



HEALTH POLICY & ANALYTICS DIVISION
Health Evidence Review Commission

Tina Kotek, Governor



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December 1, 2023

The Honorable Rob Wagner
Senate President
Oregon State Senate
900 Court St. NE, S-201
Salem, OR 97301

The Honorable Dan Rayfield
Speaker of the House
Oregon House of Representatives
900 Court St NE, Rm 269
Salem, OR 97301

Dear Senator Wagner and Representative Rayfield:

The Health Evidence Review Commission (the “Commission”) of the Oregon Health Authority’s Health Policy & Analytics Division respectfully reports to you, in accordance with ORS 414.690(7), interim modifications that have been made to the Prioritized List of Health Services (the “List”) appearing in the Commission’s May 2023 Report to the Governor and 82nd Oregon Legislative Assembly. Therefore, in accordance with ORS 414.690(8), the Commission is writing to report these interim modifications.

These changes represent technical changes to the List, changes to accommodate advancements in technology and changes made due to new evidence about the effectiveness or ineffectiveness of treatments. The coding changes are detailed in Attachments A and B. They include the prioritization of new CPT and HCPCS procedure codes, the addition of previously omitted diagnosis and procedure codes, changes to more appropriately pair diagnosis and treatment codes previously appearing on the List, and removal of codes from the List that are obsolete or for which coverage should appropriately be determined by broader Oregon Administrative Rules (e.g., diagnostic, ancillary, excluded and informational codes).

Attachment C contains new practice guidelines, Attachment D contains revised guidelines, Attachment E contains deleted guidelines, and Attachment F contains the change log for the 10/1/2023 Prioritized List, including errata following the October 2023 interim modifications letter.

The changes described in this letter are being forwarded to the Health Systems Division (HSD) which, in consultation with the Office of Actuarial and Financial Analytics, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of the List, HSD will determine the effective date for these changes, which will be no earlier than January 1, 2024, pending approval from the Centers for Medicare and Medicaid Services. In the event any of these technical changes are determined to impact the funding level of the List as defined by HSD’s legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

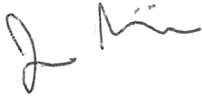
Interim Modifications to the Prioritized List of Health Services

1/1/2024

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The Health Evidence Review Commission thanks you for the opportunity to continue to serve the citizens of Oregon.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "J. Gingerich".

Jason Gingerich

Director, Health Evidence Review Commission

cc: Health Evidence Review Commission
David Baden, Interim Director and Medicaid Director, Oregon Health Authority
Ali Hassoun, Interim Director, Health Policy & Analytics Division, Oregon Health Authority

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line: 1
Condition: PREGNANCY
Treatment: MATERNITY CARE

Add: 95249 Continuous monitoring of blood sugar level in tissue fluid using sensor under skin
Add: 95250 Continuous monitoring of blood sugar level in tissue fluid using sensor under skin with provider supplied equipment
Add: 95251 Continuous monitoring of blood sugar level in tissue fluid using sensor under skin with interpretation and report

Line: 3
Condition: PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
Treatment: MEDICAL THERAPY

Add: D1301 Immunization counseling
Add: 74263 Screening CT scan of large intestine
Add: 77063 Screening 3D breast mammography
Add: 90380 Respiratory syncytial virus antibody, 0.5 mL dosage for injection into muscle
Add: 90381 Respiratory syncytial virus antibody, 1.0 mL dosage for injection into muscle
Add: 90480 Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, single dose
Add: 90623 Meningococcal conjugate vaccine serogroups A, C, W, Y, B-FHbp, pentavalent, tetanus toxoid carrier
Add: 90679 Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
Add: 90683 Respiratory syncytial virus vaccine mRNA lipid nanoparticles
Add: 91318 Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
Add: 91319 Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
Add: 91320 Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
Add: 91321 Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 25 mcg/0.25 ml dosage, for intramuscular use
Add: 91322 Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 50 mcg/0.5 ml dosage, for intramuscular use
Add: 99174 Screening of eye with special instrument with remote analysis
Add: 99177 Screening of eye with special instrument onsite analysis
Add: Z65.5 Exposure to disaster, war and other hostilities
Add: G0011 Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp)to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15-30 minutes
Add: G0012 Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle
Add: G0013 Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence

Line: 4
Condition: SUBSTANCE USE DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Add: G0137 Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

Line: 7
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE
Treatment: MEDICAL/PSYCHOTHERAPY

Add: H2040 Coordinated specialty care, team-based, for first episode psychosis, per month
Add: H2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	22
Condition:	SCHIZOPHRENIC DISORDERS
Treatment:	MEDICAL/PSYCHOTHERAPY
Add:	H2040 Coordinated specialty care, team-based, for first episode psychosis, per month
Add:	H2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter

Line:	24
Condition:	ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN
Treatment:	MEDICAL THERAPY
Delete:	82306 Vitamin D-3 level

Line:	26
Condition:	BIPOLAR DISORDERS
Treatment:	MEDICAL/PSYCHOTHERAPY
Add:	H2040 Coordinated specialty care, team-based, for first episode psychosis, per month
Add:	H2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter

Line:	27
Condition:	TYPE 2 DIABETES MELLITUS
Treatment:	MEDICAL THERAPY
Add:	95249 Continuous monitoring of blood sugar level in tissue fluid using sensor under skin
Add:	95250 Continuous monitoring of blood sugar level in tissue fluid using sensor under skin with provider supplied equipment
Add:	95251 Continuous monitoring of blood sugar level in tissue fluid using sensor under skin with interpretation and report

Line:	55
Condition:	COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	82306 Vitamin D-3 level
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line:	59
Condition:	END STAGE RENAL DISEASE
Treatment:	MEDICAL THERAPY INCLUDING DIALYSIS
Add:	82306 Vitamin D-3 level

Line:	71
Condition:	NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
Treatment:	MEDICAL AND SURGICAL TREATMENT (E.G., G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
Add:	33276 Insertion of phrenic nerve stimulator generator and stimulating lead(s)
Add:	33277 Insertion of phrenic nerve stimulator sensing lead
Add:	33278 Removal of phrenic nerve stimulator generator and lead(s)
Add:	33279 Removal of phrenic nerve stimulator stimulation or sensing lead(s)
Add:	33280 Removal of phrenic nerve stimulator pulse generator
Add:	33281 Repositioning of phrenic nerve stimulator lead(s)
Add:	33287 Removal and replacement of phrenic nerve stimulator pulse generator
Add:	33288 Removal and replacement of phrenic nerve stimulator stimulation or sensing leads
Add:	93150 Activation of implanted phrenic nerve stimulator
Add:	93151 Evaluation and programming of implanted phrenic nerve stimulator system
Add:	93152 Evaluation and programming of implanted phrenic nerve stimulator system during sleep study
Add:	93153 Evaluation of implanted phrenic nerve stimulator system
Add:	C1778 Lead, neurostimulator (implantable)
Add:	C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add:	L8680 Implantable neurostimulator electrode, each
Add:	L8682 Implantable neurostimulator radiofrequency receiver
Add:	L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line: 102
Condition: POISONING BY INGESTION, INJECTION, MEDICINAL AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
Delete: 82306 Vitamin D-3 level

Line: 117
Condition: NUTRITIONAL DEFICIENCIES
Treatment: MEDICAL THERAPY
Delete: 82306 Vitamin D-3 level

Line: 131
Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: C7561 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)

Line: 151
Condition: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM
Treatment: MEDICAL THERAPY
Delete: 82306 Vitamin D-3 level

Line: 157
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add: 96547 Intraoperative heated intraperitoneal chemotherapy, first 60 minutes
Add: 96548 Intraoperative heated intraperitoneal chemotherapy, each additional 30 minutes

Line: 160
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: C7561 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)

Line: 164
Condition: PREVENTIVE FOOT CARE IN HIGH-RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
Add: 11755 Biopsy of fingernail or toenail
Add: B35.1 Tinea unguium
Add: L60.2 Onychogryphosis
Add: L60.3 Nail dystrophy
Add: G0127 Trimming of dystrophic nails, any number

Line: 165
Condition: ANAL, RECTAL AND COLONIC POLYPS
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: 46922 Simple removal of growth of anus

