**

*[GLLines,22]*

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.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,23, COLON CANCER SURVEILLANCE]**

*[GLLines,23]*

- 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.

**[GLhead,24, COMPLICATED HERNIAS]**

*[GLLines,24]*

Complicated hernias are included on Line 168 if they cause symptoms of intestinal obstruction and/or strangulation. Incarcerated hernias (defined as non-reducible by physical manipulation) are also included on Line 168, excluding incarcerated ventral hernias. Incarcerated ventral hernias (including incarcerated abdominal incisional hernias) are included on Line 522, because the chronic incarceration of large ventral hernias does not place the patient at risk for impending strangulation. ICD-10-CM K43.0, K43.3, K43.6 and K46.0 are included on Line 522 when used to designate incarcerated abdominal incisional hernias without intestinal obstruction or gangrene.

**[GLhead,25, STEM CELL TRANSPLANTATION FOR NEUROBLASTOMA]**

*[GLLines,25]*

Stem cell transplantation (CPT 38204-38215, 38230-38241) is only included on this line for treatment of high risk neuroblastoma (ICD-10-CM C74).

**[GLhead,26, BREAST CANCER SURVEILLANCE]**

*[GLLines,26]*

- 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.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLhead,27, SLEEP APNEA]**

*[GLLines,27]*

CPAP is 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 one or more of the following:
  - excessive daytime sleepiness defined as either an Epworth Sleepiness Scale score >10 or daytime sleepiness interfering with ADLs that is not attributable to another modifiable sedating condition (e.g. narcotic dependence), or
  - documented hypertension, or
  - 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 is 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 for those for whom CPAP fails or is contraindicated.

Surgery for sleep apnea in adults is not included on this line (due to lack of evidence of efficacy). Surgical codes are included on this line only for children who meet criteria according to Guideline Note 118 OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,28, TROCHANTERIC BURSTITIS]**

*[GLLines,28]*

Trochanteric bursitis (ICD-10-CM M70.6 and M70.7) is included on Line 376 for pairing with physical therapy and steroid joint injections. Trochanteric bursitis is included on Line 503 for pairing with surgical interventions (i.e. CPT 27062).

**[GLhead,29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA]**

*[GLLines,29]*

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

- A) recurrent acute otitis media (three or more well-documented and separate episodes in six months or four or more well-documented and separate episodes in the past 12 months with at least one episode in the past six months) in patients who have unilateral or bilateral middle ear effusion at the time of assessment for tube candidacy, or
- B) patients with complicating conditions (immunocompromised host, meningitis by lumbar puncture, acute mastoiditis, sigmoid sinus/jugular vein thrombosis by CT/MRI/MRA, cranial nerve paralysis, sudden onset dizziness/vertigo, need for middle ear culture, labyrinthitis, or brain abscess).

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

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on Line 422 as a complication, pairing with ICD-10-CM H74.8.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,30, TESTICULAR CANCER]**

*[GLLines,30]*

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.

**[GLhead,31, COCHLEAR IMPLANTATION]**

*[GLLines,31]*

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

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- A) Severe to profound sensorineural hearing loss in both ears (defined as 71dB hearing loss or greater at 500, 1000 and 2000 Hz)
- B) Receive limited useful benefit from appropriately fitted hearing aids, defined as a speech discrimination score of <30% on age appropriate testing for children and as scores of 40% or less on sentence recognition test in the best-aided listening condition for adults
- C) No medical contraindications
- D) High motivation and appropriate expectations (both patient and family, when appropriate)

Bilateral cochlear implants are included on this line. Simultaneous implantation appears to be more cost-effective than sequential implantation.

**[GLHead,32, CATARACT]**

*[GLLines,32]*

Cataract extraction is included on this line for cataracts causing symptomatic (i.e. causing the patient to seek medical attention) impairment of visual function not correctable with a tolerable change in glasses or contact lenses resulting in the patient's inability to function satisfactorily while performing 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:

- A) Hypermature cataract causing inflammation and glaucoma OR
- B) 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) OR
- C) Significant anisometropia causing aniseikonia.

**[GLhead,33, NITROUS OXIDE FOR LABOR PAIN]**

*[GLLines,33]*

Nitrous oxide for labor pain is included on this line.

**[GLhead,34, EXTRACTION OF IMPACTED WISDOM TEETH]**

*[GLLines,34]*

Extraction of impacted wisdom teeth (D7220, D7230, D7240, D7241, D7250) is only included on this line when there is

- A) Evidence of pathology. Such pathology includes unrestorable caries, non-treatable pulpal and/or periapical pathology, cellulitis, abscess and osteomyelitis, internal/external resorption of the tooth or adjacent teeth, fracture of tooth, disease of follicle including cyst/tumour, tooth/teeth impeding surgery or reconstructive jaw surgery, and when a tooth is involved in or within the field of tumour resection OR
- B) Two or more episodes of pericoronitis OR
- C) Severe pain directly related to the impacted tooth that does not respond to conservative treatment. (Extraction for pain or discomfort related to normal tooth eruption or for non-specific symptoms such as "headaches" or "jaw pain" is not considered medically or dentally necessary for treatment.)

**[GLhead,35, SINUS SURGERY]**

*[GLLines,35]*

Sinus surgery (other than adenoidectomy) is indicated when at least one of the following circumstances occur (A-G):

- A) Recurrent acute rhinosinusitis, defined as 4 or more episodes of acute bacterial rhinosinusitis in one year without signs or symptoms of rhinosinusitis between episodes and have failed optimal medical management defined as nasal steroid therapy and nasal saline therapy, in patients who are compliant with oral antibiotics and/or oral corticosteroids for management of acute episodes of rhinosinusitis
- OR
- B) Chronic sinusitis defined as 12 weeks of continuous symptoms without improvement with one of the following (1-3):
    - 1) Findings of obstruction of active infection on CT scan OR
    - 2) Symptomatic mucocele OR
    - 3) Negative CT scan but significant disease found on nasal endoscopy
- AND
- Failure of medical therapy defined as (1-2)
- 4) Two or more courses of antibiotics with adequate doses AND
  - 5) Trial of inhaled and/or oral steroids (2 or more courses of adequate doses of one or both)
- 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

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

OR

F) Tumor of nasal cavity or sinuses

OR

G) CSF rhinorrhea

Adenoidectomy (CPT 42830, 42835) is included on Line 463 only for treatment of children with chronic sinusitis who fail appropriate medical therapy.

**[GLhead,36,ADENOTONSILLECTOMY FOR INDICATIONS OTHER THAN OBSTRUCTIVE SLEEP APNEA]**

*[GLLines,36]*

Tonsillectomy/adenotonsillectomy is an appropriate treatment for patients 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; or,
- C) Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

ICD-10-CM J35.1 and J35.3 are included on Line 368 only for 1) unilateral tonsillar hypertrophy in adults and 2) unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy. Bilateral tonsillar hypertrophy and unilateral tonsillar hypertrophy in children without other symptoms suggestive of malignancy are included only on Line 548.

See Guideline Note 118 for diagnosis and treatment of obstructive sleep apnea in children.

**[GLhead,37, SURGICAL INTERVENTIONS FOR CONDITIONS OF THE BACK AND SPINE OTHER THAN SCOLIOSIS]**

*[GLLines,37]*

Spine surgery is included on Line 346 only in the following circumstances:

- A) Decompressive surgery is included on Line 346 to treat debilitating symptoms due to central or foraminal spinal stenosis, and only when the patient meets the following criteria:
  - 1) Has MRI evidence of moderate or severe central or foraminal spinal stenosis AND
  - 2) Has neurogenic claudication OR
  - 3) Has objective neurologic impairment consistent with the MRI findings. Neurologic impairment is defined as objective evidence of one or more of the following:
    - a) Markedly abnormal reflexes
    - b) Segmental muscle weakness
    - c) Segmental sensory loss
    - d) EMG or NCV evidence of nerve root impingement
    - e) Cauda equina syndrome
    - f) Neurogenic bowel or bladder
    - g) Long tract abnormalitiesForaminal or central spinal stenosis causing only radiating pain (e.g. radiculopathic pain) is included only on Line 527.
- B) Spinal fusion procedures are included on Line 346 for patients with MRI evidence of moderate or severe central spinal stenosis only when one of the following conditions are met:
  - 1) spinal stenosis in the cervical spine (with or without spondylolisthesis) which results in objective neurologic impairment as defined above OR
  - 2) spinal stenosis in the thoracic or lumbar spine caused by spondylolisthesis resulting in signs and symptoms of neurogenic claudication and which correlate with xray flexion/extension films showing at least a 5 mm translation OR
  - 3) pre-existing or expected post-surgical spinal instability (e.g. degenerative scoliosis >10 deg, >50% of facet joints per level expected to be resected)

For all other indications, spine surgery is included on Line 527.

The following interventions are not included on these lines due to lack of evidence of effectiveness for the treatment of conditions on these lines, including cervical, thoracic, lumbar, and sacral conditions:

- prolotherapy
- local injections (including ozone therapy injections)
- botulinum toxin injection
- intradiscal electrothermal therapy
- therapeutic medial branch block
- coblation nucleoplasty
- percutaneous intradiscal radiofrequency thermocoagulation
- percutaneous laser disc decompression
- radiofrequency denervation
- corticosteroid injections for cervical pain

Corticosteroid injections for low back pain with or without radiculopathy are only included on Line 527.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

The development of this guideline note was informed by HERC coverage guidances on [Percutaneous Interventions for Low Back Pain](#), [Percutaneous Interventions for Cervical Spine Pain](#), [Low Back Pain: Corticosteroid Injections](#) and [Low Back Pain: Minimally Invasive and Non-Corticosteroid Percutaneous Interventions](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,38,SUBTALAR ARTHROEREISIS]**

[GLLines,38]

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

**[GLhead,39, ENDOMETRIOSIS AND ADENOMYOSIS]**

[GLLines,39]

- 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, 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) 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 (1-5):
  - 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) 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

**[GLhead,40, UTERINE LEIOMYOMA]**

[GLLines,40]

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 caused by myomata (i or ii or iii):
      - i) Chronic lower abdominal, pelvic or low back pressure
      - 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



**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLhead,41,SCOLIOSIS]**

*[GLLines,41]*

Non-surgical treatments of scoliosis (ICD-10-CM M41) are included on Line 361 when

- 1) the scoliosis is considered clinically significant, defined as curvature greater than or equal to 25 degrees, or
- 2) there is curvature with a documented rapid progression.

Surgical treatments of scoliosis are included on Line 361

- 1) only for children and adolescents (age 20 and younger) with
- 2) a spinal curvature of greater than 45 degrees

**[GLhead,42, CHEMODENERVATION FOR CHRONIC MIGRAINE]**

*[GLLines,42]*

Chemodenervation for treatment of chronic migraine (CPT 64615) is included on this line for prophylactic treatment of adults who meet all of the following criteria:

- A) have chronic migraine defined as headaches on at least 15 days per month of which at least 8 days are with migraine
- B) has not responded to or have contraindications to at least three prior pharmacological prophylaxis therapies (e.g. beta-blocker, anticonvulsant or tricyclic antidepressant)
- C) their condition has been appropriately managed for medication overuse
- D) treatment is administered in consultation with a neurologist or headache specialist.

Treatment is limited to two injections given 3 months apart. Additional treatment requires documented positive response to therapy. Positive response to therapy is defined as a reduction of at least 7 headache days per month compared to baseline headache frequency.

**[GLhead,43, LYMPHEDEMA]**

*[GLLines,43]*

Lymphedema treatments are included on this line 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 AND HABILITATIVE THERAPIES.

It is the intent of the HERC that compression dressings/garments and other medical equipment needed for the treatment of lymphedema be covered even in the absence of ulcers or other complications.

**[GLhead,44, MENSTRUAL BLEEDING DISORDERS]**

*[GLLines,44]*

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

**[GLhead,45, CHEMODENERVATION OF THE BLADDER]**

*[GLLines,45]*

Chemodenervation of the bladder (CPT 52287) is included on this line only for treatment of idiopathic detrusor over-activity or neurogenic detrusor over-activity (ICD-10-CM N32.81) in patients who have not responded to or been unable to tolerate at least two urinary incontinence antimuscarinic therapies (e.g. fesoterodine, oxybutynin, solifenacin, darifenacin, tolterodine, trospium). Treatment is



**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

limited to 90 days, with additional treatment only if the patient shows documented positive response. Positive response to therapy is defined as a reduction of urinary frequency of 8 episodes per day or urinary incontinence of 2 episodes per day compared to baseline frequency.

**[GLhead,46, AGE-RELATED MACULAR DEGENERATION]**

*[GLLines,46]*

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

**[GLhead,47, URINARY INCONTINENCE]**

*[GLLines,47]*

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.

**[GLhead,48, FRENULECTOMY/FRENULOTOMY]**

*[GLLines,48]*

Frenulectomy/frenulotomy (D7960) is included on this line for the following situations:

- A) When deemed to cause gingival recession
- B) When deemed to cause movement of the gingival margin when frenum is placed under tension.
- C) Maxillary labial frenulectomy not covered until age 12 and above.

**[GLhead,49, WEARABLE CARDIAC DEFIBRILLATORS]**

*[GLLines,49]*

Wearable cardiac defibrillators (WCDs; CPT 93745, HCPCS K0606-K0609) are included on these lines for patients at high risk for sudden cardiac death who meet the medical necessity criteria for an implantable cardioverter defibrillator (ICD) as defined by the CMS 2005 National Coverage Determination but are unable to have an ICD implanted due to medical condition (e.g. ICD explanted due to infection with waiting period before ICD reinsertion or current medical condition contraindicates surgery). WCDs are not included on these lines for use during the waiting period for ICD implantation after myocardial infarction, coronary bypass surgery, or coronary artery stenting.

**[GLhead,50, PELVIC ORGAN PROLAPSE SURGERY]**

*[GLLines,50]*

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 one or more of the following:
    - a) Low back discomfort or pelvic pressure, or
    - b) Difficulty in defecating, or
    - c) Difficulty in voiding
- B) For hysterectomy
  - 1) Nonmalignant cervical cytology, if cervix is present, and
  - 2) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- 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
- D) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- 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.

**[GLhead,51,CHRONIC OTITIS MEDIA WITH EFFUSION ]**

*[GLLines,51]*

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 311 or Line 444 for children up to and including age 7. Otherwise hearing loss associated with chronic otitis media with effusion (without those specific higher risk conditions) is only included on Line 473.

For coverage to be considered on Line 311, Line 444 or Line 473, 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 aged 4 and older who are having their second set of tubes.

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on Line 422 as a complication, pairing with ICD-10-CM H74.8.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,52, CHRONIC ANAL FISSURE]**

*[GLLines,52]*

Surgery for chronic anal fissure (ICD-10-CM 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.

**[GLhead,53, BASIC PERIODONTICS]**

*[GLLines,53]*

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211, D4212). Payable only when there are pockets of 5 mm or greater (D4341).

**[GLhead,54, CONDUCT DISORDER]**

*[GLLines,54]*

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).

**[GLhead,55, PELVIC PAIN SYNDROME]**

*[GLLines,55]*

- 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

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- 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 laparoscopic examination
    - b) Pain for more than 6 months with negative effect on patient's quality of life
  - 2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
    - a) Hormonal therapy (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
  - 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

**[GIhead,56, NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE]**

[GLLines,56]

Patients seeking care for back pain should be assessed for potentially serious conditions ("red flag" symptoms requiring immediate diagnostic testing), as defined in Diagnostic Guideline D4. Patients lacking red flag symptoms should be assessed using a validated assessment tool (e.g. STarT Back Assessment Tool) in order to determine their risk level for poor functional prognosis based on psychosocial indicators.

For patients who are determined to be low risk on the assessment tool, the following services are included on these lines:

- Office evaluation and education,
- Up to four total visits, consisting of the following treatments: OMT/CMT, acupuncture, and PT/OT. Massage, if available, may be provided as part of these four total visits.
- First line medications: NSAIDs, acetaminophen, and/or muscle relaxers. Opioids may be considered as a second line treatment, subject to the limitations on coverage of opioids in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE. See evidence table.

For patients who are determined to be medium- or high risk on the validated assessment tool, as well as patients undergoing opioid tapers as in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE, the following treatments are included on these lines:

- Office evaluation, consultation and education
- Cognitive behavioral therapy. The necessity for cognitive behavioral therapy should be re-evaluated every 90 days and coverage will only be continued if there is documented evidence of decreasing depression or anxiety symptomatology, improved ability to work/function, increased self-efficacy, or other clinically significant, objective improvement.
- Prescription and over-the-counter medications; opioid medications subject to the limitations on coverage of opioids in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE. See evidence table.
- The following evidence-based therapies, when available, may be provided: yoga, massage, supervised exercise therapy, intensive interdisciplinary rehabilitation. HCPCS S9451 is only included on Line 401 for the provision of yoga or supervised exercise therapy.
- A total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).
  - 1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6. CPT 97124 is included in this category.
  - 2) Chiropractic or osteopathic manipulation
  - 3) Acupuncture

Mechanical traction (CPT 97012) is not included on these lines, due to evidence of lack of effectiveness for treatment of back and neck conditions.

The development of this guideline note was informed by HERC coverage guidances on [Low Back Pain Non-Pharmacologic, Non-Invasive Intervention](#), [Low Back Pain, Pharmacological and Herbal Therapies](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)****Evidence Table of Effective Treatments for the Management of Low Back Pain**

Intervention Category*	Intervention	Acute < 4 Weeks	Subacute & Chronic > 4 Weeks
Self-care	Advice to remain active	●	●
	Books, handout	●	●
	Application of superficial heat	●	
Nonpharmacologic therapy	Spinal manipulation	●	●
	Exercise therapy		●
	Massage		●
	Acupuncture		●
	Yoga		●
	Cognitive-behavioral therapy		●
	Progressive relaxation		●
Pharmacologic therapy (Carefully consider risks/harms)	Acetaminophen	●	●
	NSAIDs	●(▲)	●(▲)
	Skeletal muscle relaxants	●	
	Antidepressants (TCA)		●
	Benzodiazepines**	●(▲)	●(▲)
	Tramadol, opioids**	●(▲)	●(▲)
Interdisciplinary therapy	Intensive interdisciplinary rehabilitation		●
<p>● Interventions supported by grade B evidence (at least fair-quality evidence of moderate benefit, or small benefit but no significant harms, costs, or burdens). No intervention was supported by grade "A" evidence (good-quality evidence of substantial benefit).</p> <p>▲ Carries greater risk of harms than other agents in table.</p>			

NSAIDs = nonsteroidal anti-inflammatory drugs; TCA = tricyclic antidepressants.

\*These are general categories only. Individual care plans need to be developed on a case by case basis. For more detailed information please see: <http://www.annals.org/content/147/7/478.full.pdf>

\*\*Associated with significant risks related to potential for abuse, addiction and tolerance. This evidence evaluates effectiveness of these agents with relatively short term use studies. Chronic use of these agents may result in significant harms.

**[GIHead,57, PELVIC PHYSICAL THERAPY FOR INTERSTITIAL CYSTITIS]**

[GLLines,57]

Pelvic physical therapy (CPT 97140 and 97161-97164) is included on this line only for treatment of interstitial cystitis in patients who present with pelvic floor tenderness. Such pelvic PT is only included on this line when provided by professionals trained and experienced in pelvic floor therapy and as limited in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

**[GLhead,58, IMPULSE DISORDERS]**

[GLLines,58]

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).

**[GLhead,59, DYSMENORRHEA]**

[GLLines,59]

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 laparoscopic examination
  - 2) Pain for more than 6 months with negative effect on patient's quality of life

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- 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

**[GLhead,60, OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE]**

[GLLines,60]

Opioid medications are only included on these lines under the following criteria:

For acute injury, acute flare of chronic pain, or after surgery:

- 1) During the first 6 weeks opioid treatment is included on these lines ONLY:
  - a) When each prescription is limited to 7 days of treatment, AND
  - b) For short acting opioids only, AND
  - c) When one or more alternative first line pharmacologic therapies such as NSAIDs, acetaminophen, and muscle relaxers have been tried and found not effective or are contraindicated, AND
  - d) When prescribed with a plan to keep active (home or prescribed exercise regime) and with consideration of additional therapies such as spinal manipulation, physical therapy, yoga, or acupuncture, AND
  - e) There is documented verification that the patient is not high risk for opioid misuse or abuse.
- 2) Treatment with opioids after 6 weeks, up to 90 days after the initial injury/flare/surgery is included on these lines ONLY:
  - a) With documented evidence of improvement of function of at least thirty percent as compared to baseline based on a validated tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).
  - b) When prescribed in conjunction with therapies such as spinal manipulation, physical therapy, yoga, or acupuncture.
  - c) With verification that the patient is not high risk for opioid misuse or abuse. Such verification may involve
    - i) Documented verification from the state's prescription monitoring program database that the controlled substance history is consistent with the prescribing record
    - ii) Use of a validated screening instrument to verify the absence of a current substance use disorder (excluding nicotine) or a history of prior opioid misuse or abuse
    - iii) Administration of a baseline urine drug test to verify the absence of illicit drugs and non-prescribed opioids.
  - d) Each prescription must be limited to 7 days of treatment and for short acting opioids only
- 3) Chronic opioid treatment (>90 days) after the initial injury/flare/surgery is not included on these lines except for the taper process described below.

Transitional coverage for patients on long-term opioid therapy as of July 1, 2016:

For patients on covered chronic opioid therapy as of July 1, 2016, opioid medication is included on these lines only from July 1, 2016 to December 31, 2016. During the period from January 1, 2017 to December 31, 2017, continued coverage of opioid medications requires an individual treatment plan developed by January 1, 2017 which includes a taper with an end to opioid therapy no later than January 1, 2018. Taper plans must include nonpharmacological treatment strategies for managing the patient's pain based on Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE. If a patient has developed dependence and/or addiction related to their opioids, treatment is available on Line 4 SUBSTANCE USE DISORDER.

**[GLhead,61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS]**

[GLLines,61]

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 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 146 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: 550

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

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: 533  
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: 546  
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: 611  
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD  
Treatment: MEDICAL THERAPY

Line: 612  
Condition: OTHER VIRAL INFECTIONS  
Treatment: MEDICAL THERAPY

Line: 649  
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.

**[GLhead,62,NEGATIVE PRESSURE WOUND THERAPY]**

*[GLLines,62]*

Negative pressure wound therapy (CPT 97605-97608) is included on these lines 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.

**[GLhead,63, HYDROCELE REPAIR]**

*[GLLines,63]*

Excision of hydrocele is only covered for children age 18 and younger with hydroceles which persist after 18 months of age.

**[GLhead,64, PHARMACIST MEDICATION MANAGEMENT]**

*[GLLines,64,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) Documentation must be provided for each consultation and must reflect communication with the patient's primary care 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.

**[GLhead,65, TELEPHONE AND EMAIL CONSULTATIONS]**

*[GLLines,65,Included on all lines with evaluation & management (E&M) codes]*

Telephone and email consultations (CPT 98966-98969, 99441-99443) 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.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- 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.

**[GLhead,66, CERVICAL DYSPLASIA]**

*[GLLines,66]*

Work up and treatment of cervical dysplasia should follow the American Society for Cervical Colposcopy and Pathology guidelines as published in the Journal of Lower Genital Tract Disease, April 2013.

**[GLhead,67, BROW PTOSIS]**

*[GLLines,67]*

Brow ptosis repair is included on Line 393 for congenital brow ptosis in children only when ALL the following criteria are met:

- A) The condition developed within the first year of life, and
- B) Ptosis interferes with field of vision, and
- C) The child has abnormal head posture (e.g., head tilt or turn, chin up or chin down), amblyopia or strabismus or is at high risk for development of amblyopia.

Brow ptosis repair is included on Line 453 for acquired brow ptosis only when ALL the following criteria are present:

- A) Brow ptosis is causing a functional impairment of upper/outer visual fields with documented complaints of interference with vision or visual field related activities such as difficulty reading or driving due to upper brow drooping, looking through eyelashes, or seeing the upper eyelid skin, and
- B) Photographs show the eyebrow below the supraorbital rim, and
- C) Overhanging skin due to brow ptosis is sufficiently low to produce a visually significant field restriction of approximately 30 degrees or less from fixation or a central "pseudo- margin to reflex distance" of 2.0 mm or less, and
- D) The visual field impairment cannot be corrected by an upper lid blepharoplasty alone.

Otherwise, brow ptosis repair is included on Line 652.

**[GLhead,68, HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION ]**

*[GLLines,68]*

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.

**[GLhead,69,ELECTROCONVULSIVE THERAPY (ECT)]**

*[GLLines,69]*

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

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- 5) History of poor response to multiple adequate trials 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

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.

**[GLhead,70, HEART-KIDNEY TRANSPLANTS]**

[GLLines,70]

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.

**[GLhead,71, HIP RESURFACING]**

[GLLines,71]

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

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,72, CONGENITAL UROLOGIC CONDITIONS]**

[GLLines,72]

The following conditions are included on these Lines 87, 94 and 432 only for children aged 18 and younger. For adults, these conditions are included on Line 656.

- ICD-10-CM Q54.0 (Hypospadias, balanic)
- ICD-10-CM Q55.22 (Retractile testicle)
- ICD-10-CM Q60.3 (Renal hypoplasia, unilateral)
- ICD-10-CM Q62.4 (Agenesis of ureter)
- ICD-10-CM Q62.5 (Duplication of ureter)
- ICD-10-CM Q62.60 (Accessory kidney)
- ICD-10-CM Q62.61 (Deviation of ureter)
- ICD-10-CM Q62.62 (Displacement of ureter)
- ICD-10-CM Q63 (Other congenital malformations of kidney)



**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLhead,73, PENILE ANOMALIES]**

*[GLLines,73]*

Anomalies of the penis (ICD-10-CM Q54.4, Q55.5 and Q55.6) are included on Line 432 only when they

- A. Are associated with hypospadias, OR
- B. Result in documented urinary retention, OR
- C. Result in repeated urinary tract infections, OR
- D. Result in recurrent infections such as meatitis or balanitis, OR
- E. Involve 35 degrees of curvature or greater for conditions resulting in lateral or ventral curvature, OR
- F. Involve 60 degrees of rotation or greater for conditions resulting in penile torsion, OR
- G. Involve aplasia/congenital absence of the penis.

Otherwise, these diagnoses are included on Line 656.

**[GLhead,74, GROWTH HORMONE TREATMENT]**

*[GLLines,74]*

Treatment with growth hormone should continue only until adult height as determined by bone age is achieved.

**[GLhead,75,APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER]**

*[GLLines,75]*

Applied behavioral analysis (ABA), including early intensive behavioral intervention (EIBI), represented by CPT codes 97151-97158, is included on Line 193 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 AND HABILITATIVE 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.

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,

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

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.

**[GIHead,76,DIAGNOSTIC TESTING FOR LIVER FIBROSIS TO GUIDE TREATMENT OF HEPATITIS C IN NON-CIRRHOTIC PATIENTS]**

*[GLLines,76]*

Given that a fibrosis score of  $\geq F2$  is the threshold for antiviral treatment of Hepatitis C, the following are included on this line:

Imaging tests:

- Transient elastography (FibroScan®)
- Acoustic radiation force impulse imaging (ARFI) (Virtual Touch™ tissue quantification, ElastPQ)
- Shear wave elastography (SWE) (Aixplorer®)

Blood tests (only if imaging tests are unavailable):

- Enhanced Liver Fibrosis (ELF™)
- Fibrometer™
- FIBROSpect® II
- FibroSure® (FibroTest®) or ActiTest®

If a fibrosis score of  $\geq F3$  is the threshold for antiviral treatment of Hepatitis C, one or more of the following are included on this line:

Imaging tests:

- Transient elastography (FibroScan®)
- Acoustic radiation force impulse imaging (ARFI)
- Shear wave elastography (SWE)

Magnetic resonance elastography is included on this line for  $\geq F2$  or  $\geq F3$  only when at least one imaging test (FibroScan, ARFI, and SWE) has resulted in indeterminate results, a second one is similarly indeterminate, contraindicated or unavailable, and MRE is readily available.

The following tests are not included on this line (or any other line):

- Real time tissue elastography
- Hepascore (FibroScore)

Noninvasive tests are covered no more often than once per year.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,77, TIPS PROCEDURE]**

*[GLLines,77]*

TIPS procedure (CPT code 37182, 37183) is included on these lines for patients who:

- A) Have failed sclerotherapy and have acute bleeding from varices; or
- B) Have failed sclerotherapy and have had 2 or more episodes of re-bleeding requiring a transfusion during a 2-week period; or
- C) Requires bleeding control from varices and surgery is contraindicated; or
- D) Are liver transplant candidates who require bleeding control from varices; or
- E) Have severe debilitating ascites or hepatic hydrothorax refractory to medical management (e.g., oral diuretics and repeated large-volume paracentesis).

**[GLhead,78, HEPATIC METASTASES]**

*[GLLines,78]*

ICD-10-CM C78.7 Hepatic metastases are included on this line only when:

- A) Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12 PATIENT-CENTERED CARE OF ADVANCED CANCER;
- B) There are no other extrahepatic metastases; and,
- C) The only treatment covered is hepatectomy/resection of liver (CPT codes 47120, 47122, 47125 or 47130).

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLhead,79, BREAST RECONSTRUCTION]**

*[GLLines,79]*

Breast reconstruction 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. Revision of previous reconstruction is only covered in cases where the revision is required to address complications of the surgery (wound dehiscence, fistula, chronic pain directly related to the surgery, etc.). Revisions are not covered solely for cosmetic issues.

Breast reconstruction may include contralateral reduction mammoplasty (CPT 19318) or contralateral mastopexy (CPT 19316). Mastopexy is only to be covered when contralateral reduction mammoplasty is inappropriate for breast reconstruction and mastopexy will accomplish the desired reconstruction result.

**[GLhead,80, REPAIR OF NOSE TIP]**

*[GLLines,80]*

Nose tip repair (CPT 30460) is included on this line only to be used in conjunction with codes 40700, 40701, 40702 or 40720. If not done in the context of a larger cleft palate/lip surgery, then nose tip repair is only included on this line if required for correction of physical functioning.

**[GLhead,81, BUERGER'S DISEASE]**

*[GLLines,81]*

Buerger's disease (ICD-10-CM I73.1) is included on Line 236 only when ulceration or gangrene is present. Otherwise, this diagnosis is included on Line 651. ICD-10-CM I73.1 does not pair on Line 236 with revascularization procedures, bypass graft procedures, or angioplasty.

**[GLhead,82, EARLY INTERVENTION FOR PSYCHOSIS]**

*[GLLines,82]*

- A) These lines include "early intervention for psychosis," a multidisciplinary specialty team-based intervention that includes:
- B) Psychiatric medication management
- C) Individual counseling
- D) Family group therapy
- E) Family individual therapy

The goal of the early intervention is to minimize harms of a first outbreak of psychosis and improve long-term functioning.

**[GLhead,83, HIP CORE DECOMPRESSION]**

*[GLLines,83]*

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).

**[GLhead,84, MEDICAL NUTRITION THERAPY FOR EPILEPSY]**

*[GLLines,84]*

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.

**[GLhead,85, ELECTIVE INDUCTION OF LABOR]**

*[GLLines,85]*

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

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- 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)

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,86, ORGANIC MENTAL DISORDERS]**

*[GLLines,86]*

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 71, 292, 345 and 377).

**[GLhead,87, INFLUENZA]**

*[GLLines,87]*

Treatment and post-exposure prophylaxis of influenza should comply with state and national public health recommendations.