Line: 173
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
Treatment: SINGLE FOCAL SURGERY
Add: 61889 Insertion of skull-mounted cranial neurostimulator pulse generator or receiver
Add: 61891 Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver
Add: 61892 Removal of skull-mounted cranial neurostimulator pulse generator or receiver

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Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	182
Condition:	FRACTURE OF PELVIS, OPEN AND CLOSED
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	27278 Fusion of pelvic joint including joint implant using imaging guidance

Line:	189
Condition:	NEOPLASMS OF ISLETS OF LANGERHANS
Treatment:	EXCISION OF TUMOR
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line:	190
Condition:	CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
Add:	11920 Tattooing of skin to correct color issue, 6.0 sq cm or less
Add:	11921 Tattooing of skin to correct color issue, 6.1-20.0 sq cm
Add:	11922 Tattooing of skin to correct color issue, each additional 20.0 sq cm

Line:	192
Condition:	AUTISM SPECTRUM DISORDERS
Treatment:	MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS
Add:	90853 Group psychotherapy

Line:	194
Condition:	ACUTE PANCREATITIS
Treatment:	MEDICAL THERAPY
Delete:	82306 Vitamin D-3 level
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line:	197
Condition:	CHRONIC HEPATITIS; VIRAL HEPATITIS
Treatment:	MEDICAL THERAPY
Add:	81517 Test for detecting 3 biomarkers associated with risk for liver disease

Line:	201
Condition:	SLEEP APNEA, NARCOLEPSY, INSOMNIA AND REM BEHAVIORAL DISORDER
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	D9954 Fabrication and delivery of oral appliance therapy (oat) morning repositioning device
Add:	D9955 Oral appliance therapy (oat) titration visit
Add:	90785 Psychiatric services complicated by communication factor
Add:	90832 Psychotherapy, 30 minutes
Add:	90833 Psychotherapy with evaluation and management visit, 30 minutes
Add:	90834 Psychotherapy, 45 minutes
Add:	90836 Psychotherapy with evaluation and management visit, 45 minutes
Add:	90837 Psychotherapy, 1 hour
Add:	90838 Psychotherapy with evaluation and management visit, 1 hour
Add:	90853 Group psychotherapy
Add:	E0486 Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
Add:	K1027 Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment

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Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	204
Condition:	SUPERFICIAL ABSCESSSES AND CELLULITIS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C7561 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)

Line:	206
Condition:	DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C7561 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)

Line:	213
Condition:	CANCER OF KIDNEY AND OTHER URINARY ORGANS
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add:	C9789 Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed

Line:	223
Condition:	DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	82306 Vitamin D-3 level

Line:	226
Condition:	INTESTINAL MALABSORPTION
Treatment:	MEDICAL THERAPY
Delete:	82306 Vitamin D-3 level

Line:	227
Condition:	FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES
Treatment:	SURGICAL TREATMENT
Delete:	30420 Reshaping of bony cartilage dividing nasal passages
Delete:	30450 Revision to reshape nasal bones and tip of nose after previous repair
Add:	S02.2XXA Fracture of nasal bones, initial encounter for closed fracture
Add:	S02.2XXD Fracture of nasal bones, subsequent encounter for fracture with routine healing
Add:	S02.2XXG Fracture of nasal bones, subsequent encounter for fracture with delayed healing
Add:	S02.2XXK Fracture of nasal bones, subsequent encounter for fracture with nonunion

Line:	234
Condition:	LIMB THREATENING VASCULAR DISEASE, INFECTIONS, AND VASCULAR COMPLICATIONS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C7561 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)

Line:	237
Condition:	CANCER OF OVARY
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add:	96547 Intraoperative heated intraperitoneal chemotherapy, first 60 minutes
Add:	96548 Intraoperative heated intraperitoneal chemotherapy, each additional 30 minutes

Line:	238
Condition:	SHORT BOWEL SYNDROME
Treatment:	INTESTINE AND INTESTINE/LIVER TRANSPLANT
Delete:	82306 Vitamin D-3 level

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Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	246
Condition:	METABOLIC BONE DISEASE
Treatment:	MEDICAL THERAPY
Delete:	82306 Vitamin D-3 level

Line:	247
Condition:	PARKINSON'S DISEASE
Treatment:	MEDICAL THERAPY
Add:	61889 Insertion of skull-mounted cranial neurostimulator pulse generator or receiver
Add:	61891 Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver
Add:	61892 Removal of skull-mounted cranial neurostimulator pulse generator or receiver

Line:	248
Condition:	CHRONIC PANCREATITIS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	82306 Vitamin D-3 level
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line:	252
Condition:	CHRONIC OSTEOMYELITIS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C7561 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)

Line:	254
Condition:	DEFORMITIES OF HEAD AND HANDICAPPING MALOCCLUSION
Treatment:	CRANIOTOMY/CRANIECTOMY; ORTHODONTIA
Delete:	D0801 3d dental surface scan - direct
Delete:	D0802 3d dental surface scan - indirect

Line:	257
Condition:	CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Delete:	82306 Vitamin D-3 level

Line:	259
Condition:	CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add:	96547 Intraoperative heated intraperitoneal chemotherapy, first 60 minutes
Add:	96548 Intraoperative heated intraperitoneal chemotherapy, each additional 30 minutes

Line:	260
Condition:	CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add:	C9795 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions

Line:	261
Condition:	CONDITIONS REQUIRING LIVER TRANSPLANT
Treatment:	LIVER TRANSPLANT
Delete:	82306 Vitamin D-3 level
Add:	97802 Therapy procedure for nutrition management, each 15 minutes
Add:	97803 Therapy procedure reassessment for nutrition management, each 15 minutes
Add:	97804 Therapy procedure for nutrition management with group, each 30 minutes
Add:	C22.0 Liver cell carcinoma
Add:	C22.2 Hepatoblastoma

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Add:	C22.4	Other sarcomas of liver
Add:	C22.7	Other specified carcinomas of liver
Add:	C22.8	Malignant neoplasm of liver, primary, unspecified as to type
Add:	D81.810	Biotinidase deficiency
Add:	D84.1	Defects in the complement system
Add:	E70.20	Disorder of tyrosine metabolism, unspecified
Add:	E70.21	Tyrosinemia
Add:	E70.29	Other disorders of tyrosine metabolism
Add:	E70.330	Chediak-Higashi syndrome
Add:	E70.331	Hermansky-Pudlak syndrome
Add:	E70.5	Disorders of tryptophan metabolism
Add:	E70.81	Aromatic L-amino acid decarboxylase deficiency
Add:	E70.89	Other disorders of aromatic amino-acid metabolism
Add:	E70.9	Disorder of aromatic amino-acid metabolism, unspecified
Add:	E71.0	Maple-syrup-urine disease
Add:	E71.110	Isovaleric acidemia
Add:	E71.111	3-methylglutaconic aciduria
Add:	E71.118	Other branched-chain organic acidurias
Add:	E71.120	Methylmalonic acidemia
Add:	E71.121	Propionic acidemia
Add:	E71.128	Other disorders of propionate metabolism
Add:	E71.19	Other disorders of branched-chain amino-acid metabolism
Add:	E71.2	Disorder of branched-chain amino-acid metabolism, unspecified
Add:	E72.10	Disorders of sulfur-bearing amino-acid metabolism, unspecified
Add:	E72.11	Homocystinuria
Add:	E72.12	Methylenetetrahydrofolate reductase deficiency
Add:	E72.19	Other disorders of sulfur-bearing amino-acid metabolism
Add:	E72.20	Disorder of urea cycle metabolism, unspecified
Add:	E72.21	Argininemia
Add:	E72.22	Arginosuccinic aciduria
Add:	E72.23	Citrullinemia
Add:	E72.29	Other disorders of urea cycle metabolism
Add:	E72.52	Trimethylaminuria
Add:	E72.53	Primary hyperoxaluria
Add:	E72.81	Disorders of gamma aminobutyric acid metabolism
Add:	E74.00	Glycogen storage disease, unspecified
Add:	E74.01	von Gierke disease
Add:	E74.02	Pompe disease
Add:	E74.03	Cori disease
Add:	E74.04	McArdle disease
Add:	E74.09	Other glycogen storage disease
Add:	E80.5	Crigler-Najjar syndrome
Add:	E83.00	Disorder of copper metabolism, unspecified
Add:	E83.01	Wilson's disease
Add:	E83.09	Other disorders of copper metabolism
Add:	E83.10	Disorder of iron metabolism, unspecified
Add:	E83.110	Hereditary hemochromatosis
Add:	E83.111	Hemochromatosis due to repeated red blood cell transfusions
Add:	E83.118	Other hemochromatosis
Add:	E83.119	Hemochromatosis, unspecified
Add:	E83.19	Other disorders of iron metabolism
Add:	K72.00	Acute and subacute hepatic failure without coma
Add:	K72.01	Acute and subacute hepatic failure with coma
Add:	K73.1	Chronic lobular hepatitis, not elsewhere classified
Add:	K73.2	Chronic active hepatitis, not elsewhere classified
Add:	K73.8	Other chronic hepatitis, not elsewhere classified
Add:	K76.2	Central hemorrhagic necrosis of liver
Add:	Q44.2	Atresia of bile ducts
Add:	Q44.3	Congenital stenosis and stricture of bile ducts
Add:	Z51.11	Encounter for antineoplastic chemotherapy