**[GLhead,88, USE OF PROGESTERONE CONTAINING IUDS FOR NON-CONTRACEPTIVE INDICATIONS]**

*[GLLines,88]*

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

- A) menorrhagia (ICD-10-CM N92.0-N92.2 and N92.4)
- B) 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
- C) for uterine protection in women taking selective estrogen receptor modulators (SERMs).

**[GLhead,89, REVASCULARIZATION FOR CHRONIC STABLE ANGINA]**

*[GLLines,89]*

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

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

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

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLhead,90, COGNITIVE REHABILITATION]**

*[GLLines,90]*

Once physical stabilization from acute brain injury has occurred, as determined by an attending physician, cognitive rehabilitation (CPT 97127) 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.

**[GLhead,91, CARIES ARRESTING MEDICAMENT APPLICATION]**

*[GLLines,91]*

D1354 is limited to silver diamine fluoride applications for the treatment (rather than prevention) of caries, with a maximum of two applications per year.

**[GLhead,92, ACUPUNCTURE]**

*[GLLines,92]*

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-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 per pregnancy.

*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 session per pregnancy.

*Back and pelvic pain of pregnancy*

ICD-10-CM: O99.89

Acupuncture is paired with back and pelvic pain of pregnancy when referred by maternity care provider/primary care provider for up to 12 sessions per pregnancy.

**Line 5 TOBACCO DEPENDENCE**

Acupuncture is included on this line for a maximum of 12 sessions per quit attempt up to two quit attempts per year; additional sessions may be authorized if medically appropriate.

**Line 202 CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS**

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 per year, with documentation of meaningful improvement; patients may have additional visits authorized beyond these limits if medically appropriate.

**Line 361 SCOLIOSIS**

Acupuncture is included on this line with visit limitations as in Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE.

**Line 401 CONDITIONS OF THE BACK AND SPINE**

Acupuncture is included on this line with visit limitations as in Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE.

**Line 409 MIGRAINE HEADACHES**

Acupuncture pairs on Line 409 for migraine (ICD-10-CM G43.0, G43.1, G43.5, G43.7, G43.8, G43.9), for up to 12 sessions per year.

**Line 461 OSTEOARTHRITIS AND ALLIED DISORDERS**

Acupuncture pairs on Line 461 for osteoarthritis of the knee only (ICD-10-CM M17), for up to 12 sessions per year.

**\*Line 538 TENSION HEADACHES**

Acupuncture is included on Line 538 for treatment of tension headaches (ICD-10-CM G44.2), for up to 12 sessions per year.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

\*Below the current funding line.

**[GLhead,93, IMPLANTABLE GNRH ANALOG THERAPY]**

*[GLLines,93]*

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.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLHead,94,PECTUS EXCAVATUM]**

[GLLines,94]

Pectus excavatum (ICD-10-CM Q67.6) is included on Line 400 only for patients with all of the following:

- 1) Severe deformity (Haller index >3.25) AND
- 2) Documented pulmonary or cardiac dysfunction demonstrated by either
  - a) Cardiac effects to include cardiac compression or displacement, bundle branch block or other cardiac pathology secondary to compression of the heart, OR
  - b) Pulmonary function studies demonstrating at least a moderately severe restrictive lung defect, AND
- 3) these conditions are reasonably expected to be relieved with surgery.

Otherwise, this condition is included on Line 525

ICD-10-CM Q79.8 is included on Line 400 only for Poland syndrome. Other diagnoses using this code are on Line 525. Surgical reconstruction of musculo-skeletal chest wall deformities associated with Poland's syndrome are only included on Line 400 when causing functional deficits.

**[GIHead,95, IMPLANTABLE CARDIAC DEFIBRILLATORS]**

[GLLines,95]

Implantable cardiac defibrillators are included on these lines for patients with one or more of the following:

- A) Patients with a personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation. Patients must have demonstrated one of the following:
  - 1) Documented episode of cardiac arrest due to ventricular fibrillation (VF), not due to a transient or reversible cause
  - 2) Documented sustained ventricular tachyarrhythmia (VT), either spontaneous or induced by an electrophysiology (EP) study, not associated with an acute myocardial infarction
- B) Patients with a prior myocardial infarction and a measured left ventricular ejection fraction (LVEF)  $\leq 0.30$ . Patients must not have:
  - 1) New York Heart Association (NYHA) classification IV heart failure; or
  - 2) Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or
  - 3) Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary intervention (PCI) with angioplasty and/or stenting, within past 3 months; or
  - 4) Had a myocardial infarction in the past 40 days; or
  - 5) Clinical symptoms or findings that would make them a candidate for coronary revascularization
- C) Patients who have severe ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF)  $\leq 35\%$ . Additionally, patients must not have:
  - 1) Had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months; or
  - 2) Had a myocardial infarction within the past 40 days; or
  - 3) Clinical symptoms and findings that would make them a candidate for coronary revascularization.
- D) Patients who have severe non-ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF)  $\leq 35\%$ , been on optimal medical therapy (OMT) for at least 3 months. Additionally, patients must not have:
  - 1) Had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months; or
  - 2) Had a myocardial infarction within the past 40 days; or
  - 3) Clinical symptoms and findings that would make them a candidate for coronary revascularization.
- E) Patients with documented familial, or genetic disorders with a high risk of life-threatening tachyarrhythmias (sustained ventricular tachycardia or ventricular fibrillation), to include, but not limited to, long QT syndrome or hypertrophic cardiomyopathy.
- F) Patients with an existing ICD may receive an ICD replacement if it is required due to the end of battery life, elective replacement indicator (ERI) or device/lead malfunction.

For these patients identified in A-E, a formal shared decision making encounter must occur between the patient and a physician or qualified non-physician practitioner using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

All indications above in A-F must meet the following criteria:

- A) Patients must be clinically stable (e.g., not in shock, from any etiology);
- B) Left ventricular ejection fraction (LVEF) must be measured by echocardiography, radionuclide (nuclear medicine) imaging, or catheter angiography;
- C) Patients must not have:
  - 1) Significant, irreversible brain damage; or
  - 2) Any disease, other than cardiac disease (e.g., cancer, renal failure, liver failure) associated with a likelihood of survival less than 1 year; or
  - 3) Supraventricular tachycardia such as atrial fibrillation with a poorly controlled ventricular rate.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

Exceptions to waiting periods for patients that have had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months, or had a myocardial infarction within the past 40 days:

- A) Cardiac Pacemakers: Patients who meet all CMS coverage requirements for cardiac pacemakers and who meet the criteria in this national coverage determination for an ICD may receive the combined device in one procedure at the time the pacemaker is clinically indicated;
- B) Replacement of ICDs: Patients with an existing ICD may receive a ICD replacement if it is required due to the end of battery life, elective replacement indicator (ERI) or device/lead malfunction.

Other Indications:

For patients who are candidates for heart transplantation on the United Network for Organ Sharing (UNOS) transplant list awaiting a donor heart, coverage of ICDs, as with cardiac resynchronization therapy, as a bridge to transplant to prolong survival until a donor becomes available.

**[GLhead,96, TREATMENT OF BENIGN NEOPLASM OF URINARY ORGANS]**

[GLLines,96]

Treatment of benign urinary system tumors (ICD-10-CM D30.00-D30.02) are included on Line 215 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 509.

**[GLhead,97, MANAGEMENT OF ACROMIOCLAVICULAR JOINT SPRAIN]**

[GLLines,97]

Sprain of acromioclavicular joint (ICD-10-CM S43.50-S43.52) is only included on Line 417 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 605.

**[GLhead,98, SIGNIFICANT INJURIES TO LIGAMENTS, TENDONS AND MENISCI]**

[GLLines,98]

Significant injuries to ligaments, tendons and/or menisci are those that result in clinically demonstrable joint instability or mechanical interference with motion. Significant injuries are covered on Line 376 or Line 430 for both medical and surgical interventions non-significant injuries are included on Line 605.

Iliotibial (IT) band syndrome (ICD10 M76.3) is included on Line 376 only for pairing with 2 physical therapy visits with a provider licensed to provide physical therapy services, anti-inflammatory medications, and primary care office visits. Otherwise, it is included on Line 605.

**[GLhead,99,ROUTINE PRENATAL ULTRASOUND]**

[GLLines,99]

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. For those using tobacco during pregnancy, additional counseling around smoking impacts on the fetus is included during this ultrasound.

Only one type of routine prenatal ultrasound should be covered in a single day (i.e., transvaginal or abdominal).

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,100,SMOKING AND SPINAL FUSION]**

[GLLines,100]

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking and abstinent from all nicotine products for 6 months prior to the planned procedure, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date. Patients should be given access to appropriate smoking cessation therapy. Non-emergent spinal arthrodesis is defined as surgery for a patient with a lack of myelopathy or rapidly declining neurological exam.

**[GLhead,101,ARTIFICIAL DISC REPLACEMENT]**

[GLLines,101]

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:

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**Lumbar artificial disc replacement**

- A) Patients must first complete a structured, intensive, multi-disciplinary program for management of pain, if covered by the agency;
- B) Patients must be 60 years or under;
- C) 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**

- D) 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.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,102, REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION]**

*[GLLines, 102]*

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 <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,103,BONE ANCHORED HEARING AIDS]**

*[GLLines, 103]*

Bone anchored hearing aids (BAHA, CPT 69714, 69715) are included on these lines when the following criteria are met:

- A) The patient is aged 5-20 years for implanted bone anchored hearing aids; headband mounted BAHA devices may be used for children under age 5
- B) Treatment is for unilateral severe to profound hearing loss when the contralateral ear has normal hearing with or without a hearing aid
- C) Traditional air amplification hearing aids and contralateral routing of signal (CROS) hearing aid systems are not indicated or have been tried and are found to be not effective
- D) Implantation is unilateral.

Use of BAHA for treatment of tinnitus is not covered

**[GLhead,104, VISCOSUPPLEMENTATION OF THE KNEE]**

*[GLLines, 104]*

CPT 20610 and 20611 are included on these lines only for interventions other than viscosupplementation for osteoarthritis of the knee.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,105,MEDIASTINITIS]**

*[GLLines, 105]*

ICD-10-CM J98.51 (Mediastinitis) is included on Line 285 for acute mediastinitis and on Line 655 for chronic or fibrosing mediastinitis.

**[GLhead,106, PREVENTIVE SERVICES]**

*[GLLines, 106]*

Included on Line 3 are the following preventive services:

- A) US Preventive Services Task Force (USPSTF) "A" and "B" Recommendations in effect and issued prior to January 1, 2018.
  - 1) <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
  - 2) USPSTF "D" recommendations are not included on this line or any other line of the Prioritized List.
- B) American Academy of Pediatrics (AAP) Bright Futures Guidelines:
  - 1) <http://brightfutures.aap.org>. Periodicity schedule available at [http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity Schedule\\_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf).



**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- 2) Screening for lead levels is defined as blood lead level testing and is indicated for Medicaid populations at 12 and 24 months. In addition, blood lead level screening of any child between ages 24 and 72 months with no record of a previous blood lead screening test is indicated.
- C) Health Resources and Services Administration (HRSA) Women's Preventive Services-Required Health Plan Coverage Guidelines as updated by HRSA on December 20, 2016. Available at <https://www.hrsa.gov/womens-guidelines-2016/index.html> as of 3/6/2019.
- D) Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP): <http://www.cdc.gov/vaccines/schedules/hcp/index.html> or approved for the Oregon Immunization Program: <https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMAPvactable.pdf>

Colorectal cancer screening is included on Line 3 for average-risk adults aged 50 to 75, using one of the following screening programs:

- A) Colonoscopy every 10 years
- B) Flexible sigmoidoscopy every 5 years
- C) Fecal immunochemical test (FIT) every year
- D) Guaiac-based fecal occult blood test (gFOBT) every year

Colorectal cancer screening for average-risk adults aged 76 to 85 is covered only for those who

- A) Are healthy enough to undergo treatment if colorectal cancer is detected, and
- B) Do not have comorbid conditions that would significantly limit their life expectancy.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,107,HYPERBARIC OXYGEN]**

[GLLines,107]

A course of hyperbaric oxygen treatment is included on this line subject to the following limitations:

- Codes appearing on this line from ICD-10-CM E08-E13 are included only when they are diabetic wound ulcers of the lower extremities which are Wagner grade 3 or higher (that is, involving bone or gangrenous) and show no measurable signs of healing after 30 days of adequate standard wound therapies including arterial assessment. Courses of treatment for wounds or ulcers are limited to 30 days after the initial treatment; additional 30 day treatment courses are only covered for patients with incomplete wound/infection resolution AND measurable signs of healing
- ICD-10-CM M27.2 is included on this line for osteoradionecrosis of the jaw only
- ICD-10-CM O08.0 and M60.0 are included on this line only if the infection is a necrotizing soft-tissue infection
- ICD-10-CM S07, S17, S38, S47.1, S47.2, S47.9, S57, S67, S77, S87, S97, T79.A are included on this line only for posttraumatic crush injury of Gustilo type III B and C
- ICD-10-CM T66.XXXA-T66.XXXD and L59.8 are included on this line only for osteoradionecrosis and soft tissue radiation injury
- ICD-10-CM T86.82, T82.898, T82.9, T83.89, T83.9, T84.89, T84.9, T85.89, T85.9 are included on this line only for compromised myocutaneous flaps

**[GLhead,108, CONTINUOUS GLUCOSE MONITORING]**

[GLLines,108]

Real-time (personal) continuous glucose monitoring (CGM) is included on Line 8 for:

- A) Adults with type 1 diabetes mellitus not on insulin pump management:
  - 1) Who have received or will receive diabetes education specific to the use of CGM AND
  - 2) Who have used the device for at least 50% of the time at their first follow-up visit AND
  - 3) Who have baseline HbA1c levels greater than or equal to 8.0%, frequent or severe hypoglycemia, or impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM).
- B) Adults with type 1 diabetes on insulin pump management (including the CGM-enabled insulin pump):
  - 1) Who have received or will receive diabetes education specific to the use of CGM AND
  - 2) Who have used the device for at least 50% of the time at their first follow-up visit.
- C) Women with type 1 diabetes who are pregnant or who plan to become pregnant within six months without regard to HbA1c levels.
- D) Children and adolescents under age 21 with type 1 diabetes:
  - 1) Who have received or will receive diabetes education specific to the use of CGM AND
  - 2) Who have used the device for at least 50% of the time at their first follow-up visit.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,109, VERTEBROPLASTY, KYPHOPLASTY, AND SACROPLASTY]**

[GLLines,109]

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

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

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:

- A) The patient is hospitalized under inpatient status due to pain that is primarily related to a well-documented acute fracture, and
- B) The severity of the pain prevents unassisted ambulation, and
- C) The pain is not adequately controlled with oral or transcutaneous medication, and
- D) 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.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,110, CHRONIC PELVIC INFLAMMATORY CONDITIONS]**

*[GLLines, 110]*

Chronic pelvic inflammatory conditions (ICD-10-CM N70.91-N70.93, N71.9, N73.2, N73.4, N73.5, N73.8, N73.9, N74) are included only on Line 529; acute conditions are included on Line 51.

**[GLhead,111, INTRA-AORTIC BALLOON PUMPS]**

*[GLLines, 111]*

Intra-aortic balloon pumps (CPT 33967-33974) are included on this line only for use in cardiogenic shock.

**[GLhead,112, LUNG VOLUME REDUCTION SURGERY]**

*[GLLines, 112]*

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 283 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-10-CM J43.9) and all of the following:

- A) BMI  $\leq 31.1$  kg/m<sup>2</sup> (men) or  $\leq 32.3$  kg/m<sup>2</sup> (women)
- B) Stable with  $\leq 20$  mg prednisone (or equivalent) dose a day
- C) Pulmonary function testing showing
  - 1) Forced expiratory volume in one second (FEV<sub>1</sub>)  $\leq 45\%$  predicted and, if age 70 or older, FEV<sub>1</sub>  $\geq 15\%$  predicted value
  - 2) Total lung capacity (TLC)  $\geq 100\%$  predicted post-bronchodilator
  - 3) Residual volume (RV)  $\geq 150\%$  predicted post-bronchodilator
- D) PCO<sub>2</sub>  $\leq 60$  mm Hg (PCO<sub>2</sub>  $\leq 55$  mm Hg if 1-mile above sea level)
- E) PO<sub>2</sub>  $\geq 45$  mm Hg on room air (PO<sub>2</sub>  $\geq 30$  mm Hg if 1-mile above sea level)
- F) Post-rehabilitation 6-min walk of  $\geq 140$  m
- G) Non-smoking and abstinence from all nicotine products for 6 months prior to surgery, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date.

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-radiolabeled 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).

**[GLhead,113, DISEASES OF LIPS]**

*[GLLines, 113]*

ICD-10-CM K13.0 (Diseases of lips) is included on Line 206 only for treatment of abscess or cellulitis of the lips. All other diagnoses coded using K13.0 are included on Line 580.

**[GLhead,114, FEMOROACETABULAR IMPINGEMENT SYNDROME]**

*[GLLines, 114]*

ICD-10-CM M25.85 (Other specified joint disorders, hip), M24.15 (Other articular cartilage disorders, hip) and M76.2 (Iliac crest spur) pair with CPT codes 29914-29916 (Arthroscopy, hip, surgical) and are included on Line 356 only for the diagnosis and treatment of femoroacetabular impingement syndrome.

Surgery for femoroacetabular impingement syndrome is included on this line only for patients who meet all of the following criteria:

- A) Adult patients, or adolescent patients who are skeletally mature with documented closure of growth plates; and
- B) Other sources of pain have been ruled out (e.g., lumbar spine pathology, SI joint dysfunction, sports hernia); and
- C) Pain unresponsive to physical therapy and other non-surgical management and conservative treatments (e.g., restricted activity, cortisone injections, nonsteroidal anti-inflammatory drugs) of at least three months duration, or conservative therapy is contraindicated; and

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- D) Moderate-to-severe persistent hip or groin pain that significantly limits activity and is worsened by flexion activities (e.g., squatting or prolonged sitting); and
- E) Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation); and
- F) Radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion); and
- G) Do not have advanced osteoarthritis (i.e., Tönnis grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge grade III or IV).

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,115, EXTRACORPOREAL PHOTOPHERESIS]**

*[GLLines, 115]*

Extracorporeal photopheresis (CPT 36522) is included on Line 158 for treatment of chronic T-cell lymphoma (ICD-10-CM C84.0 and C84.1) which is:

- A) stage III or IVA
- B) erythrodermic
- C) not responsive to other therapy

Extracorporeal photopheresis (CPT 36522) is included on Line 313 for treatment of chronic graft-versus-host disease (ICD-10-CM T86.0) which

- A) is steroid refractory, steroid dependent or the patient is unable to tolerate corticosteroid therapy
- B) primarily affects skin or mucosal membranes (mouth and/or eye disease)

**[GLhead,116,INTRAOCULAR STEROID TREATMENTS]**

*[GLLines, 116]*

Intraocular steroid treatments (CPT 67027, 67028) are included on Line 360 for pairing with uveitis (ICD-10-CM H30.0, H30.1, H30.89, H30.9, H44.11) when the following conditions are met: uveitis is chronic, non-infectious, and there has been appropriate trial and failure, or intolerance of therapy, with local and systemic corticosteroids and/or immunosuppressive agents.

Intraocular steroid treatments (CPT 67027, 67028) are included on Line 96 for treating chronic diabetic macular edema (ICD-10-CM E11.311) only when there has been insufficient response to anti-VEGF therapies, and only when FDA approved treatments are utilized.

Intraocular steroid treatments (CPT 67027, 67028) are only included on Line 439 for treatment of macular edema due to:

- A) Central retinal vein occlusion (ICD-10-CM H34.81) in those individuals who have failed anti-VEGF therapy.
- B) Branch retinal vein occlusion (ICD-10-CM H34.83) when treatment with laser photocoagulation has not been beneficial, or treatment with laser photocoagulation is not considered suitable because of the extent of macular hemorrhage in those individuals who have failed anti-VEGF therapy.

**[GLhead,117, REMOVAL OF TORI AND EXCISION OF HYPERPLASTIC TISSUE]**

*[GLLines, 117]*

D7472 and D7473, and D7970 are included on this line only when used in conjunction with making a prosthesis.

**[GIHead,118, OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN]**

*[GLLines, 118]*

Obstructive sleep apnea (OSA) in children (18 or younger) must be diagnosed by

- A) nocturnal polysomnography with an AHI >5 episodes/h or AHI >1 episodes/h with history and exam consistent with OSA, OR
- B) 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
- C) use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), OR
- D) 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

- A) high risk children (i.e. children with cranio-facial abnormalities, neuromuscular disorders, Down syndrome, etc.)
- B) children with equivocal indications for adenotonsillectomy (such as discordance between tonsillar size on physical examination and the reported severity of sleep-disordered breathing),
- C) children younger than three years of age

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

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. Adenoidectomy without tonsillectomy is only covered when a child with OSA has previously had a tonsillectomy, when tonsillectomy is contraindicated, or when tonsillar hypertrophy is not present. More complex surgical treatments are only included on this line for children with craniofacial anomalies.

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

- A) undergone surgery or are not candidates for surgery, AND
- B) 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:

- There is documentation of improvement in sleep disruption and daytime sleepiness and behavior problems with CPAP use
- 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

**[GIHead,119,CAROTID ENDARTERECTOMY]**

*[GLLines, 119]*

Carotid endarterectomy is included on Line 414 for patients in the following groups:

- Symptomatic<sup>1</sup> with 70-99% carotid artery stenosis but without near occlusion.
- Symptomatic with 50 – 69% stenosis despite optimal medical management
- Asymptomatic with at least 60% stenosis only for those who do not tolerate (or have contraindications to) best current medical therapy

Carotid endarterectomy is not included on Line 414 for patients in the following groups:

- Patients with near occlusion
- Symptomatic<sup>1</sup> patients with less than 50% carotid stenosis

<sup>1</sup>Symptomatic patients are those who have had a recent transient ischemic attack or ischemic stroke.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GIHead,120,PEDIATRIC TRIGGER THUMB]**

*[GLLines, 120]*

ICD-10-CM M65.31 is included on Line 376 for treatment of pediatric trigger thumb only. Surgical treatment should be reserved for trigger thumb that does not spontaneously resolve within 48 months of diagnosis. Immediate surgery may be considered for bilateral trigger thumb or trigger thumb with locking symptoms.

**[GIHead,121,CONCUSSION AND POST CONCUSSION SYNDROME]**

*[GLLines, 121]*

ICD-10-CM S06.0X0, S06.2X0 and S06.300 are included on Line 92 only for concussions with symptoms that persist for more than 7 days but less than 3 months; otherwise, these diagnoses are included on Line 609. 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 202.

**[GIHead,122,ORAL HEALTH RISK ASSESSMENT IN MEDICAL SETTINGS]**

*[GLLines, 122]*

D0191 is limited to children under age 6 and requires an additional specific oral health risk assessment using a standardized tool, such as AAP Bright Futures, and should be performed by a provider who has successfully completed an approved training program (such as First Tooth or Smiles for Life).

**[GIHead,123,DENTAL FILLINGS FOR POSTERIOR TEETH]**

*[GLLines, 123]*

For dental fillings in posterior teeth, amalgam is preferred for extensive restorations. If amalgam is unavailable or contraindicated, composite is acceptable.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GIHead,124,ALCOHOL SEPTAL ABLATION]**

*[GLLines, 124]*

Alcohol septal ablation (CPT 93583) is included on Line 99 only for adult patients with hypertrophic cardiomyopathy when all of the following conditions are met:

- A) Severe heart failure symptoms (New York Heart Association [NYHA] class III or IV)
- B) Severe symptoms refractory to optimal medical management
- C) LVOT obstruction is present
- D) Surgery is contraindicated or has unacceptable risk due to serious comorbidities or advanced age.
- E) No concomitant disease is present that independently warrants surgical correction in whom surgical myectomy can be performed as part of the operation.
- F) The ablation is performed at an experienced center

**[GIHead,125,CAROTID ARTERY STENTING]**

*[GLLines, 125]*

Carotid artery stenting (CPT 37215-37217) is included on Lines 317 and 414 for patients who have not had a disabling stroke (modified Rankin scale  $\geq 3$ ) AND

- A) who are at high risk for complications during carotid endarterectomy (CEA) due to significant comorbidities and/or anatomic risk factors (i.e., recurrent stenosis and/or previous radical neck dissection) and who also have symptomatic (recent transient ischemic attack or ischemic stroke) carotid artery stenosis  $>50\%$  OR
- B) who are at high risk for complications during CEA due to significant comorbidities and/or anatomic risk factors and have asymptomatic carotid artery stenosis  $\geq 80\%$  only if best current medical therapy is not tolerated or contraindicated.

**[GLhead,126, APPLIED BEHAVIOR ANALYSIS INTERVENTIONS FOR SELF-INJURIOUS BEHAVIOR]**

*[GLLines, 126]*

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.

**[GLhead,127,GENDER DYSPHORIA]**

*[GLLines, 127]*

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:

- A) have persistent, well-documented gender dysphoria
- B) have the capacity to make a fully informed decision and to give consent for treatment
- C) have any significant medical or mental health concerns reasonably well controlled
- D) 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](http://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:

- A) have persistent, well documented gender dysphoria
- B) for genital surgeries, 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
- C) 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
- D) have the capacity to make a fully informed decision and to give consent for treatment
- E) have any significant medical or mental health concerns reasonably well controlled
- F) for breast/chest surgeries, have one referral from a mental health professional provided in accordance with version 7 of the WPATH Standards of Care.
- G) 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) and laser hair removal (CPT 17110,17111) are only included on this line as part of pre-surgical preparation for chest or genital surgical procedures also included on this line. These procedures are not included on this line for facial or other cosmetic procedures or as pre-surgical preparation for a procedure not included on this line.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

Mammoplasty (CPT 19316, 19324-19325, 19340, 19342, 19350) 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 any contraindication to, intolerance of or patient refusal of hormonal therapy.

Revisions to surgeries for the treatment of gender dysphoria are only covered in cases where the revision is required to address complications of the surgery (wound dehiscence, fistula, chronic pain directly related to the surgery, etc.). Revisions are not covered solely for cosmetic issues.

Pelvic physical therapy (CPT 97110, 97140, 97161-97164, and 97530) is included on this line only for pre- and post-operative therapy related to genital surgeries also included on this line and as limited in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

**[GLhead,128,FOREIGN BODIES IN THE GI TRACT]**

*[GLLines,128]*

ICD-10-CM T18.2XXD, T18.3XXD, T18.4XXD, T18.5XXD, T18.8XXD, T18.9XXD) are included on Line 41 only when hazardous objects are involved that are likely to cause perforation (e.g. sharp objects >2 inches, neodymium magnets, button batteries) or obstruction.

**[GLhead,129,FECAL INCONTINENCE]**

*[GLLines,129]*

ICD-10-CM R15.9 (Full incontinence of feces) is included on Line 71 only for supportive equipment (e.g. diapers, gloves). Surgical treatment for fecal incontinence is included on Line 526 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS

**[GLhead,130, BLEPHAROPLASTY]**

*[GLLines,130]*

Blepharoplasty is covered when 1) a minimum of 30 degrees of visual field loss exists with upper lid skin/margin in repose, 2) upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket, OR 3) essential blepharospasm or hemifacial spasm is present.

**[GLhead,131, HYPOTONY]**

*[GLLines,131]*

ICD-10-CM H44.40-H44.439 (hypotony of the eye) are only included on Line 285 when resulting from a complication of a procedure. Non-procedure related cases are included on Line 652.

**[GLhead,132, ACNE CONGLOBATA AND ACNE FULMINANS]**

*[GLLines,132]*

Acne conglobata is only included on Line 373 if it involves recurrent abscesses or communicating sinuses. ICD-10 L70.0 is included on Line 373 only for acne fulminans.

**[GLhead,133,ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY]**

*[GLLines,133]*

Repair of acute (<6 months) peripheral nerve injuries are included on Lines 208 and 425. Non-surgical medical care of these injuries are included on Line 507. Surgical repair of chronic nerve injuries are included on Line 534.

**[GLhead,134, NEONATAL NASOLACRIMAL DUCT OBSTRUCTION]**

*[GLLines,134]*

Probing of nasolacrimal duct (CPT 68810-68840) is included on Line 393 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.

**[GLhead,135, FIBROMYALGIA]**

*[GLLines,135]*

Fibromyalgia (ICD-10-CM M79.7) treatment should consist of a multi-modal approach, which should include two of more of the following:

- A) medications other than opioids
- B) exercise advice/programs

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

C) cognitive behavioral therapy.

Care should be provided in the primary care setting. Referrals to specialists are generally not required. Use of opioids should be avoided due to evidence of harm in this condition.

**[GLhead,136,COLLAPSED VERTEBRA]**

*[GLLines, 136]*

Diagnosis codes appearing on this line for collapsed vertebra (in the ICD-10-CM M48.5 series) are included on Line 150 for a fracture that qualified for trauma system entry or a fracture with spinal cord injury.

**[GLhead,137,BENIGN BONE TUMORS]**

*[GLLines, 137]*

Treatment of benign conditions of joints (ICD-10-CM D18.09 synovial hemangioma, D17.79 lipoma arborescens, D48.1 tenosynovial giant cell tumor, M67.8 synovial chondromatosis and M12.2 villonodular synovitis) are included on Line 400 for those conditions only when there are significant functional problems of the joint due to size, location, or progressiveness of the disease. Treatment of all other benign joint conditions are included on Line 556.

Treatment of benign tumors of bones (ICD-10-CM D16.00-D16.9, K09.0, K09.1, M27.1, M27.40, M27.49, M85.40-M85.69) are included on Line 400 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 bone tumors are included on Line 556

**[GLhead,138, OBSTRUCTIVE AND REFLUX UROPATHY]**

*[GLLines, 138]*

ICD-10-CM N13.9 (Obstructive and reflux uropathy unspecified) appears on this line for pediatric populations only.

**[GLhead,139,FRENOTOMY FOR TONGUE-TIE IN NEWBORNS]**

*[GLLines, 139]*

Ankyloglossia (ICD-10-CM Q38.1 is included on Line 18 for pairing with frenotomy (CPT 41010, CDT D7960) only when it interferes with breastfeeding. Otherwise, Q38.1 and CPT 41010 are included on Line 593.

**[GLhead,140,BREASTFEEDING SUPPORT AND SUPPLIES]**

*[GLLines, 140]*

Breast pumps and supplies are covered for postpartum women when a pump is necessary to establish or maintain milk production in order to maximize availability of breast milk to the baby.

For cases in which there is a medical indication for breast pumps, the pumps should be supplied whenever possible within 24 hours to allow for continued milk production.

Lactation support services (including education and counseling by trained providers) are covered for pregnant and postpartum women (for six months postpartum).

**[GLhead,141,LARYNGEAL STENOSIS OR PARALYSIS; DYSPHONIA]**

*[GLLines, 141]*

Laryngeal and vocal cord paralysis (ICD-10-CM J38.01 and J38.02) are included on Line 66 if associated with recurrent aspiration pneumonia (unilateral or bilateral) or airway obstruction (bilateral). Vocal cord paralysis is included on Line 66 for children 18 and under with dysphonia or dysphagia persisting for at least twelve months. Treatment of hoarseness and dysphonia in adults are included only on Line 516. Laryngeal stenosis (ICD-10-CM J38.6) is included on Line 66 only if it causes airway obstruction; otherwise it is included on Line 516.

**[GLhead,142,STEREOTACTIC BODY RADIATION THERAPY]**

*[GLLines, 142]*

Stereotactic body radiation therapy (CPT 32701, 77373, 77435) is included on Line 263 only for early stage non-small cell lung cancer in medically inoperable patients.