Line: 274
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Add: C7561 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	275
Condition:	OTHER PSYCHOTIC DISORDERS
Treatment:	MEDICAL/PSYCHOTHERAPY
Add:	H2040 Coordinated specialty care, team-based, for first episode psychosis, per month
Add:	H2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter

Line:	281
Condition:	CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE
Treatment:	MEDICAL THERAPY
Add:	31647 Assessment of initial lobe of lung for air leak and airway sizing with insertion of bronchial valve in lung airway using an endoscope
Add:	31648 Removal of bronchial valves of lung airways of lobe of lung using an endoscope, initial lobe
Add:	31649 Removal of bronchial valves of lung airways of lobe of lung using an endoscope, each additional lobe
Add:	31651 Assessment of air leak and airway sizing with insertion of bronchial valve in lung airway using an endoscope, each additional lobe

Line:	283
Condition:	COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	61891 Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver
Add:	61892 Removal of skull-mounted cranial neurostimulator pulse generator or receiver
Add:	64598 Revision or removal of a electrode array with an integrated neurostimulator
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line:	286
Condition:	OSTEOPETROSIS
Treatment:	BONE MARROW RESCUE AND TRANSPLANT
Delete:	82306 Vitamin D-3 level

Line:	291
Condition:	ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	82306 Vitamin D-3 level
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line:	308
Condition:	HEARING LOSS - AGE 5 OR UNDER
Treatment:	MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
Add:	92622 Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, first hour
Add:	92623 Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, each additional 15 minutes

Line:	309
Condition:	GENDER AFFIRMING TREATMENT
Treatment:	MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
Add:	11920 Tattooing of skin to correct color issue, 6.0 sq cm or less
Add:	11921 Tattooing of skin to correct color issue, 6.1-20.0 sq cm
Add:	11922 Tattooing of skin to correct color issue, each additional 20.0 sq cm
Add:	11950 Injection of filling material under skin, 1.0 cc or less
Add:	11951 Injection of filling material under skin, 1.1-5.0 cc
Add:	11952 Injection of filling material under skin, 5.1-10.0 cc
Add:	11954 Injection of filling material under skin, more than 10.0 cc
Add:	13131 Complicated repair of wound of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, or feet, 1.1-2.5 cm
Add:	13132 Complicated repair of wound of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, or feet, 2.6-7.5 cm

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Add: 13133	Complicated repair of wound of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, or feet, each additional 5.0 cm or less
Add: 15773	Graft using patient's fat removed by liposuction and inserted into face, eyelids, mouth, neck, ears, around eyes, genitals, hands, or feet, 25.0 cc or less
Add: 15774	Graft using patient's fat removed by liposuction and inserted into face, eyelids, mouth, neck, ears, around eyes, genitals, hands, or feet, each additional 25.0 cc
Add: 15775	Hair transplant, 1-15 punch grafts
Add: 15776	Hair transplant, more than 15 punch grafts
Add: 15820	Repair of lower eyelid defect
Add: 15821	Removal of excessive skin of lower eyelid and fat around eye
Add: 15822	Removal of excessive skin of upper eyelid
Add: 15823	Removal of excessive skin and fat of upper eyelid
Add: 15824	Removal of wrinkles and extra skin of forehead
Add: 15825	Removal of wrinkles and extra skin of neck
Add: 15826	Incision, stretching, and suture of skin between eyebrows
Add: 15828	Removal of wrinkles and extra skin of cheeks, chin, and neck
Add: 15829	Removal of wrinkles and extra skin with grafting of cheeks, chin, and neck
Add: 15830	Removal of extra skin and tissue of abdomen
Add: 15832	Removal of extra skin and tissue of thigh
Add: 15833	Removal of extra skin and tissue of leg
Add: 15834	Removal of extra skin and tissue of hip
Add: 15835	Removal of extra skin and tissue of buttock
Add: 15839	Removal of extra skin and tissue of other area
Add: 15876	Suction assisted removal of fat of head and neck
Add: 15877	Suction assisted removal of fat of body
Add: 15878	Suction assisted removal of fat of arm
Add: 15879	Suction assisted removal of fat of leg
Add: 19357	Reconstruction of breast using tissue expander
Add: 20912	Graft of nose cartilage
Add: 21025	Removal of lower jaw bone
Add: 21026	Removal of face bone
Add: 21120	Implantation of graft to enlarge chin bone
Add: 21121	Enlargement of chin by movement of bone
Add: 21122	Enlargement of chin by movement of multiple bones
Add: 21123	Insertion of sliding bone graft to enlarge chin bone, additional bone graft
Add: 21125	Enlargement of lower jaw with implant
Add: 21127	Insertion of bone grafts between portions of bone to enlarge lower jaw bone
Add: 21137	Repair of bony defect of forehead
Add: 21138	Repair of bony defect of forehead with insertion of prosthetic material
Add: 21139	Repair of frontal sinus through forehead
Add: 21141	Reconstruction of upper jaw and midface bones
Add: 21142	Repair of midface bones, 2 bones
Add: 21143	Repair of midface bones, 3 or more bones
Add: 21145	Reconstruction of midface bones with bone graft, single piece (LeFort I)
Add: 21146	Repair of midface bones with bone graft, 2 bones
Add: 21147	Repair of midface bones with bone graft, 3 or more bones
Add: 21172	Reconstruction of outer side of eye and lower forehead bones
Add: 21175	Repair of bony defect of lower forehead and both outer portions of eye bones
Add: 21188	Reconstruction of midface bones with bone graft
Add: 21193	Reconstruction of jaw bone
Add: 21208	Incision and repair of bony defect of cheek bone with repositioning of bony segment
Add: 21209	Incision and repair of bony defect of cheek bone including bony segment reduction
Add: 21270	Insertion of prosthetic material to enlarge cheek bone
Add: 30400	Reshaping of tip of nose
Add: 30410	Reshaping of bone, cartilage, and/or tip of nose
Add: 30420	Reshaping of bony cartilage dividing nasal passages
Add: 30430	Revision to reshape nose or small amount of tip of nose after previous repair
Add: 30435	Revision to reshape nasal bones after previous repair
Add: 30450	Revision to reshape nasal bones and tip of nose after previous repair
Add: 30465	Repair of nasal passage
Add: 30520	Reshaping of nasal cartilage
Add: 31750	Repair of windpipe cartilage through neck
Add: 40654	Repair of vertical lip wound extending to over half of lip
Add: 51102	Aspiration of bladder with insertion of bladder tube to skin
Add: 52281	Dilation of urethra using an endoscope
Add: 53010	Incision or repair of abnormal urethra
Add: 53020	Incision of external urinary opening