**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLhead,143, TREATMENT OF UNILATERAL HEARING LOSS]**

*[GLLines, 143]*

Unilateral hearing loss treatment is Included on these lines only for children aged 20 and younger with the following conditions:

1. For mild to moderate sensorineural unilateral hearing loss (defined as 26-70 dB hearing loss at 500, 1000 and 2000 Hz), first line intervention should be a conventional hearing aid, with second line therapy being contralateral routing of signal (CROS) system
2. For severe to profound unilateral sensorineural hearing loss (defined as 71 dB hearing loss or greater at 500, 1000 and 2000 Hz), first line therapy should be a contralateral routing of signal (CROS) system with second line therapy being a bone anchored hearing aid (BAHA). BAHA SoftBand therapy may be first line therapy for children under age 5 or patients with severe ear deformities (e.g. microstia, severe canal atresia).

Cochlear implants are not included on these lines for unilateral hearing loss per Guideline Note 31 COCHLEAR IMPLANTATION.

**[GLhead,144, PROTON PUMP INHIBITOR THERAPY FOR GASTROESOPHAGEAL REFLUX DISEASE (GERD)]**

*[GLLines, 144]*

Short term treatment (up to 8 weeks) of GERD without Barrett's (ICD-10-CM K20.8, K20.9, K21.0, K21.9) with proton pump inhibitor therapy is included on Line 380.

Long term proton pump inhibitor therapy is included on Line 380 for Barrett's esophagus (ICD-10-CM K22.70). Long term treatment is included on Line 511 and on Line 314 for Barrett's esophagus with dysplasia (ICD-10-CM K22.71).

**[GLhead,145, TREATMENTS FOR BENIGN PROSTATE ENLARGEMENT WITH LOWER URINARY TRACT SYMPTOMS]**

*[GLLines, 145]*

For men with lower urinary tract symptoms (LUTS) due to benign prostate enlargement, surgical procedures are included on these lines only if symptoms are severe, and if drug treatment and conservative management options have been unsuccessful or are not appropriate.

Prostatic urethral lift procedures (CPT 52441, 52442, HCPCS C9739, C9740) are included on Line 327 when the following criteria are met:

- Age 50 or older
- Estimated prostate volume < 80 cc
- International Prostate Symptom Score (IPSS) ≥ 13
- No obstructive median lobe of the prostate identified on cystoscopy at the time of the procedure

The following interventions for benign prostate enlargement are not included on Line 327 due to lack of evidence of effectiveness:

- Botulinum toxin
- HIFU (High Intensity Focused Ultrasound)
- TEAP (Transurethral Ethanol Ablation of the Prostate)
- Laser coagulation (for example, VLAP/ILC)
- Prostatic artery embolization

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,146, ABLATION PROCEDURES FOR ATRIAL FIBRILLATION]**

*[GLLines, 146]*

AV nodal ablation (CPT 33250, 33251, 33261, 93650) pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) only for patients with inadequate ventricular rate control resulting in symptoms, left ventricular systolic dysfunction or substantial risk of left ventricular systolic dysfunction, when pharmacological therapy for rate control is ineffective or not tolerated

Transcatheter pulmonary vein isolation (93656-93657) pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) only for patients who remain symptomatic from atrial fibrillation despite rate control medications and antiarrhythmic medications.

Surgical ablation (pulmonary vein isolation or Maze procedure) (CPT 33254-33259, 33265, 33266) only pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) at the time of other cardiac surgery for patients who remain symptomatic despite rate control medications.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.



**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GLhead,147, IVC FILTERS FOR ACTIVE PULMONARY EMBOLISM (PE)/DEEP VEIN THROMBOSIS (DVT)]**

*[GLLines, 147]*

Inferior vena cava (IVC) filter placement (CPT 37191) is included on these lines for patients with active deep vein thrombosis/pulmonary embolism (DVT/PE) for which anticoagulation is contraindicated. IVC filter placement is not included on these lines for patients with DVT who are candidates for anticoagulation.

Retrieval of removable IVC filters (CPT 37193) is included on these lines when the benefits of removal outweigh the harms.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,148, BIOMARKER TESTS OF CANCER TISSUE]**

*[GLLines, 148]*

The use of tissue of origin testing (e.g. CPT 81504) is included on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.

For early stage breast cancer, the following breast cancer genome profile tests are included on Line 191 when the listed criteria are met. One test per primary breast cancer is covered when the patient is willing to use the test results in a shared decision-making process regarding adjuvant chemotherapy. Lymph nodes with micrometastases less than 2 mm in size are considered node negative.

- Oncotype DX Breast Recurrence Score (CPT 81519) for breast tumors that are estrogen receptor positive, HER2 negative, and either lymph node negative, or lymph node positive with 1-3 involved nodes.
- EndoPredict (using CPT 81599) and Prosigna (CPT 81520 or PLA 0008M) for breast tumors that are estrogen receptor positive, HER2 negative, and lymph node negative.
- MammaPrint (using CPT 81521 or HCPCS S3854) for breast tumors that are estrogen receptor or progesterone receptor positive, HER2 negative, lymph node negative, and only in those cases categorized as high clinical risk.

EndoPredict, Prosigna, and MammaPrint are not included on Line 191 for early stage breast cancer with involved axillary lymph nodes. Oncotype DX Breast Recurrence Score is not included on Line 191 for breast cancer involving four or more axillary lymph nodes or more extensive metastatic disease.

Oncotype DX Breast DCIS Score (CPT 81479) and Breast Cancer Index (CPT 81518) are included on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.

For melanoma, BRAF gene mutation testing (CPT 81210) is included on Line 230.

For lung cancer, epidermal growth factor receptor (EGFR) gene mutation testing (CPT 81235) is included on Line 263 only for non-small cell lung cancer. KRAS gene mutation testing (CPT 81275) is not included on this line.

For colorectal cancer, KRAS gene mutation testing (CPT 81275) is included on Line 157. BRAF (CPT 81210) and Oncotype DX are not included on this line. Microsatellite instability (MSI) is included on the Line 660.

For bladder cancer, Urovysion testing is included on Line 660.

For prostate cancer, Oncotype DX Genomic Prostate Score, Prolaris Score Assay, and Decipher Prostate RP are included on Line 660.

The development of this guideline note was informed by a HERC coverage guidance on [Biomarkers Tests of Cancer Tissue for Prognosis and Potential Response to Treatment](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx); the prostate-related portion of that coverage guidance was superseded by a [Coverage Guidance on Gene Expression Profiling for Prostate Cancer](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,149, SCLEROTHERAPY OF FLUID COLLECTIONS]**

*[GLLines, 149]*

Sclerotherapy for fluid collections (CPT 49185) is included on these lines only for the treatment of cysts, seromas or lymphoceles which are causing bleeding, infection, severe pain, organ torsion, or organ dysfunction.

**[GLhead,150, FETAL MRI]**

*[GLLines, 150]*

Fetal MRI (CPT 74712-74713) is included on this line only when all of the following conditions are met:

- A) Abnormalities are found on fetal ultrasound performed by an experienced sonologist which cannot be adequately further evaluated by 2D or 3D ultrasound
- B) The information obtained by fetal MRI is necessary for decisions about fetal or neonatal therapy, delivery planning, or to advise a family about prognosis

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- C) The fetus is 18 weeks gestational age or older
- D) The MRI is performed and interpreted at a center with technicians and radiologists who are either trained or highly experienced in fetal MRI and which has appropriate MRI equipment, with a minimum of a 1.5 Tesla magnet.

**[GLhead,151, CARDIAC TRANSPLANT GENETIC TESTING FOR TRANSPLANT REJECTION]**

*[GLLines,151]*

Genetic testing for cardiac transplant rejection (CPT 81595) is included on these lines only for patients at least 1 year post transplant who are without clinical signs of rejection.

**[GLhead,152, UNSPECIFIED CONDUCT DISORDER]**

*[GLLines,152]*

ICD-10-CM F91.9 (Conduct disorder, unspecified) is included on Line 419 only for children ages 5 and younger who cannot be diagnosed with a more specific mental health diagnosis. This diagnosis is included on Line 477 for older children and adolescents.

**[GLhead,153,PLANNED OUT-OF-HOSPITAL BIRTH]**

*[GLLines,153]*

Planned out-of-hospital birth is included on these lines when appropriate risk assessments are performed, and the consultation and transfer criteria are followed, and no high risk coverage exclusion criteria exist. Risk assessment should be done initially when planning the location of birth, and updated throughout pregnancy, labor, and delivery to determine if out-of-hospital birth is still appropriate.

The clinical and/or diagnostic assessment of each criterion, with the exception of those marked with an asterisk, is necessary for planned out-of-hospital birth to be included on these lines. (Criteria marked with an asterisks may not be known or not be pertinent if there is no clinical indication for concern and additional diagnostic testing is not indicated.)

An ultrasound is required to rule out certain risk criteria (e.g. multiple gestation, placenta previa, and life threatening congenital anomalies). Certain risk criteria require serial measurements such as fundal height and blood pressure.

If a woman refuses a required clinical or diagnostic assessment, then ascertainment of her risk status is unknowable and she does not meet criteria for coverage for an out-of-hospital birth.

Documentation of continuing appropriate risk assessment and routine prenatal care is required.

I. High-risk coverage exclusion criteria:

A. Complications in a previous pregnancy:

- 1. Maternal surgical history
  - a) Cesarean section or other hysterotomy
  - b) Uterine rupture
  - c) Retained placenta requiring surgical removal
  - d) Fourth-degree laceration without satisfactory functional recovery
- 2. Maternal medical history
  - a) Pre-eclampsia requiring preterm birth
  - b) Eclampsia
  - c) HELLP syndrome
- 3. Fetal and placental
  - a) Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
  - b) Baby with neonatal encephalopathy
  - c) Placental abruption with adverse outcome

B. Complications of current pregnancy:

- 1. Maternal
  - a) Induction of labor
  - b) Prelabor rupture of membranes > 24 hours
  - c) Pre-existing chronic hypertension; Pregnancy-induced hypertension with diastolic blood pressure greater than or equal to 90 mmHg or systolic blood pressure greater than or equal to 140 mmHg on two consecutive readings taken at least 30 minutes apart
  - d) Unknown group B strep carrier state
  - e) Lack of informed consent on group B strep prophylaxis, if mother is Group B strep positive.
  - f) Eclampsia or pre-eclampsia
  - g) Anemia – hemoglobin less than 8.5 g/dL
  - h) Thrombocytopenia (platelets <100,000)
  - i) Thrombosis/thromboembolism or other maternal bleeding disorder\*
  - j) Maternal mental illness requiring inpatient care\*

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- k) Drug or alcohol use with high risk for adverse effects to fetal or maternal health
  - l) Unknown, or positive, syphilis, HIV, or Hepatitis B status
  - m) Current active infection of varicella at the time of labor; rubella infection anytime during pregnancy; active infection (outbreak) of genital herpes at the time of labor\*
  - n) Refractory hyperemesis gravidarum\*
  - o) Diabetes, type I or II, uncontrolled gestational diabetes, or gestational diabetes controlled with medication
2. Placental
- a) Low lying placenta within 2 cm or less of cervical os at term; placenta previa, vasa previa
  - b) Placental abruption/abnormal bleeding
  - c) Recurrent antepartum hemorrhage
  - d) Uteroplacental insufficiency\*
3. Fetal
- a) Gestational age - preterm or postdates (defined as gestational age < 37 weeks + 0 days or > 41 weeks + 6 days)
  - b) Multiple gestation
  - c) Non-cephalic fetal presentation
  - d) IUGR (defined as fetal weight less than fifth percentile using ethnically-appropriate growth tables, or concerning reduced growth velocity on ultrasound)\*
  - e) Oligohydramnios or polyhydramnios\*
  - f) Abnormal fetal heart rate/Doppler/surveillance studies
  - g) Blood group incompatibility with atypical antibodies, or Rh sensitization
  - h) Molar pregnancy

**II. Transfer criteria:**

- A. If out-of-hospital birth is planned, certain intrapartum and postpartum complications may necessitate transfer to a hospital to meet coverage criteria. For these indications, an attempt should be made to transfer the mother and/or her newborn; however, imminent fetal delivery may delay or preclude actual transfer prior to birth.

1. Maternal

- a) Temperature  $\geq 38.0$  C
- b) Maternal infection requiring hospital treatment (e.g. endometritis or wound infection)
- c) Hemorrhage (hypovolemia, shock, need for transfusion)
- d) Retained placenta > 60 minutes
- e) Laceration requiring hospital repair (e.g., extensive vaginal, cervical or third- or fourth-degree trauma)
- f) Enlarging hematoma
- g) Bladder or rectal dysfunction

2. Fetal and uterine

- a) Repetitive or persistent abnormal fetal heart rate pattern
- b) Thick meconium staining of amniotic fluid
- c) Prolapsed umbilical cord
- d) Failure to progress (as defined by the American Congress of Obstetricians and Gynecologists, March 2014, found at <http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>)/failure of head to engage in active labor
- e) Chorioamnionitis or other serious infection (including toxoplasmosis, rubella, CMV, HIV, etc.)
- f) Uterine rupture, inversion or prolapse

- B. If the infant is delivered out-of-hospital, the following complications require transfer to a hospital for the out-of-hospital birth to meet coverage criteria:

- 1. Low Apgar score (< 5 at 5 minutes, < 7 at 10 minutes)
- 2. Weight less than 5th percentile for gestational age
- 3. Unexpected significant or life-threatening congenital anomalies
- 4. Respiratory or cardiac irregularities, cyanosis, pallor
- 5. Temperature instability, fever, suspected infection or dehydration
- 6. Hyperglycemia/hypoglycemia unresponsive to treatment
- 7. Hypotonia, tremors, seizures, hyperirritability
- 8. Excessive bruising, enlarging cephalohematoma, significant birth trauma
- 9. Vomiting/diarrhea

**III. Consultation criteria:**

Certain high-risk conditions require consultation (by a provider of maternity care who is credentialed to admit and manage pregnancies in a hospital) for coverage of a planned out-of-hospital birth to be recommended. These complications include (but are not limited to) patients with:

A. Complications in a previous pregnancy:

1. Maternal

- a) More than three first trimester spontaneous abortions, or more than one second trimester spontaneous abortion
- b) More than one preterm birth, or preterm birth less than 34 weeks 0 days in most recent pregnancy

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- c) Pre-eclampsia, not requiring preterm birth
- d) Cervical insufficiency/prior cerclage
- e) Third degree laceration; fourth-degree laceration with satisfactory functional recovery
- f) Life-threatening congenital anomalies (unless fatal anomalies with nonresuscitation planned)
- g) Postpartum hemorrhage requiring additional pharmacologic treatment or blood transfusion
- h) Retained placenta requiring manual removal
- 2. Fetal
  - a) Child with congenital and/or hereditary disorder
  - b) Baby > 4.5 kg or 9 lbs 14 oz
  - c) Shoulder dystocia, with or without fetal clavicular fracture
  - d) Unexplained stillbirth/neonatal death or previous death unrelated to intrapartum difficulty
  - e) Unresolved intrauterine growth restriction (IUGR) or small for gestational age (defined as fetal or birth weight less than fifth percentile using ethnically-appropriate growth tables)
  - f) Blood group incompatibility, and/or Rh sensitization

**B. Complications of current pregnancy:**

- 1. Maternal
  - a) Inadequate prenatal care (defined as less than five prenatal visits or care began in the third trimester)
  - b) Body mass index at first prenatal visit of greater than 35 kg/m<sup>2</sup>
  - c) History of maternal seizure disorder (excluding eclampsia)
  - d) Gestational diabetes, diet-controlled
  - e) Maternal mental illness with suspicion for psychosis or potential harm to self or infant under outpatient psychiatric care
  - f) Maternal anemia with hemoglobin < 10.5 g/dL, unresponsive to treatment
  - g) Third-degree laceration not requiring hospital repair
  - h) Laparotomy during pregnancy
- 2. Fetal
  - a) Fetal macrosomia (estimated weight >4.5 kg or 9 lbs 14 oz)
  - b) Confirmed intrauterine death
  - c) Family history of genetic/heritable disorders that would impact labor, delivery or newborn care

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GLhead,154, EAR DRUM REPAIR]**

*[GLLines,154]*

Repair of open wounds or perforations of the ear drum (codes included on these lines from ICD-10-CM H72, S09.2) are only included on Lines 311 and 444 when there is documented conductive hearing loss greater than or equal to 25dB persistent for more than three months. Otherwise, such repairs are included on Line 473 CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM.