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Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Add: 53400	Repair of abnormal drainage tract, pouch, or stricture of urethra, first stage
Add: 53450	Repair of urethra and urinary opening
Add: 53520	Closure of abnormal drainage tract from urethra to skin in male
Add: 54348	Extensive repair of urinary outlet at underside of penis with flap, patch or graft
Add: 54352	Extensive revision of previous repair of urinary outlet at underside of penis with skin grafts and flaps
Add: 54360	Surgery to correct abnormal penis angle
Add: 54400	Insertion of non-inflatable penile implant
Add: 54401	Insertion of inflatable penile implant
Add: 54405	Insertion of multicomponent inflatable penile implant
Add: 54406	Removal of all components of inflatable penile implant
Add: 54408	Repair of multicomponent inflatable penile implant
Add: 54410	Removal and replacement of multicomponent inflatable penile implant during same surgery
Add: 54411	Removal and replacement of infected components of inflatable penile implant
Add: 54415	Removal of inflatable or noninflatable penile implant
Add: 54416	Removal and replacement of noninflatable penile implant
Add: 54417	Removal and replacement of infected noninflatable penile implant
Add: 54440	Repair of injury of penis
Add: 54530	Removal of growth of testicle through groin
Add: 55120	Removal of foreign body in scrotum
Add: 57120	Suture closure of vagina and vaginal opening
Add: 57425	Surgical repair of vaginal defect using an endoscope
Add: 58120	Dilation and scraping of uterus
Add: 58263	Removal of uterus, tubes, and/or ovaries with repair of herniated bowel through vagina, 250.0 g or less
Add: 58267	Removal of uterus with repair for incontinence, 250.0 g or less
Add: 58270	Removal of uterus with repair of herniated bowel through vagina, 250.0 g or less
Add: 58292	Removal of uterus, tubes, and/or ovaries with repair of herniated bowel through vagina, more than 250.0 g
Add: 58294	Removal of uterus with repair of herniated bowel through vagina. 250.0 g or more
Add: 58300	Insertion of IUD for pregnancy prevention
Add: 58301	Removal of IUD
Add: 58740	Removal of scar tissue of ovaries or fallopian tubes
Add: 64905	Transfer of nerve to injured nerve, stage 1 of 2
Add: 64910	Repair of nerve with graft
Add: 67900	Repair of brow paralysis
Add: 92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder
Add: 92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting
Add: 97606	Therapy procedure using a special bandage and vacuum pump, surface area more than 50.0 sq cm

Line: 312
Condition: CANCER OF LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Add: C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line: 313
Condition: CANCER OF PANCREAS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Add: C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line: 317
Condition: OBESITY IN ADULTS AND CHILDREN; OVERWEIGHT STATUS IN ADULTS WITH CARDIOVASCULAR RISK FACTORS
Treatment: BEHAVIORAL INTERVENTIONS INCLUDING INTENSIVE NUTRITIONAL AND PHYSICAL ACTIVITY COUNSELING; BARIATRIC SURGERY

Add: 43842 Banding of upper stomach to reduce size of stomach
Add: 43843 Reduction of size of upper stomach
Add: 43845 Partial removal of stomach, upper bowel, and ileum for weight loss
Add: 43886 Revision of port for saline injection into stomach banding device
Add: 43887 Removal of port for saline injection into stomach banding device
Add: 43888 Replacement of port for saline injection into stomach banding device
Add: 43999 Other procedure on stomach

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Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	324
Condition:	FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	64596 Insertion or replacement of a peripheral integrated neurostimulator initial electrode array
Add:	64597 Insertion or replacement of a peripheral integrated neurostimulator each additional electrode array

Line:	331
Condition:	ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER
Treatment:	MEDICAL THERAPY
Delete:	82306 Vitamin D-3 level

Line:	336
Condition:	CHRONIC KIDNEY DISEASE
Treatment:	MEDICAL THERAPY INCLUDING DIALYSIS
Delete:	82306 Vitamin D-3 level

Line:	340
Condition:	DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
Treatment:	BASIC RESTORATIVE (E.G., COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
Add:	D2976 Band stabilization - per tooth
Add:	D2989 Excavation of a tooth resulting in the determination of non-restorability

Line:	342
Condition:	NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS
Treatment:	MEDICAL THERAPY
Delete:	H93.25 Central auditory processing disorder

Line:	349
Condition:	URINARY SYSTEM CALCULUS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	82306 Vitamin D-3 level

Line:	357
Condition:	CHORIORETINAL INFLAMMATION
Treatment:	MEDICAL, SURGICAL, AND LASER TREATMENT
Add:	67516 Injection of drug into the space between the cornea and retina in the eye

Line:	360
Condition:	CYST AND PSEUDOCYST OF PANCREAS
Treatment:	DRAINAGE OF PANCREATIC CYST
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

Line:	374
Condition:	DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF- DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment:	MEDICAL THERAPY (SHORT-TERM REHABILITATION WITH DEFINED GOALS)
Add:	26426 Secondary repair of tendon of top of finger using tissue
Add:	26428 Secondary repair of tendon of upper side of finger with graft

Line:	395
Condition:	SEVERE SACROILIITIS
Treatment:	SURGICAL THERAPY
Add:	27278 Fusion of pelvic joint including joint implant using imaging guidance
Add:	M53.3 Sacrococcygeal disorders, not elsewhere classified

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Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	399
Condition:	CONDITIONS OF THE BACK AND SPINE
Treatment:	RISK ASSESSMENT, PHYSICAL MODALITIES, COGNITIVE BEHAVIORAL THERAPY, MEDICAL THERAPY
Add:	19318 Breast reduction
Add:	N62. Hypertrophy of breast

Line:	411
Condition:	OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment:	MEDICAL/PSYCHOTHERAPY
Add:	H2040 Coordinated specialty care, team-based, for first episode psychosis, per month
Add:	H2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter

Line:	414
Condition:	DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 4 THROUGH 6
Treatment:	REPAIR/RECONSTRUCTION, MEDICAL THERAPY
Add:	19318 Breast reduction
Add:	N62. Hypertrophy of breast

Line:	415
Condition:	MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA
Treatment:	MEDICAL AND SURGICAL THERAPY
Add:	17110 Destruction of skin growth, 1-14 growths
Add:	17111 Destruction of skin growth, 15 or more growths

Line:	421
Condition:	COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	64598 Revision or removal of a electrode array with an integrated neurostimulator

Line:	423
Condition:	SEVERE INFLAMMATORY SKIN DISEASE
Treatment:	MEDICAL THERAPY
Add:	19318 Breast reduction
Add:	L26. Exfoliative dermatitis
Add:	L30.4 Erythema intertrigo
Add:	L49.7 Exfoliation due to erythematous condition involving 70-79 percent of body surface
Add:	L49.8 Exfoliation due to erythematous condition involving 80-89 percent of body surface
Add:	L49.9 Exfoliation due to erythematous condition involving 90 or more percent of body surface
Add:	L53.8 Other specified erythematous conditions
Add:	L53.9 Erythematous condition, unspecified
Add:	L54. Erythema in diseases classified elsewhere
Add:	N62. Hypertrophy of breast
Add:	Q80.0 Ichthyosis vulgaris
Add:	Q80.1 X-linked ichthyosis
Add:	Q80.2 Lamellar ichthyosis
Add:	Q80.3 Congenital bullous ichthyosiform erythroderma
Add:	Q80.4 Harlequin fetus
Add:	Q80.8 Other congenital ichthyosis
Add:	Q80.9 Congenital ichthyosis, unspecified

Line:	432
Condition:	CANCER OF GALLBLADDER AND OTHER BILIARY
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line:	440
Condition:	MALUNION AND NONUNION OF FRACTURE
Treatment:	SURGICAL TREATMENT
Delete:	S02.2XXK Fracture of nasal bones, subsequent encounter for fracture with nonunion

Line:	442
Condition:	ADJUSTMENT DISORDERS
Treatment:	MEDICAL/PSYCHOTHERAPY
Add:	Z65.8 Other specified problems related to psychosocial circumstances
Add:	Z65.9 Problem related to unspecified psychosocial circumstances

Line:	443
Condition:	HEARING LOSS - OVER AGE OF FIVE
Treatment:	MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
Add:	92622 Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, first hour
Add:	92623 Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, each additional 15 minutes

Line:	454
Condition:	URINARY INCONTINENCE
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	64596 Insertion or replacement of a peripheral integrated neurostimulator initial electrode array
Add:	64597 Insertion or replacement of a peripheral integrated neurostimulator each additional electrode array