**[GLhead,155, ELECTRIC TUMOR TREATMENT FIELDS FOR GLIOBLASTOMA]**

*[GLLines,155]*

Electric tumor treatment fields (codes HCPCS A4555 and E0766) are included on this line only when

- A) Used for the initial treatment of supratentorial glioblastoma
- B) Used in combination with temozolomide

Electric tumor treatment fields are not included on this line for recurrent glioblastoma or any other indication.

**[GLhead,156,ENCOUNTER FOR DESENSITIZATION TO ALLERGENS]**

*[GLLines,156]*

ICD-10-CM Z51.6 (Encounter for desensitization to allergens) is only included on these lines when used to treat a diagnosis appearing on a line above the current funding line (i.e. Lines 9, 103, 124, 223 and 313).

**[GLhead,157, WIGS]**

*[GLLines,157]*

Wigs (HCPCS A9282) are covered only for hair loss due to chemotherapy or radiation therapy.

**[GLhead,158,HALLUX RIGIDUS]**

*[GLLines,158]*

Surgical treatment of hallux rigidus is included on Line 356 only for

*Including errata and revisions as of 4-13-2020*

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- Stage 3 and 4 disease when paired with arthroplasty (CPT 28750), the Keller procedure (CPT 28292), or cheilectomy with implant (CPT 28291)
- Stage 2 disease when paired with cheilectomy (CPT 28289) and there is documentation that conservative therapy (e.g. injection, physical therapy, orthotics) has been tried and failed to adequately control symptoms.

Otherwise surgical treatment of this diagnosis is included on Line 540.

**[GLHead,159,SMOKING AND SURGICAL TREATMENT OF ERECTILE DYSFUNCTION]**

*[GLLines,159]*

Surgical treatment of erectile dysfunction is only included on this line when patients are non-smoking and abstinent from all nicotine products for 6 months prior to surgery, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date.

**[GLHead,160,CONGENITAL MUSCULAR TORTICOLLIS]**

*[GLLines,160]*

Congenital muscular torticollis (ICD-10-CM Q68.0 Congenital deformity of sternocleidomastoid muscle) is paired with physical therapy on this line only in the following circumstances:

- 1) The patient is a child aged 2 years or younger
- 2) For patients with deficits of passive rotation of the neck of < 10 degrees, one therapy visit is included for instructing caregivers on home treatment.
- 3) For patients with deficits of passive rotation of the neck of > 10 degree or with deficits of passive rotation of the neck of < 10 degrees who have had no improvement after 4 weeks of home treatment, physical therapy is included on this line according to Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

**[GIHead,161,SACROILIAC ANESTHETIC INJECTIONS AND SACROILIAC JOINT FUSION]**

*[GLLines,161]*

Sacroiliac joint (SIJ) injection (CPT 20610 and 27096, and HCPCS G0260) is included on this line for diagnostic sacroiliac injections with anesthetic only, but not for therapeutic injections or corticosteroid injections. Injections are only covered for patients for whom SIJ fusion surgery is being considered.

SIJ fusion (CPT 27279) is included on this line for patients who have all of the following:

- A) Baseline score of at least 30% on the Oswestry Disability Index (ODI)
- B) Undergone and failed a minimum six months of intensive non-operative treatment that must include non-opioid medication optimization and active therapy. Active therapy is defined as activity modification, chiropractic/osteopathic manipulative therapy, bracing, and/or active therapeutic exercise targeted at the lumbar spine, pelvis, SIJ and hip including a home exercise program. Failure of conservative therapy is defined as less than a 50% improvement on the ODI.
- C) Typically unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ pain.
- D) Thorough physical examination demonstrating localized tenderness with palpation over the sacral sulcus (Fortin's point, i.e. at the insertion of the long dorsal ligament inferior to the posterior superior iliac spine or PSIS) in the absence of tenderness of similar severity elsewhere (e.g. greater trochanter, lumbar spine, coccyx) and that other obvious sources for their pain do not exist.
- E) Positive response to at least three of six provocative tests (e.g. thigh thrust test, compression test, Gaenslen's test, distraction test, Patrick's sign, posterior provocation test).
- F) Absence of generalized pain behavior (e.g. somatoform disorder) and generalized pain disorders (e.g. fibromyalgia).
- G) Diagnostic imaging studies that include ALL of the following:
  - 1) Imaging (plain radiographs and a CT or MRI) of the SIJ that excludes the presence of destructive lesions (e.g. tumor, infection), fracture, traumatic sacroiliac joint instability, or inflammatory arthropathy that would not be properly addressed by percutaneous SIJ fusion
  - 2) Imaging of the pelvis (AP plain radiograph) to rule out concomitant hip pathology
  - 3) Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can be causing low back or buttock pain
  - 4) Imaging of the SIJ that indicates evidence of injury and/or degeneration
- H) At least 75 percent reduction of pain for the expected duration of two anesthetics (on separate visits each with a different duration of action), and the ability to perform previously painful maneuvers, following an image-guided, contrast-enhanced intra-articular SIJ injection.

**[GIHead,162, LONG-ACTING REVERSIBLE CONTRACEPTIVE (LARC) PLACEMENT]**

*[GLLines,162]*

Long-acting reversible contraceptives (implant or intrauterine device) are included on Line 6 in all settings, including (but not limited to) immediately postpartum and postabortion.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GIHead,163, SKIN SUBSTITUTES FOR CHRONIC SKIN ULCERS]**

*[GLLines,163]*

Skin substitutes for chronic venous leg ulcers and chronic diabetic foot ulcers are included on this line when all of the following criteria are met:

- 1) FDA indications and contraindications are followed, if applicable
- 2) Wound has adequate arterial flow (ABI > 0.7), no ongoing infection and a moist wound healing environment
- 3) For patients with diabetes, Hba1c level is < 12
- 4) Prior appropriate wound care therapy (including but not limited to appropriate offloading, multilayer compression dressings and smoking cessation counseling) has failed to result in significant improvement (defined as at least a 50 percent reduction in ulcer surface area) of the wound over at least 30 days
- 5) Ongoing coverage requires significant improvement of the ulcer with skin substitute application over the preceding 6 week time period
- 6) Patients is able to adhere to the treatment plan
- 7) The use of skin substitutes is not included on this line for chronic skin ulcers other than venous leg ulcers and diabetic foot ulcers (e.g., pressure ulcers)

Note: There is no evidence supporting superiority of one skin substitute versus another and new studies are constantly being published. Decisions for specific products could be made based on at least one supportive randomized controlled trial, and those that involve fewer applications, and are lower cost.

**[GIHead,164, PERCUTANEOUS REPAIR OF PARAVALVULAR LEAKS]**

*[GLLines,164]*

Percutaneous transcatheter closure of paravalvular leak (CPT 93590-93592) is included on this line only for patients with

- 1) prosthetic heart valves with paravalvular leak AND
- 2) intractable hemolysis or NYHA class III/IV heart failure AND
- 3) who are at high risk for surgery and have anatomic features suitable for catheter-based therapy AND
- 4) when performed in centers with expertise in the procedure.

**[GIHead,165, FECAL MICROBIOTA TRANSPLANT]**

*[GLLines,165]*

Fecal microbiota transplant (FMT); (CPT 44705, HCPCS G0455) is included on this line for treatment of recurrent *C difficile* infection only.

**[GIHead,166, BREAST REDUCTION SURGERY FOR MACROMASTIA]**

*[GLLines,166]*

Breast reduction surgery for macromastia is not covered as a treatment for neck or back pain resulting from the macromastia due to lack of high quality evidence of effectiveness.

**[GIHead,167, CHOLECYSTECTOMY FOR CHOLECYSTITIS AND BILIARY COLIC]**

*[GLLines,167]*

Cholecystectomy for cholecystitis and biliary colic are including on Line 55 when meeting the following criteria:

- A) For cholecystitis, with either:
    - 1) The presence of right upper quadrant abdominal pain, mass, tenderness or a positive Murphy's sign, AND
    - 2) Evidence of inflammation (e.g. fever, elevated white blood cell count, elevated C reactive protein) OR
    - 3) Ultrasound findings characteristic of acute cholecystitis or non-visualization of the gall bladder on oral cholecystogram or HIDA scan, or gallbladder ejection fraction of < 35%.
  - B) For biliary colic (i.e. documented clinical encounter for right upper quadrant or epigastric pain with gallstones seen on imaging during each episode) without evidence of cholecystitis or other complications is included on Line 55 only when
    - 1) Recurrent (i.e. 2 or more episodes in a one year period) OR
    - 2) A single episode in a patient at high risk for complications with emergent cholecystitis (e.g. immunocompromised patients, morbidly obese patients, diabetic patients) OR
    - 3) When any of the following are present: elevated pancreatic enzymes, elevated liver enzymes or dilated common bile duct on ultrasound.
- Otherwise, biliary colic is included on Line 639.

**[GIHead,168,INTRASTROMAL CORNEAL RING SEGMENTS]**

*[GLLines,168]*

Insertion of intrastromal corneal ring segments (CPT 65785) is included on this line only for reduction or elimination of myopia or astigmatism in adults age 19 and older with keratoconus who are no longer able to achieve adequate functional vision to perform ADLs

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

with best correction using contact lenses or spectacles, who have a corneal thickness of 450 microns or greater at proposed incision site, and for whom corneal transplant is the only remaining option to improve their functional vision.

**[GIHead,169, ORTHODONTICS AND CRANIOFACIAL SURGERY FOR CRANIOFACIAL ANOMALIES]**

[GLLines,169]

Orthodontics and craniofacial surgery are included on this line only for pairing with craniofacial anomaly diagnoses when there is significant malocclusion expected to result in difficulty with mastication, speech, or other oral function. Advanced dental imaging is included on this line only when required for surgical planning for repair of craniofacial anomalies.

**[GIHead,170, INTRATHECAL OR EPIDURAL DRUG INFUSION]**

[GLLines,170]

Implantation, revision and replacement of devices for intrathecal or epidural drug infusion systems is only included on these lines when the patient meets the criteria for at least one of the categories (A or B) below:

- A) Placed for administration of baclofen for spasticity where all of the following (1-3) occur:
  - 1) The patient has had an adequate trial of non-invasive methods of spasticity control and not had adequate control of spasticity or had intolerable side effects with these methods.
  - 2) The spasticity is causing difficulties with at least one of the following (a, b or c):
    - a) Posture or function
    - b) Balance or locomotion
    - c) Self-care (or ease of care by parents or caregivers)
  - 3) The patient has a favorable response to a trial intrathecal dosage of the anti-spasmodic drug prior to pump implantation.
- B) Palliation for severe, intractable pain due to life-limiting active cancer which
  - 1) Has not been responsive to non-invasive systemic pain control strategies or had intolerable side effects from such strategies, AND
  - 2) Where the patient has a favorable response to a trial of an intrathecal dose of the analgesic drug prior to pump implantation

Intrathecal or epidural drug infusion pump insertion, revision, and replacement are included on Line 660 for use with chronic non-malignant pain and all other indications not listed above. See Guideline Note 173 INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS. Removal of pumps placed for such indications is included on Line 285.

Maintenance (i.e. reprogramming, medication refill) of epidural or intrathecal medication infusion pumps for any condition is only included on these lines for patients who

- A) have no significant complications with the current medication regimen or pump delivery system AND
- B) are continuing to receive adequate benefit from the pump-delivered medication.

Maintenance (but not replacement) of these infusion systems may be paired with ICD-10-CM Z45.49 (Encounter for adjustment and management of other implanted nervous system device).

**[GIHead,171, LATTICE DEGENERATION, ASYMPTOMATIC RETINAL BREAKS AND ROUND HOLES]**

[GLLines,171]

Lattice degeneration is included on Line 374 only for pairing with ophthalmologic visits and dilated eye exams, and only for patients at high risk of retinal detachment:

- A) Patients under the age of 65 years with round holes and myopic vision, OR
- B) Patients with a history of retinal detachment in the other eye OR,
- C) Patients with biologic family member with history of retinal tear or retinal detachment

Otherwise, lattice degeneration is included on Line 652.

Retinal breaks and round holes are only included for pairing with treatment (other than ophthalmologic visits and dilated eye exams) on Line 374 when they are symptomatic, the result of trauma, or are horseshoe breaks. Otherwise, these diagnoses are included on Line 652.

**[GIHead,172, INTERVENTIONS WITH MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS FOR CERTAIN CONDITIONS]**

[GLLines,172]

The following interventions are prioritized on Line 500 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS:

Procedure Code	Intervention Description	Rationale	Last Review
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	More effective treatments are available	<a href="#">September, 2017</a>

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Procedure Code	Intervention Description	Rationale	Last Review
S2900	Surgical techniques requiring use of robotic surgical system	More cost-effective treatments are available	<a href="#">May, 2018</a>
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Similar or worse outcomes than standard therapies	<a href="#">March 2016</a>
64566	Posterior tibial neurostimulation	Minimally effective, no evidence of long-term effectiveness	<a href="#">December, 2010</a>
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Less effective than other therapies	<a href="#">June, 2014, Aug. 2015</a>
HPCPS L8690-L8693	Auditory osseointegrated device		
74263, 81528, 81327	Screening CT Colonography, FIT-DNA (Cologuard), mSEPT9, Chromoscopy	Insufficient evidence for use in population screening	<a href="#">September, 2017</a>
94669	Mechanical chest wall oscillation	More costly than equally effective therapies	<a href="#">October, 2016</a>
95250-95251	Retrospective (professional) continuous glucose monitoring	Limited evidence of clinical utility	<a href="#">August, 2017</a>
99174, 99177	Photorecting	More costly than equally effective methods of screening	<a href="#">November, 2015</a>

**[GIHead,173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS]**

*[GLLines, 173]*

The following Interventions are prioritized on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
0398T	MRI guided focused ultrasound for the treatment of essential tremor	Insufficient evidence of effectiveness	<a href="#">October, 2018</a>
C2614	Probe, percutaneous lumbar discectomy	Insufficient evidence of effectiveness	<a href="#">May, 2018</a>
C8937	Computer aided detection of breast MRI	Insufficient evidence of effectiveness	<a href="#">November, 2018</a>
C9733	Non-ophthalmic fluorescent vascular angiography	Unproven therapy	<a href="#">December, 2012</a>
C9745	Nasal endoscopy, surgical; balloon dilation of Eustachian tube	Insufficient evidence of effectiveness	<a href="#">May, 2018</a>
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	Harms outweigh benefits	<a href="#">May, 2018</a>
C9747	Ablation of prostate, transrectal, high-intensity focused ultrasound (hifu), including imaging guidance	Insufficient evidence of effectiveness	<a href="#">May, 2018</a>
C9749	Repair of Nasal vestibular lateral wall stenosis with implant(s)	Unproven treatment	<a href="#">August, 2018</a>
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy	Insufficient evidence of effectiveness	<a href="#">November, 2018</a>
C9754 C9755	Percutaneous arteriovenous fistula formation	Insufficient evidence of benefit	<a href="#">November, 2018</a>
D0422-D0423	Collection and preparation of genetic sample material for laboratory analysis and report Genetic test for susceptibility to diseases – specimen analysis	Insufficient evidence of effectiveness	<a href="#">October, 2018</a>
D9932-D9935	Cleaning and inspection of removable complete or partial denture, maxillary or mandibular	Insufficient evidence of effectiveness	<a href="#">October, 2015</a>
G0069	Subcutaneous immunotherapy in the home	Insufficient evidence of effectiveness; evidence of harm	<a href="#">November, 2018</a>
G0106, G0120, G0122	Barium enema as a colorectal cancer screening modality	Not indicated as a CRC screening modality	<a href="#">November, 2017</a>
G0252	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Not a recommended test for axillary staging	<a href="#">March, 2018</a>
G0481, G0482, G0483	Urine drug testing, definitive for >7 drug classes	No clinical benefit	August, 2018 <a href="#">Coverage guidance</a>