Line:	522
Condition:	DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS
Treatment:	MEDICAL AND SURGICAL THERAPY
Add:	64596 Insertion or replacement of a peripheral integrated neurostimulator initial electrode array
Add:	64597 Insertion or replacement of a peripheral integrated neurostimulator each additional electrode array

Line:	523
Condition:	CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS
Treatment:	SURGICAL THERAPY
Add:	27278 Fusion of pelvic joint including joint implant using imaging guidance

Line:	570
Condition:	DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT
Treatment:	EXCISION OF CYST/RHINECTOMY/PROSTHESIS
Delete:	21325 Treatment of broken nose bone
Delete:	21330 Treatment of broken nose bone with placement of stabilizing device
Delete:	21335 Treatment of broken nose bone and tissue separating nose airways
Delete:	S02.2XXA Fracture of nasal bones, initial encounter for closed fracture
Delete:	S02.2XXD Fracture of nasal bones, subsequent encounter for fracture with routine healing
Delete:	S02.2XXG Fracture of nasal bones, subsequent encounter for fracture with delayed healing

Line:	612
Condition:	DENTAL CONDITIONS (E.G., MISSING TEETH)
Treatment:	IMPLANTS (I.E., IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
Add:	D6089 Accessing and retorquing loose implant screw - per screw
Add:	D7939 Indexing for osteotomy using dynamic robotic assisted or dynamic navigation

Line:	634
Condition:	GALLSTONES WITHOUT CHOLECYSTITIS
Treatment:	MEDICAL THERAPY, CHOLECYSTECTOMY
Add:	C7560 Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2024 Prioritized List of Health Services

Line: 638
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS
Treatment: COSMETIC DENTAL SERVICES

Add: D9938 Fabrication of a custom removable clear plastic temporary aesthetic appliance
Add: D9939 Placement of a custom removable clear plastic temporary aesthetic appliance

Line: 639
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
Treatment: ELECTIVE DENTAL SERVICES

Add: D2991 Application of hydroxyapatite regeneration medicament - per tooth

Line: 647
Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Add: H93.25 Central auditory processing disorder

ATTACHMENT B

Coding Changes to Condition-Treatment Pairs Affecting Numerous Lines for the January 1, 2024 Prioritized List of Health Services

Add code C7903 (Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service) to the following lines:

4,7,22,26,62,65,96,120,121,149,172,192,200-202,210,250,275,280,288,309,378,385,388,399,404,409,411,417,430,435,442,444,447,456,460,468,487,516,524,540,545,568,604

Add code C9794 (Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)) to the following lines:

37,80,92,111,112,114,124,125,129,133,135,157,158,190,195,198,199,207,209,213,214,228,233,236,237,256,257,259,260,269,274,284,285,292,311-314,326,353,369,393,394,398,416,432,439,552,586,596

Add code G0017 (Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes) to the following lines:

4,7,22,26,62,65,96,120,121,172,192,200,202,210,250,275,280,288,309,378,385,388,399,404,409,411,417,430,435,442,444,447,456,460,468,487,516,524,540,545,568,604,624

Add code G0018 (Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)) to the following lines:

4,7,22,26,62,65,96,120,121,172,192,200,202,210,250,275,280,288,309,378,385,388,399,404,409,411,417,430,435,442,444,447,456,460,468,487,516,524,540,545,568,604,624

Add code G0019 (Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (sdoh) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: person-centered assessment, performed to better understand the individualized context of the intersection between the sdoh need(s) and the problem(s) addressed in the initiating visit. ++ conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal-setting and establishing an action plan. ++ providing tailored support to the patient as needed to accomplish the practitioner's treatment plan. practitioner, home-, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable). ++ communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the sdoh need(s). health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the sdoh need(s), and educating the patient on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the sdoh need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the sdoh need(s), and adjust daily routines to better meet diagnosis and treatment goals. leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals) to the following lines:

1-52,55-216,218-339,342-380,382-407,409-440,442-450,452,454-465,467-484,486-494,496-499,501-530,532-584,586-593,595-610,613-637,640-653

Add code G0022 (Community health integration services, each additional 30 minutes per calendar month (list separately in addition to g0019)) to the following lines:

1-52,55-216,218-339,342-380,382-407,409-440,442-450,452,454-465,467-484,486-494,496-499,501-530,532-584,586-593,595-610,613-637,640-653

Add code G0023 (Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers; and caregiver (if applicable). ++ communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the

ATTACHMENT B

Coding Changes to Condition-Treatment Pairs Affecting Numerous Lines for the January 1, 2024 Prioritized List of Health Services

patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address sdoh need(s). health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and sdoh need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them. ++ providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals) to the following lines:
1-52,55-216,218-339,342-380,382-407,409-440,442-450,452,454-465,467-484,486-494,496-499,501-530,532-584,586-593,595-610,613-637,640-653

Add code G0024 (Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to g0023)) to the following lines:
1-52,55-216,218-339,342-380,382-407,409-440,442-450,452,454-465,467-484,486-494,496-499,501-530,532-584,586-593,595-610,613-637,640-653

Add code G0140 (Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities: person-centered interview, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet sdoh needs (that are not billed separately). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address sdoh need(s). health education. helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and sdoh need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals) to the following lines:
1-53,55-216,218-339,342-380,382-407,409-440,442-450,452,454-465,467-484,486-494,496-499,501-530,532-584,586-593,595-610,613-637,640-653

Add code G0146 (Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to g0140)) to the following lines:
1-53,55-216,218-339,342-380,382-407,409-440,442-450,452,454-465,467-484,486-494,496-499,501-530,532-584,586-593,595-610,613-637,640-653

Add code S8948 (Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes) to the following lines:
37,92,94,111-115,125,133,135,157,158,161,177,189,197,198,206,208,212,213,215,227,232,235,236,254-258,261,267,272,282-284,290,308-310,323,325,390,391,394,395,413,429,545,579

Add code O552T (Low-level laser therapy) to the following lines:
37,92,94,111-115,125,133,135,157,158,161,177,189,197,198,206,208,212,213,215,227,232,235,236,254-258,261,267,272,282-284,290,308-310,323,325,390,391,394,395,413,429,545,579

Add code 93584 (Review by radiologist of vein imaging for congenital heart defect of superior vena cava) to the following lines:
45,67,70,76,84,85,88,89,104,105,110,118,128,130,134,138,175,187,231,262,645

Add code 93585 (Review by radiologist of vein imaging for congenital heart defect of the azygos/hemiazygos venous system) to the following lines:

ATTACHMENT B

Coding Changes to Condition-Treatment Pairs Affecting Numerous Lines for the January 1, 2024 Prioritized List of Health Services

45,67,70,76,84,85,88,89,104,105,110,118,128,130,134,138,175,187,231,262,645

Add code 93586 (Review by radiologist of vein imaging for congenital heart defect of coronary sinus) to the following lines:
45,67,70,76,84,85,88,89,104,105,110,118,128,130,134,138,175,187,231,262,645

Add code 93587 (Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals above the heart) to the following lines:
45,67,70,76,84,85,88,89,104,105,110,118,128,130,134,138,175,187,231,262,645

Add code 93588 (Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals below the heart) to the following lines:
45,67,70,76,84,85,88,89,104,105,110,118,128,130,134,138,175,187,231,262,645

Add code 97550 (Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes) to the following lines:
31,46,57,68,71,73,80,90,91,127,131,132,136,150,153,160,177,182,183,195,199,200,206,252,254,270,283,290,299,306,309,314,
324,338,342,343,345,352,353,356,358,373,374,398,399,405,413,414,419,421,429,440,454,461,464,465,474,481,502,523,549,552,
565,583,601

Add code 97551 (Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, each additional 15 minutes) to the following lines:
31,46,57,68,71,73,80,90,91,127,131,132,136,150,153,160,177,182,183,195,199,200,206,252,254,270,283,290,299,306,309,314,
324,338,342,343,345,352,353,356,358,373,374,398,399,405,413,414,419,421,429,440,454,461,464,465,474,481,502,523,549,552,
565,583,601

Add code 97552 (Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community) to the following lines:
31,46,57,68,71,73,80,90,91,127,131,132,136,150,153,160,177,182,183,195,199,200,206,252,254,270,283,290,299,306,309,314,
324,338,342,343,345,352,353,356,358,373,374,398,399,405,413,414,419,421,429,440,454,461,464,465,474,481,502,523,549,552,
565,583,601

ATTACHMENT C

NEW PRACTICE GUIDELINES

DIAGNOSTIC GUIDELINE D10, DIAGNOSTIC CT COLONOGRAPHY

Diagnostic CT colonography (CPT 74261-74262) is covered for evaluation of symptomatic individuals who

- A) Are unable to undergo colonoscopy due to known structural problems (for example, colonic obstruction, stricture, or compression or tortuous or redundant colon); OR
- B) Who were unable to complete a diagnostic colonoscopy due to colon structural problems. CT colonography may be covered on the same day for those who were unable to complete the diagnostic colonoscopy.