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Procedure Code	Intervention Description	Rationale	Last Review
S8930	Electrical stimulation of auricular acupuncture points by proprietary electrical stimulation devices, such as P-Stim and E-pulse [note: auricular electroacupuncture provided by a licensed provider in a clinical setting is covered under CPT 97813-97814]	No evidence of effectiveness	<a href="#">March, 2018</a>
15777	Acellular dermal matrix for soft tissue reinforcement (eg, breast, trunk)	Greater harms than other effective therapies	<a href="#">March, 2015</a>
15820-15821	Blepharoplasty, lower eyelid	No clinically important benefit	<a href="#">May, 2018</a>
19294	Intraoperative radiation therapy (IORT) concurrent with partial mastectomy	Unproven treatment	<a href="#">May 2018</a>
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure		
20696-20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame)		
20939	Bone marrow aspiration for bone grafting, spine surgery	Unproven treatment	<a href="#">November, 2017</a>
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)		
20982	Radiofrequency ablation therapy for reduction or eradication of 1 or more bone tumors	No evidence of effectiveness	2004
20983	Cryotherapy ablation therapy for reduction or eradication of 1 or more bone tumors	No evidence of effectiveness	<a href="#">November, 2014</a>
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less	Insufficient evidence of effectiveness	<a href="#">August, 2018</a>
21685	Hyoid myotomy and suspension		
22867-22870	Insertion of interlaminar/ interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>
C1821	Interspinous process distraction device (implantable)		
27080	Coccygectomy, primary		
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Harms outweigh benefits, more efficacious procedures exist	<a href="#">May, 2011</a>
28890	Extracorporeal shock wave, high energy involving the plantar fascia		
29866-29867	Arthroscopy, knee, surgical; osteochondral autograft(s)/allograft(s) (eg, mosaicplasty)		
29868	Arthroscopy, knee, surgical; meniscal transplantation		
31627	Computer assisted bronchoscopy	Insufficient evidence of effectiveness	<a href="#">December, 2009</a>
31647-31649, 31651	Bronchial valve insertion/removal/replacement	Insufficient evidence of effectiveness	<a href="#">December, 2012</a>
31660-31661	Bronchial thermoplasty	Insufficient evidence of effectiveness	<a href="#">January, 2014</a>
32998	Radiofrequency ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s)		
33140-33141	Transmyocardial laser revascularization, by thoracotomy		
33274 33275	Leadless cardiac pacemakers	Insufficient evidence of effectiveness; evidence of harm	<a href="#">November, 2018</a>
33289, 93264, C2624 C9741	CardioMEMS™ – Implantable wireless pulmonary artery pressure monitor for heart failure monitoring	Insufficient evidence of effectiveness	<a href="#">October, 2018</a> <a href="#">Coverage guidance</a>
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>

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Procedure Code	Intervention Description	Rationale	Last Review
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)		
33927-33929	Total artificial heart	Unproven treatment	<a href="#">November, 2017</a>
36455	Exchange transfusion, blood; other than newborn		
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	No evidence of effectiveness, evidence of possible harm	<a href="#">November, 2016</a>
36482-36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate)	Unproven treatment	<a href="#">November, 2017</a>
41512	Tongue base suspension	No clinically important benefit	<a href="#">January, 2014</a>
41530	Submucosal ablation of the tongue base, radiofrequency		
41821	Operculectomy, excision pericoronal tissue		
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	No evidence of effectiveness	<a href="#">December, 2012</a>
43252, 88375	Optical endomicroscopy	Insufficient evidence of effectiveness	<a href="#">December, 2012</a>
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	No evidence of effectiveness	<a href="#">January, 2014</a>
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band)	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>
43647-43648 43881-43882	Laparoscopy, surgical; implantation or replacement or revision of gastric neurostimulator electrodes, antrum		
43770, 43842-43845, 43886-43888	Gastric restrictive procedures (gastric band, other)	No evidence of effectiveness	October, 2016
45391-45392	Colonoscopy, flexible; with endoscopic ultrasound examination		
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant/implantation artificial sphincter	No evidence of effectiveness	May, 2013
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	No evidence of effectiveness for both hepatocellular carcinoma and metastatic disease	<a href="#">November, 2014</a>
50380	Renal autotransplantation, reimplantation of kidney		
50592	Radiofrequency ablation, 1 or more renal tumor(s)		
50705	Ureteral embolization or occlusion	Insufficient evidence of effectiveness	<a href="#">November, 2015</a>
52647	Laser coagulation of prostate	No evidence of effectiveness	<a href="#">March, 2015</a> <a href="#">Coverage guidance</a>
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
53855	Temporary prostatic stents	Insufficient evidence of effectiveness	<a href="#">October, 2015</a>
53860	Transurethral radiofrequency micro-remodeling of the bladder neck and urethra for stress incontinence	Insufficient evidence of effectiveness	<a href="#">December, 2010</a>
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymogram		
55873	Cryosurgical ablation of the prostate		
55874	Absorbable perirectal spacer for use during prostate cancer radiation therapy	Unproven treatment	<a href="#">November, 2017</a>
58674	Laparoscopy, surgical, ablation of uterine fibroid(s)	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Results in significantly worse outcomes than medical management	<a href="#">March 2016</a>

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Procedure Code	Intervention Description	Rationale	Last Review
61640-61642	Balloon dilation of intracranial vasospasm, percutaneous	Evidence of harm	<a href="#">March, 2016</a>
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial	No evidence of effectiveness	<a href="#">November, 2015</a>
61650-61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial	No evidence of effectiveness	<a href="#">November, 2015</a>
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means		
62287, S2348	Percutaneous laser disc decompression Ozone therapy injections Radiofrequency denervation	Insufficient evidence of effectiveness	<a href="#">January, 2018</a> <a href="#">Coverage guidance</a>
62290-62292 72285, 72295	Discography		
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>
64479-64480	Transforaminal epidural steroid injections, cervical and thoracic spine	Insufficient evidence of benefit	<a href="#">March, 2015</a> <a href="#">Coverage guidance</a>
64490-64492	Facet joint injections cervical and thoracic	Insufficient evidence of benefit	<a href="#">March, 2015</a> <a href="#">Coverage guidance</a>
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator for hypoglossal nerve stimulation for treatment of obstructive sleep apnea	Insufficient evidence of effectiveness and evidence of harm	<a href="#">May, 2018</a>
64617	Chemodenervation of muscle(s); larynx	No evidence of effectiveness	<a href="#">January, 2014</a>
64633-64634	Radiofrequency ablation of the cervical and thoracic spine	Insufficient evidence of benefit	<a href="#">March, 2015</a> <a href="#">Coverage guidance</a>
64635-64636 C9752, C9753	Radiofrequency ablation of the lumbar and sacral spine	Insufficient evidence of benefit	<a href="#">November, 2014</a> <a href="#">Coverage guidance</a>
64912-64913	Nerve repair; with nerve allograft	Unproven treatment	<a href="#">November, 2017</a>
66174-66175	Transluminal dilation of aqueous outflow canal	Insufficient evidence of effectiveness	<a href="#">December, 2010</a>
69720-69725	Decompression facial nerve		
69740-69745	Suture facial nerve		
69955	Total facial nerve decompression and/or repair		
70554-70555	Functional MRI		
74261-74262	Computed tomographic (CT) colonography		<a href="#">December 2009</a>
75571	CT coronary calcium scoring	Insufficient evidence of benefit, unclear harms of radiation exposure	<a href="#">August 2013</a> <a href="#">Coverage guidance</a>
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	Insufficient evidence of effectiveness	<a href="#">December, 2009</a>
75574	Computed tomography, heart	Insufficient evidence of benefit, unclear harms of radiation exposure	<a href="#">August, 2013</a> <a href="#">Coverage guidance</a>
76376-76377	3D rendering		
76978 76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac)	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
77061-77063	Digital breast tomosynthesis	No evidence of effectiveness	<a href="#">November, 2014</a>
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply		
77086	Vertebral fracture assessment using DXA	Insufficient evidence of effectiveness	<a href="#">October, 2015</a>
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry	Insufficient evidence of effectiveness	<a href="#">October and November 2015</a>
77768	Skin surface brachytherapy	No evidence of effectiveness	<a href="#">November, 2015</a>
78265-78266	Gastric emptying imaging study	No evidence of effectiveness	<a href="#">November, 2015</a>
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Insufficient evidence of benefit, unclear harms of radiation exposure	<a href="#">January, 2015</a> <a href="#">Coverage guidance</a>
78491-78492	Myocardial imaging, positron emission tomography (PET), perfusion	Insufficient evidence of benefit, unclear harms of radiation exposure	<a href="#">January, 2015</a> <a href="#">Coverage guidance</a>

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Procedure Code	Intervention Description	Rationale	Last Review
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration for use in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver	No evidence of effectiveness	<a href="#">March, 2018</a>
C2616	Brachytherapy source, non-stranded, yttrium-90, per source in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver.		
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres, in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver		
81225-81227, 81230-81231	Cytochrome P450 gene analysis	Insufficient evidence of effectiveness	<a href="#">December, 2011</a> <a href="#">November, 2017</a>
81232, 81246	5-fluorouracil/5-FU and capecitabine drug metabolism	Insufficient evidence of effectiveness	<a href="#">November, 2017</a>
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Insufficient evidence of effectiveness	<a href="#">November, 2017</a>
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	Insufficient evidence of effectiveness	<a href="#">January, 2014</a>
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) gene analysis, common variants	Insufficient evidence of effectiveness	<a href="#">December, 2011</a>
81301	Microsatellite instability (MSI) for colorectal cancer	Unproven intervention	August, 2015
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) gene analysis, common variant(s)	Insufficient evidence of effectiveness	<a href="#">November, 2017</a>
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) gene analysis, common variants	Insufficient evidence of effectiveness	<a href="#">December, 2011</a>
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis	Insufficient evidence of effectiveness	<a href="#">November, 2017</a>
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Insufficient evidence of effectiveness	<a href="#">November, 2017</a>
81350	UGT1A1 (UDP glucuronosyl-transferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants	Insufficient evidence of effectiveness	<a href="#">December, 2011</a>
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants	Insufficient evidence of effectiveness	<a href="#">December, 2011</a>

GUIDELINE NOTES FOR THE JANUARY 1, 2019 PRIORITIZED LIST OF HEALTH SERVICES

Procedure Code	Intervention Description	Rationale	Last Review
81417	Re-evaluation of whole exome sequencing	Insufficient evidence of effectiveness	December, 2011
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg. DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>
81425-81427	Genome sequence analysis	Insufficient evidence of effectiveness	<a href="#">November, 2014</a>
81443	Expanded carrier screening	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
81470, 81471	X-linked intellectual disability (XLID) genomic sequence panels	Insufficient evidence of effectiveness	<a href="#">November, 2014</a>
Breast Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999, S3854)	<ul style="list-style-type: none"> <li>• Mammostrat</li> <li>• Oncotype DX Breast DCIS Score</li> <li>• IHC4</li> </ul>	Unproven intervention	May 2018 <a href="#">Coverage guidance</a>
Prostate Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999)	<ul style="list-style-type: none"> <li>• Oncotype DX Genomic Prostate Score</li> <li>• Decipher RP for prostate cancer</li> </ul>	Unproven Intervention	January 2018 <a href="#">Coverage guidance</a>
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm	No evidence of effectiveness	<a href="#">November, 2015</a>
81493	Coronary artery disease, mRNA, gene expression profiling	Insufficient evidence of effectiveness	<a href="#">November, 2015</a>
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	No evidence of effectiveness	<a href="#">December, 2012</a>
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	No evidence of effectiveness	<a href="#">December, 2012</a>
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores)	Unproven intervention	<a href="#">August, 2018</a>
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	No evidence of effectiveness	<a href="#">December, 2012</a>
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Insufficient evidence of effectiveness	<a href="#">November 2018</a>  Coverage Guidance May 2018
81525	Oncotype DX for colon cancer	Insufficient evidence of effectiveness	<a href="#">November, 2015</a>
81535-81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score	No evidence of effectiveness	<a href="#">November, 2015</a>
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	No evidence of effectiveness	<a href="#">November, 2015</a>

GUIDELINE NOTES FOR THE JANUARY 1, 2019 PRIORITIZED LIST OF HEALTH SERVICES

Procedure Code	Intervention Description	Rationale	Last Review
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2[hk2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported	No evidence of effectiveness	<a href="#">November, 2015</a>
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping)	Unproven intervention	<a href="#">August, 2015</a>
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result	No evidence of effectiveness	<a href="#">November, 2015</a>
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1)	Unproven intervention	<a href="#">November, 2017</a>
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP		
82610	Cystatin		
82757	Fructose, semen		
82777	Galectin-3	No evidence of effectiveness	November, 2015
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	No evidence of effectiveness	<a href="#">November, 2014</a>
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use		
83631	Lactoferrin, fecal; quantitative		
83695	Lipoprotein (a)	No evidence of effectiveness	January, 2014
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)		
83700-87004	Lipoprotein, blood		
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	Insufficient evidence of effectiveness	<a href="#">November 2018</a>
83861	Tear osmolarity		
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)		
83987	pH; exhaled breath condensate	Insufficient evidence of effectiveness	<a href="#">December, 2009</a>
83993	Calprotectin, fecal		
84145	Procalcitonin (PCT)	Insufficient evidence of effectiveness	<a href="#">December, 2009</a>
84431	Thromboxane metabolite(s)	Insufficient evidence of effectiveness	<a href="#">December, 2009</a>
86001	Allergen specific IgG testing	No clinically important benefit	<a href="#">November, 2017</a>
86005	Allergen specific IgE qualitative, multiallergen screen	Harms outweigh benefits	<a href="#">November, 2017</a>
86152-86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood)	No evidence of effectiveness	<a href="#">December, 2012</a>
86305	Human epididymis protein 4 (HE4)	Insufficient evidence of effectiveness	<a href="#">December, 2009</a>
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry)		
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	No evidence of effectiveness	<a href="#">December, 2011</a>
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)		
88120, 88121	Urovison for bladder cancer	Insufficient evidence of effectiveness	November, 2015
88738	Hemoglobin (HGB), quantitative, transcutaneous	Insufficient evidence of effectiveness	<a href="#">December, 2009</a>
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin		
88741	Hemoglobin, quantitative, transcutaneous, per day; methhemoglobin		



GUIDELINE NOTES FOR THE JANUARY 1, 2019 PRIORITIZED LIST OF HEALTH SERVICES

Procedure Code	Intervention Description	Rationale	Last Review
90845	Psychoanalysis	No longer utilized in clinical practice	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment	No evidence of effectiveness	December, 2012
90880	Hypnotherapy	No clinically important benefit	<a href="#">August, 2015</a>
91040	Esophageal balloon distension study		
91111	Capsule endoscopy, esophagus	No evidence of effectiveness	<a href="#">December, 2012</a>
91112	Gastrointestinal transit and pressure measurement	Insufficient evidence of effectiveness	<a href="#">December, 2012</a>
91117	Colon motility (manometric) study		
91120	Rectal sensation, tone, and compliance test		
92145	Corneal hysteresis determination	No evidence of effectiveness	<a href="#">November, 2014</a>
92354-92355	Fitting of spectacle mounted low vision aid		
92559	Audiometric testing of groups		
92620-92621	Evaluation of central auditory function		
92625	Assessment of tinnitus		
92640	Diagnostic analysis with programming of auditory brainstem implant		
93050	Arterial pressure waveform analysis for assessment of central arterial pressure	Insufficient evidence of effectiveness	<a href="#">November, 2015</a>
93571-93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement		
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention		
93702	Bioimpedance spectroscopy (BIS)	No evidence of effectiveness	<a href="#">November, 2014</a>
93740	Temperature gradient studies	Insufficient evidence of effectiveness	<a href="#">October, 2015</a>
93890-93893	Transcranial Doppler study of the intracranial arteries		
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation	No evidence of effectiveness	<a href="#">November, 2014</a>
94452-94453	High altitude simulation test (HAST)		
95012	Nitric oxide expired gas determination		August 2015
95803	Actigraphy	No clinically important benefit	<a href="#">January, 2009</a>
95928-95929	Central motor evoked potential study		
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping		
96116 96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities)		<a href="#">November, 2018</a>
96931-96935	Reflectance confocal microscopy for non-melanoma skin lesions	Insufficient evidence of effectiveness	<a href="#">November, 2015</a>
96936	Reflectance confocal microscopy (RCM) for cellular and subcellular imaging of skin.	Insufficient evidence of effectiveness	<a href="#">November, 2016</a>
97014, 97032, 0278T, E0720, E0730, G0283	Transcutaneous electrical nerve stimulation (TENS); Scrambler therapy; Cranial electrical stimulation; all similar transcutaneous electrical neurostimulation therapies	No clinically important benefit (CES) or insufficient evidence of effectiveness (all other) for chronic pain; insufficient evidence of effectiveness for all other indications	<a href="#">September, 2017</a>
97022	Application of a modality; whirlpool	Evidence of harm	<a href="#">May, 2016</a>
97024	Application of a modality; diathermy (eg, microwave)	Insufficient evidence of effectiveness	<a href="#">May, 2016</a>
97028	Application of a modality; ultraviolet	Insufficient evidence of effectiveness	<a href="#">May, 2016</a>
97034	Application of a modality; contrast baths	Insufficient evidence of effectiveness	<a href="#">May, 2016</a>
97035	Application of a modality to 1 or more areas; ultrasound		
97036	Application of a modality; Hubbard tank	Evidence of harm	<a href="#">May, 2016</a>
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands		
97610	Low frequency, non-contact, non-thermal ultrasound	No clinically important benefit	<a href="#">October, 2013</a>

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GIHead,174, CRYOABLATION OF PULMONARY TUMORS]**

[GLLines, 174]

Cryoablation of pulmonary tumors is included on this line only for palliative treatment of an inoperable lung tumor with one of the following:

- A) Symptomatic proximal endobronchial obstruction, OR
- B) Presence of endobronchial lesion with associated lobar or greater parenchymal atelectasis, OR
- C) Hemoptysis from endobronchial location of the tumor.

**[GIHead,175, MEDICATION-ASSISTED TREATMENT OF OPIOID DEPENDENCE] †**

[GLLines, 175]

In patients who meet criteria for opioid use disorder, programs that offer treatment of opioid use disorder must offer patients a variety of evidence-based interventions including behavioral interventions, social support, and Medication Assisted Treatment (MAT) and are individualized to the patient's needs. Intensive programs, such as inpatient residential treatment programs, are required to inform patients about MAT and to offer access to and support for MAT (including at least one form of opioid substitution therapy) if patients elect to receive it, to be included on this line.

MAT includes pharmacotherapy with opioid substitution therapy (methadone and buprenorphine) and opioid antagonists (naltrexone).

Detoxification alone is likely ineffective for producing long-term benefit and should be followed by a formal substance use disorder individualized treatment plan.

In pregnant women with opioid dependence, comprehensive treatment (including opioid substitution therapy) is included on this line.

*†Implementation of Guideline Note 175 is being delayed by the Oregon Health Authority until October 1, 2019.*

**[GIHead,176, OPPORTUNISTIC SALPINGECTOMY]**

[GLLines, 176]

Opportunistic salpingectomy during gynecologic procedures is included on Line 6, when it does not involve an increased payment (i.e., using a form of reference-based pricing) or require a change in the setting in which the procedure would be performed (e.g. necessitate a hospital setting instead of an ambulatory surgical center.)

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

**[GIHead,177, DEEP BRAIN STIMULATION FOR PARKINSON'S DISEASE]**

[GLLines, 177]

Unilateral or bilateral deep brain stimulation (DBS) is included on this line only for treatment of intractable tremors due to Parkinson's disease (PD) when all of the following conditions are met:

- A) For thalamic ventrointermediate nucleus (VIM) DBS, patients must meet all of the following criteria:
  - 1) A diagnosis of idiopathic PD (presence of at least 2 cardinal PD features (tremor, rigidity or bradykinesia)) which is of a tremor- dominant form
  - 2) Marked disabling tremor of at least level 3 or 4 on the Fahn-Tolosa-Marin Clinical Tremor Rating Scale (or equivalent scale) in the extremity intended for treatment, causing significant limitation in daily activities despite optimal medical therapy.
  - 3) Willingness and ability to cooperate during conscious operative procedure, as well as during postsurgical evaluations, adjustments of medications and stimulator settings.
- B) For subthalamic nucleus (STN) or globus pallidus interna (GPi) DBS, patients must meet all of the following criteria:
  - 1) Diagnosis of PD based on the presence of at least 2 cardinal PD features (tremor, rigidity or bradykinesia).
  - 2) Advanced idiopathic PD as determined by the use of Hoehn and Yahr stage or Unified Parkinson's Disease Rating Scale (UPDRS) part III motor subscale.
  - 3) L-dopa responsive with clearly defined "on" periods.
  - 4) Persistent disabling Parkinson's symptoms or drug side effects (e.g., dyskinesias, motor fluctuations, or disabling "off" periods) despite optimal medical therapy.
  - 5) Willingness and ability to cooperate during conscious operative procedure, as well as during postsurgical evaluations, adjustments of medications and stimulator settings.
- C) DBS is not included on this line for PD patients with any of the following:
  - 1) Non-idiopathic Parkinson's disease or "Parkinson's Plus" syndromes.
  - 2) Cognitive impairment, dementia or depression which would be worsened by or would interfere with the patient's ability to benefit from DBS
  - 3) Current psychosis, alcohol abuse or other drug abuse.
  - 4) Structural lesions such as basal ganglionic stroke, tumor or vascular malformation as etiology of the movement disorder.
  - 5) Previous movement disorder surgery within the affected basal ganglion.
  - 6) Significant medical, surgical, neurologic or orthopedic co-morbidities contraindicating DBS surgery or stimulation.



**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

**[GIHead,178,VITAL SITE DEFINITION FOR BURN LINES]**

[GLLines,178]

A burn to a "vital site" is defined as a burn involving the face, eyes, ears, hands, feet, or perineum that may result in functional impairment.

**[GIHead,179,DIABETES PREVENTION PROGRAM]**

[GLLines,179]

Prediabetes (R73.03) and personal history of gestational diabetes (Z86.32) are included on this line only for the Diabetes Prevention Program (DPP). The only programs included are CDC-recognized lifestyle change programs for DPP.

To be eligible for referral to a CDC-recognized lifestyle change program, patients must meet the following requirements:

- A) Be at least 18 years old and
- B) Be overweight (body mass index  $\geq 25$ ;  $\geq 23$  if Asian) and
- C) Have no previous diagnosis of type 1 or type 2 diabetes and
- D) Not have end-stage renal disease and
- E) Have a blood test result in the prediabetes range within the past year:
  - 1) Hemoglobin A1C: 5.7%–6.4% or
  - 2) Fasting plasma glucose: 100–125 mg/dL or
  - 3) Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL or
  - 4) Be previously diagnosed with gestational diabetes

**[GIHead,180,MEDICALLY INDICATED CIRCUMCISION]**

[GLLines,180]

Circumcision (CPT 54150, 54160, 54161) is included on these lines only for patients with

- A) Balanitis xerotica obliterans, or
- B) Recurrent balanoposthitis (2 or more bouts, not balanitis), or
- C) Severe foreskin scarring causing physiologic complications, or
- D) Vesicoureteric reflux (grade 2 or higher) or other urologic abnormalities, or
- E) Recurrent urinary tract infections (2 or more with documented positive urine cultures).

Balanitis (ICD-10 N48.1) does not pair with circumcision.

**[GIHead,181,POSTPARTUM DEPRESSION SCREENING]**

[GLLines,181]

Postpartum depression screening using a validated instrument (e.g. Edinburgh Postpartum Severity Score, PHQ-9) is included on this line during the child's visit (CPT 96161) or during the mother's visit (CPT 96160, 96127) when there is a plan in place to address positive depression screens.

**[GIHead,182,TESTOSTERONE REPLACEMENT FOR TESTICULAR HYPOFUNCTION]**

[GLLines,182]

Testosterone replacement therapy is included on this line for testicular hypofunction or dysfunction only when all of the following inclusion criteria are met and none of the exclusion criteria apply:

Inclusion criteria:

- A) The patient is a male 18 years of age or older; AND
- B) The patient has had TWO morning (between 8 a.m. to 10 a.m.) tests (at least 1 week apart) at baseline demonstrating low testosterone levels as defined by the following criteria:
  - 1) Total serum testosterone level less than 300ng/dL (10.4nmol/L); OR
  - 2) Total serum testosterone level less than 350ng/dL (12.1nmol/L) AND free serum testosterone level less than 50pg/mL (or 0.174nmol/L); AND
- C) Patient has received ONE of the following diagnoses:
  - 1) Primary Hypogonadism (congenital or acquired): as defined as testicular failure due to such conditions as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchidectomy, Klinefelter's syndrome, chemotherapy, trauma, or toxic damage from alcohol or heavy metals; OR
  - 2) Hypogonadotropic Hypogonadism (congenital or acquired): as defined by idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma or radiation

Exclusion criteria:

- A) Patient has ANY of the following contraindications:
  - 1) Breast cancer or known or suspected prostate cancer
  - 2) Elevated hematocrit ( $>50\%$ )
  - 3) Untreated severe obstructive sleep apnea
  - 4) Severe lower urinary tract symptoms
  - 5) Uncontrolled or poorly-controlled heart failure

**FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22 (CONT'D)**

- B) Patient has experienced a major cardiovascular event (such as a myocardial infarction, stroke, acute coronary syndrome) in the past six months
- C) Patient has uncontrolled or poorly-controlled benign prostate hyperplasia or is at a higher risk of prostate cancer, such as elevation of PSA after initiating testosterone replacement therapy

This guideline does not apply to testosterone replacement therapy for HIV-associated weight loss, delayed puberty, treatment of metastatic breast cancer, or transgender health.

**[GIHead,183, DONOR BREAST MILK FOR HIGH RISK INFANTS]**

*[GLLines,183]*

Donor breast milk (HPCPS T2101) is included on these lines for infants up to 6 months of age (adjusted for gestational age) who meet all of the following criteria:

- Low birth weight (<1500g) or with severe underlying gastrointestinal disease
- Human donor milk was continued through neonatal hospital discharge for a clear medical indication
- Persistent outpatient medical need for human donor breast milk due to ongoing severe concerns with persistent diarrhea or malabsorption with improvement on breast milk compared to formula
- When maternal breast milk is not available, appropriate or sufficient to meet the infant's needs, despite lactation support for the mother.

Donor human milk may only be obtained through a milk bank with appropriate quality and infection control standards.

**[GIHead,184, ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE INSERTION]**

*[GLLines,184]*

Anterior segment aqueous drainage device (e.g. iStent®) insertion is only included on this line when done at the same time as cataract removal and when the two procedures are billed together as a bundled service.

**[GIHead,185,YTTRIUM 90 THERAPY]**

*[GLLines,185]*

Yttrium 90 therapy is only included on this line for treatment of hepatocellular carcinoma (HCC) and only when recommended by a multidisciplinary tumor board or team in the following circumstances:

- A) Downsizing tumors in patients who could become eligible for curative treatment (transplant, ablation, or resection), OR
- B) Palliative treatment of incurable patients with unresectable or inoperable tumors that are not amenable to ablation therapy and
  - 1) who have good liver function (Child-Pugh class A or B) and
  - 2) good performance status (ECOG performance status 0-2), and
  - 3) who have intermediate stage disease with tumors > 5 cm OR advanced stage HCC with unilateral (not main) portal vein tumor thrombus.

# MULTISECTOR INTERVENTIONS

*Note: The multisector interventions described below are provided as an aid in population health management and do not constitute Oregon Health Plan benefits.*

































**MULTISECTOR INTERVENTIONS  
FOR THE JANUARY 1, 2019 PRIORITIZED LIST OF HEALTH SERVICES**

**MULTISECTOR INTERVENTIONS: TOBACCO PREVENTION AND CESSATION, INCLUDING DURING PREGNANCY**

Benefit coverage for smoking cessation on Line 5 and in Guideline Note 4 TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY 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://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCPREVENTION/Documents/evidence-based\\_strategies\\_reduce\\_tob\\_use\\_guide\\_cco.pdf](https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCPREVENTION/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	
<p>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.</p> <p>Legend for Task Force Findings:  Recommended  Insufficient Evidence  Recommended Against (See reverse for detailed descriptions.)</p>	
Intervention	Task Force Finding
<b>Reducing Tobacco Use Initiation</b>	
Increasing the unit price of tobacco products	
Mass media campaigns when combined with other interventions	
Smoke-free policies	
<b>Increasing Tobacco Use Cessation</b>	
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
<b>Reducing Exposure to Environmental Tobacco Smoke</b>	
Smoke-free policies	
Community education to reduce exposure in the home	
<b>Restricting Minors' Access to Tobacco Products</b>	
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	
<b>Decreasing Tobacco Use Among Workers</b>	
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](http://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.

To reduce the use of tobacco during pregnancy and improve associated outcomes, the evidence supports the following interventions:

- Financial incentives (incentives contingent upon laboratory tests confirming tobacco abstinence are the most effective)
- Smoke-free legislation
- Tobacco excise taxes

*MULTISECTOR INTERVENTIONS  
FOR THE JANUARY 1, 2019 PRIORITIZED LIST OF HEALTH SERVICES*

**MULTISECTOR INTERVENTIONS: PREVENTION OF EARLY CHILDHOOD CARIES**

Evidence supports:

- Community water fluoridation
- Fluoride varnish, including applied in a primary care setting
- Fluoride gel
- Oral fluoride supplementation
- Community-based programs that combine oral health education with supervised toothbrushing

Limited evidence supports:

- Motivational interviewing towards caregivers

Insufficient or conflicting evidence on:

- Anticipatory guidance/oral health education alone
- Encouragement of preventive dental visits
- Risk assessment
- Xylitol products
- Chlorhexidine
- Silver diamine fluoride
- School-based behavioral interventions
- Breastfeeding interventions

**MULTISECTOR INTERVENTIONS: PREVENTION AND TREATMENT OF OBESITY**

Limited evidence supports the following interventions:

School and childcare settings

- School based interventions to reduce BMI (especially with physical activity focus)
- School nutrition policy and day care meal standards
- Family-based group education programs delivered in schools
- Obesity prevention interventions in childcare settings (nutrition education, healthy cooking classes for 2-6 year olds, physical activity and playful games)

Community level interventions

- Environmental interventions (social marketing, cafeteria signs, farmers markets, walking groups, etc)
- Introduction of light rail
- Community-based group health education and counseling interventions, workplace education interventions
- Workplace and college interventions to improve physical activity

Multiple settings:

- Interventions to reduce sedentary screen time (in some studies, also to increase physical activity and nutrition).
- Multicomponent individual mentored health promotion programs to prevent childhood obesity
- Parental support interventions for diet and physical activity (group education, mental health counseling)

Policy changes

- Sugar sweetened beverage taxes
- Elimination of tax subsidy for advertising unhealthy food to children

This Multisector Interventions statement is based on the work of the HERC Obesity Task Force and the full summary of the evidence report is available at <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.