DIAGNOSTIC GUIDELINE D13, NEXT GENERATION SEQUENCING OF MALIGNANCIES

Next Generation Sequencing (NGS, for example CPT 81479, 81455, 0037U) is covered when all of the following requirements are met:

- A) The patient has
 - 1) A tissue diagnosis confirming cancer and has been evaluated by an oncologist or oncologic surgeon; AND
 - 2) Has not been previously tested using the same NGS test for the same primary diagnosis of cancer, unless the criteria in D) below are met; AND
 - 3) Decided to seek further cancer treatment (for example, therapeutic chemotherapy) and has adequate performance status (ECOG 0-2) to undergo such treatment; AND
- B) The diagnostic laboratory test using NGS must have:
 - 1) Clinical Laboratory Improvement Amendments (CLIA)-certification; AND
 - 2) The test is being used as a companion diagnostic test in accordance with Food & Drug Administration (FDA)-approved therapeutic labeling; AND
 - 3) Results provided to the treating physician for management of the patient using a report template to specify treatment options; AND
- C) A single CPT or HCPCS code is covered for each multigene panel performed on tumor tissue. Additional codes for individual genes and for molecular pathology procedures CPT 81400-81408 are excluded from coverage when the multigene panel is covered under the appropriate CPT or HCPCS code.
- D) Repeat NGS testing may be required in the setting of patients who have clinically progressed per standardized professional guidelines after therapy. Coverage in this situation is limited to 3 times per primary malignancy unless there is indication for additional testing after individualized review of medical necessity.

DIAGNOSTIC GUIDELINE D14, COMPUTER ASSISTED NAVIGATIONAL BRONCHOSCOPY

Computer-assisted navigational bronchoscopy (CPT 31627) is covered for EITHER

- A) Patients for whom nonsurgical biopsy is indicated when both transthoracic needle biopsy and conventional bronchoscopy are considered inadequate to accomplish the diagnostic or interventional objective; OR
- B) The pre-treatment placement of fiducial markers within lung tumor(s)

GUIDELINE NOTE 93, ENDOBRONCHIAL VALVES

Line 281

Endobronchial valves (CPT 31647-31649 and 31651) are only included on this line when ALL of the following criteria are met:

- A) The patient has severe heterogenous or homogenous emphysema
 - 1) Severe emphysema is demonstrated by pulmonary function testing showing
 - a) Forced expiratory volume in one second (FEV 1) less than or equal to 45% predicted and, if age 70 or older, FEV 1 less than or equal to 15% predicted value
 - b) Total lung capacity (TLC) less than or equal to 100% predicted post-bronchodilator
 - c) Residual volume (RV) less than or equal to 150% predicted post-bronchodilator
- B) The patient has significant hyperinflation in regions of the lung that have too little to no collateral ventilation
- C) The patient is receiving optimized medical care
- D) The patient is stable with less than or equal to 20 mg prednisone (or equivalent) dose a day
- E) The patient has participated in pulmonary rehabilitation and has a post-rehabilitation 6-minute walk of 140 meters or farther
- F) The patient is a non-smoker as determined by the performing provider

GUIDELINE NOTE 159, CARDIAC RESYNCHRONIZATION THERAPY

Lines 97,98,110,279,283

Cardiac resynchronization therapy (CRT) is only covered for patients with NYHA Class II-III and ambulatory IV heart failure with an ejection fraction less than or equal to 35% as well as one of the following:

- A) Left bundle branch block (LBBB) and a QRS complex over 120 msec; OR
- B) QRS complex greater than or equal to 150ms

CRT-pacemaker is covered when CRT is covered.

ATTACHMENT C

NEW PRACTICE GUIDELINES

GUIDELINE NOTE 194, PHRENIC NERVE STIMULATION

Line 71

Phrenic nerve stimulation is included on this line when all of the following criteria are met:

- A) The patient has severe, chronic respiratory failure requiring mechanical ventilation due to EITHER
 - 1) A stable high spinal cord injury defined as C3 or above; OR
 - 2) Central hypoventilation disorder; AND
- B) The patient has intact and sufficient function in the phrenic nerve, lungs, and diaphragm; AND
- C) Stimulation of the diaphragm either directly or through the phrenic nerve results in sufficient muscle activity to accommodate independent breathing without the support of a ventilator for at least 4 continuous hours per day.
- D) no increase in abscesses and draining fistulas.

GUIDELINE NOTE 199, SUPRACHOROIDAL INJECTION

Line 357

Suprachoroidal space injection (CPT 67516) is only included on this line for treatment of macular edema associated with uveitis with triamcinolone acetonide.

GUIDELINE NOTE 231, LOW LEVEL LASER THERAPY

Lines 92, 111, 112, 114, 115, 124, 125, 129, 133, 135, 157, 163, 190, 198, 199, 207, 209, 213, 214, 216, 228, 233, 236, 237, 239, 256, 257, 259-261, 269, 274, 283-285, 292, 311-313, 326, 339, 369, 393, 394, 398, 416, 432, 439, 458, 552, 565, 586

Low level laser therapy (HCPCS S8948) is included on these lines only for prevention of oral mucositis for members undergoing cancer treatment associated with increased risk of oral mucositis, including chemotherapy, radiotherapy, and/or hematopoietic stem cell transplantation.

GUIDELINE NOTE 232, HIGH RISK FOOT CARE

Lines 164, 483

Foot care by a medical professional, including paring and cutting of corns and calluses, debridement of nails, avulsion of nail plates, trimming of dystrophic nails, and biopsy of nails is included on Line 164 only when:

- A) The patient is at high risk for complications from nail and foot problems due to a systemic condition that has resulted in severe circulatory insufficiency and/or areas of desensitization in the lower extremities; OR
- B) The patient resides in a skilled nursing facility, rehabilitation facility, group home or similar institutional setting.

Evaluation for and treatment of tinea unguium (ICD-10-CM B35.1) including biopsy of nails, nail paring, and treatment with topical or oral antifungal medications is included on Line 164 only when:

- A) The patient is in one of the two high risk groups identified above; AND
- B) There is clinical evidence of mycosis of the toenail; AND
- C) The patient has documented marked limitation of ambulation, pain, and/or secondary bacterial infection resulting from the thickening and dystrophy of the infected toenail plate.

Otherwise, evaluation and treatment of tinea unguium is included on Line 483.

GUIDELINE NOTE 233, INSOMNIA

Line 201

Insomnia is included on this line for pairing with cognitive behavioral therapy (CBT). Short term (up to 1 month per year) treatment with sedative-hypnotic medications is included on this line only if the patient is currently in CBT or has failed to respond to recent CBT (in the past year).

Long-term (more than 1 month) treatment with sedative-hypnotic medications is not included on this line.

ATTACHMENT D

REVISED PRACTICE GUIDELINES

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

- A) Genetic tests are covered as diagnostic, unless they are listed below in section E1 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.
- 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, 81229 and 81349, Cytogenomic constitutional microarray analysis: 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 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.
 - 3) Additional testing that might be appropriate based on physical exam findings include Rett syndrome testing (CPT 81302-81304) and PTEN testing (CPT 81321-81323). Whole exome sequencing (81415-81416) may be considered when all of the testing above is non-diagnostic and after a genetic counseling/geneticist consultation.
 - 3)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 preconception testing/carrier screening:
- 1) The following tests are covered for a pregnant patient or patient contemplating pregnancy as well as the male reproductive partner:
 - a) Screening for genetic carrier status with the minimum testing recommended by the American College of Obstetrics and Gynecology:
 - i) Screening for cystic fibrosis carrier status (CPT 81220-81224)
 - ii) Screening for fragile X status (CPT 81243, 81244, 81171, 81172)
 - iii) Screening for spinal muscular atrophy (CPT 81329)
 - iv) Screening 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.
 - v) Screening for hemoglobinopathies (CPT 83020, 83021)
 - b) Expanded carrier screening (CPT 81443): A genetic counseling/geneticist consultation must be offered prior to ordering test and after test results are reported. Expanded carrier testing is ONLY covered when all of the following are met:
 - i) the panel includes only genes with a carrier frequency of ≥greater than or equal to 1 in 200 or greater per ACMG Guideline (2021)1, AND
 - ii) the included genes have well-defined phenotype, AND
 - iii) the included genes result in conditions have a detrimental effect on quality of life OR cause cognitive or physical impairment OR require surgical or medical intervention, AND
 - iv) the included genes result in conditions have an onset early in life, AND
 - v) the included genes result in conditions that must be diagnosable prenatally to inform antenatal interventions and/or changes in delivery management and/or education of parents about special needs after birth.
- F) 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 ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS.
 - 2) The following tests are covered only if they meet the criteria in section A above AND the specified situations:

ATTACHMENT D

REVISED PRACTICE GUIDELINES

- a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., 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, ~~81221, 81222, 81223, 81224~~; 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~~ Genetics² is covered.
- c) CPT 81224, CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; introm 8 poly-T analysis (e.g., male infertility): Covered only after genetic counseling.
- d) CPT 81225-81227, 81230-81231, 81418, 0380U (cytochrome P450). Covered only for determining eligibility for medication therapy if required or recommended in the FDA labelling for that medication. These tests have unproven clinical utility for decisions regarding medications when not required in the FDA labeling (e.g., psychiatric, anticoagulant, opioids).
- e) CPT 81240, F2 (prothrombin, coagulation factor II) (e.g., 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) (e.g., 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) (e.g., hemolytic anemia, jaundice), gene analysis; common variant(s) (e.g., 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) (e.g., 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) (e.g., 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) (e.g., 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.
- k) CPT 81332, SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (e.g., *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 anpha-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 81415-81416, exome testing: A genetic counseling/geneticist consultation is required prior to ordering test
- m) CPT 81430-81431, Hearing loss (e.g., 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.
- n) CPT 81440, 81460, 81465, mitochondrial genome testing: A genetic counseling/geneticist or metabolic consultation is required prior to ordering test.
- o) CPT 81425-81427, whole genome sequencing: testing is only covered when
 - i) The testing is for a critically ill infant up to one year of age admitted to an inpatient intensive care unit (NICU/PICU) with a complex illness of unknown etiology; AND
 - ii) Whole genome sequencing is recommended by a medical geneticist or other physician sub-specialist, including but not limited to a neonatologist or pediatrician with expertise in the conditions and/or genetic disorder for which testing is being considered.

*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>.

ATTACHMENT D

REVISED PRACTICE GUIDELINES

¹ [Screening for autosomal recessive and X-linked conditions during pregnancy and preconception: a practice resource of the American College of Medical Genetics and Genomics \(ACMG\) 2021, found at https://www.gimjournal.org/article/S1098-3600\(21\)05120-0/fulltext](https://www.gimjournal.org/article/S1098-3600(21)05120-0/fulltext)

² [American College of Medical Genetics Statement: updated recommendations for CFTR carrier screening 2023, found at https://www.gimjournal.org/action/showPdf?pii=S1098-3600%2823%2900880-8](https://www.gimjournal.org/action/showPdf?pii=S1098-3600%2823%2900880-8)

DIAGNOSTIC GUIDELINE D22, PET SCANS

Diagnosis:

PET Scans are covered for diagnosis only when:

- A) The PET scan is for evaluation of either:
 - 1) Solitary pulmonary nodules, small cell lung cancer and non-small cell lung cancer, OR
 - 2) Evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor, AND
- B) The PET scan will
 - 1) Avoid an invasive diagnostic procedure, OR
 - 2) Assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

Initial staging:

PET scans are covered for the initial staging when:

- A) The staging is for one of the following cancers/situations:
 - 1) Cervical cancer only when initial MRI or CT is negative for extra-pelvic metastasis
 - 2) Head and neck cancer when initial MRI or CT is equivocal
 - 3) Colon cancer
 - 4) Esophageal cancer
 - 5) Solitary pulmonary nodule
 - 6) Non-small cell lung cancer
 - 7) Lymphoma
 - 8) Melanoma
 - 9) Breast cancer ONLY when metastatic disease is suspected AND standard imaging results are equivocal or suspicious
 - 10) Small cell lung cancer
 - 11) Neuroendocrine tumors
 - 12) Multiple myeloma
 - 13) Thyroid cancers; ~~AND~~
 - 14) [PSMA PET for unfavorable intermediate, high-risk, or very-high-risk prostate cancer, AND](#)
- B) Clinical management of the patient will differ depending on the stage of the cancer identified and either:
 - 1) the stage of the cancer remains in doubt after standard diagnostic work up, OR
 - 2) PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient.

Monitoring:

For monitoring tumor response during active therapy for purposes of treatment planning, PET is covered for

- A) classic Hodgkin's lymphoma treatment
- B) metastatic breast cancer ONLY when a change in therapy is contemplated AND PET scan was the imaging modality initially used to find the neoplasm being monitored.

Restaging:

Restaging is covered only when:

- A) the cancer has staging covered above, AND
- B) initial therapy has been completed, AND
- C) the PET scan is conducted for
 - 1) detecting residual disease, or
 - 2) detecting suspected recurrence, or
 - 3) determining the extent of a known recurrence.

Other indications:

PET scans are covered for preoperative evaluation of the brain in patients who have intractable seizures and are candidates for focal surgery. PET scans are covered for patients being considered for treatment with aducanumab or similar FDA approved medications for treatment of Alzheimer's disease.

Non-covered conditions/situations:

- A) PET scans are NOT covered to monitor tumor response during the planned course of therapy for any cancer other than classic Hodgkin's lymphoma or the limited indication described above for metastatic breast cancer.
- B) PET scans are NOT covered for routine follow up of cancer treatment or routine surveillance in asymptomatic patients.

ATTACHMENT D

REVISED PRACTICE GUIDELINES

- C) PET scans are NOT covered for cardiac evaluation.

DIAGNOSTIC GUIDELINE 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, ~~(for example, CPT 81162-81167, 81201-81203, 81212, 81215-81217, 81288, 81292-81300, 81317-81319, 81321-81323, 81435, 81436),~~ 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 V1.2022 (6/8/22) 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, Ovarian and Pancreatic V1, V2.2024 (9/27/2023) (9/7/22) www.nccn.org).~~
~~Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for women with a personal history, including the table "Summary of breast, ovarian, Genes and/or other associated cancers and for men with breast or other associated cancers should be provided according to the Syndromes Included/Mentioned in Other NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic Colorectal V1.2023 (9/7/22) www.nccn.org), 5/30/23) www.nccn.org.~~
- C) ~~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: Ovarian and Pancreatic V1.2023 (9/7/22) or Genetic/Familial High-Risk Assessment: Colorectal V1.2022 (6/8/22) 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~~ [health care professional](#) 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.~~

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

Line 190

Bilateral prophylactic breast removal and/or salpingo-oophorectomy are included on Line 190 for women without a personal history of invasive breast cancer who meet the criteria in the NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic ~~V1.2023~~ [V2.2024](#) (9/7/22/27/23) www.nccn.org). Prior to surgery, women without a personal history of breast cancer must have a genetics consultation as defined in section B of the DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE.

Contralateral prophylactic mastectomy is included on Line 190 for women with a personal history of breast cancer.

Hysterectomy is only included on Line 190 for women with a BRCA1 pathogenic/likely pathogenic variant who undergo the procedure at the time of risk reducing salpingo-oophorectomy.

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GUIDELINE NOTE 21, SEVERE INFLAMMATORY SKIN DISEASE

Lines 423,477,497,526,535,548,648

Inflammatory skin conditions included in this guideline are:

- A) Psoriasis
- B) Atopic dermatitis
- C) Lichen planus
- D) Darier disease
- E) Pityriasis rubra pilaris
- F) Discoid lupus
- G) Vitiligo
- H) Prurigo nodularis
- I) [Ichthyosis](#)
- J) [Erythema intertrigo](#)

The conditions above are included on Line 423 if severe, defined as having functional impairment as indicated by Dermatology Life Quality Index (DLQI) ≥ 11 or Children's Dermatology Life Quality Index (CDLQI) ≥ 13 (or severe score on other validated tool) AND one or more of the following:

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

Otherwise, these conditions above are included on Lines 477, 497, 526, 535, 548 and 648.

For severe psoriasis, treatments included on this line are topical agents, phototherapy, targeted immune modulator medications and other systemic medications.

For severe atopic dermatitis/eczema, treatments included on this line are topical moderate- to high- potency corticosteroids, topical calcineurin inhibitors (for example, tacrolimus), narrowband UVB, and oral immunomodulatory therapy (e.g. cyclosporine, methotrexate, or oral corticosteroids). Targeted immune modulators (for example, dupilumab) are included on this line when:

- A) Prescribed in consultation with a dermatologist or allergist or immunologist, AND
- B) The patient has failed (defined as inadequate efficacy, intolerable side effects, or side effects that pose a health risk) a 4 week trial of a combination of topical moderate to high potency topical steroids and a topical non-steroidal agent OR an oral immunomodulator.

JAK inhibitor (for example, upadacitinib or abrocitinib) therapy is included on this line when other immunomodulatory therapy has failed to adequately control disease (defined as inadequate efficacy, intolerable side effects, or side effects that pose a health risk).

ICD-10-CM Q82.8 (Other specified congenital malformations of skin) is included on Line 423 only for Darier disease.

[ICD-10-CM L26 \(Exfoliative dermatitis\)](#), [L49.7-L49.9 \(Exfoliation due to erythematous condition involving 70% to >90% of body surface\)](#), [L53.8 \(Other specified erythematous conditions\)](#), [L53.9 \(Erythematous condition, unspecified\)](#), and [L54 \(Erythema in diseases classified elsewhere\)](#) are included on Line 423 only when representing erythroderma or when the exfoliation extends over 75% of body surface area. Otherwise, these diagnoses are included on Line 497.

GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY

Lines 341,653

~~Frenulectomy~~[Labial frenulectomy](#)/frenulotomy (D7961) is included on this line for [patients under age 21](#) in 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.

Otherwise, D7961 is included on Line 653.

Parent/caregiver involvement and training is encouraged.

GUIDELINE NOTE 76, DIAGNOSTIC TESTING FOR LIVER FIBROSIS TO GUIDE MANAGEMENT IN CHRONIC LIVER DISEASE

Line 197

The following tests are included on this line because of their ability to effectively distinguish F4 from lower levels of fibrosis:

Non-proprietary blood tests:

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Platelet count
Hyaluronic acid
Age-platelet index
AST-platelet ratio
FIB-4
FibroIndex
Forns index
GUCI
Lok index

Proprietary blood test:

Enhanced Liver Fibrosis (ELF™) for patients with indeterminate or high FIB-4 score when liver elastography is not available

Imaging tests:

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

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

Real time tissue elastography

Proprietary blood tests such as:

- ~~Enhanced Liver Fibrosis (ELF™)~~
- Fibrometer™
- FibroTest®
- Hepascore®
- FIBROSpect® II

Noninvasive tests for liver fibrosis are only indicated for the initial assessment or when monitoring progression from F3 to F4, no more than annually.

Magnetic resonance elastography is included on this line for patients when ALL of the following apply:

In whom at least one imaging test (FibroScan, ARFI, and SWE) has resulted in indeterminate results, a second one is similarly indeterminate, contraindicated or unavailable

The patient is suspected to have aggressive disease/advanced fibrosis (e.g. in NAFLD based on older age, diabetes, obesity, high FIB-4, or APRI)

Cirrhosis is not identified on routine imaging (ultrasound, CT)

A liver biopsy would otherwise be indicated, but MRE would be an appropriate alternative.

Repeat MR Elastography is not indicated.

GUIDELINE NOTE 95, IMPLANTABLE CARDIAC DEFIBRILLATORS

Lines 97,98,110,279,283

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) ≤ 0.30 or less. Patients must not have:
 - 1) New York Heart Association (NYHC) 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) $\leq 35\%$ or less. 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.

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- 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) $\leq 35\%$, % or less, 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: significant contraindications
 - 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.~~

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~~ guideline 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;~~ ICDs are only included on these lines as a bridge to transplant to prolong survival until a donor becomes available.

GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION

Lines 47, 150, 199, 252, 343, 358, 398, 474, 523, 552

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking and abstinent from all nicotine products for 6 ~~months~~ weeks prior to the planned procedure, as shown by negative cotinine ~~levels at least 6 months apart, with the second~~ urine or serum 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.

GUIDELINE NOTE 102, ~~REPETITIVE~~ TRANSCRANIAL MAGNETIC STIMULATION

Line 7

~~Repetitive transcranial~~ Transcranial magnetic stimulation (CPT 90867-90869) is included on this line only when ALL of the following criteria are met:

- A) The patient has a confirmed diagnosis of severe major depressive disorder based on standardized rating scales, AND
- B) The patient has treatment resistant depression as evidenced by ~~BOTH of the following:~~ ongoing symptoms despite treatment with at least 2 psychopharmacologic regimens administered at both an adequate dose and adequate duration that are consistent with the FDA label and with a duration that would elicit a favorable response unless not tolerated or contraindicated; AND
 1. ~~Ongoing symptoms despite treatment with at least 2 psychopharmacologic regimens each used for 8 weeks unless not tolerated or contraindicated; AND~~
 2. ~~Failure of a trial of psychotherapy conducted for a minimum duration of 6 weeks at least 1 time a week with no improvement in depressive symptoms as documented by standardized rating scales; AND~~

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- C) The patient does not have psychosis, acute suicidal risk, catatonia, significantly impaired essential function, or other condition for which electroconvulsive therapy (ECT) would be clinically superior to TMS; AND
- D) The patient has no contraindications to ~~rTMS~~ TMS such as implanted devices in or around the head, increased risk of seizure, etc.; AND
- E) The therapy is administered by an FDA approved device in accordance to labeled indications; AND
- F) The patient is 18 years of age or older.

~~Repetitive transcranial~~ Transcranial magnetic stimulation is covered for a maximum of 30 sessions (once a day, up to 5 times per week for 6 weeks) for initial treatment, followed by up to 6 taper treatments. Repeat treatment may be covered if the patient responded to the initial treatment (defined as at least 50 percent reduction in depression score on standardized rating scale) and at least 3 months have elapsed since the initial treatment.

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>

GUIDELINE NOTE 106, PREVENTIVE SERVICES

Lines 3,615

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, ~~2022~~ 2023.
 - 1) <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations/>
 - a) Treatment of falls prevention with exercise interventions is included on Line ~~292~~ 290.
 - 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://brighfutures.aap.org>. Periodicity schedule available at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
 - a) Bright Futures is the periodicity schedule for screening for EPSDT for the Oregon Health Plan.
 - 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 (revised ~~January~~ December 2022). Available at <https://www.hrsa.gov/womens-guidelines> as of ~~July 28,~~ 2022, October 30, 2023.
- 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> <https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/immunizationproviderresources/pages/payor.aspx>
 - 1) COVID-19 vaccines are intended to be included on this line even if the specific administration code(s) do not yet appear on the line when the vaccine has both 1) FDA approval or FDA emergency use authorization (EUA) and 2) ACIP recommendation.
 - 2) Other ACIP recommended vaccines not on the routine vaccine schedule are included on Line 3 when administered according to recommendations specified in the Morbidity and Mortality Weekly Review (MMWR) as required by federal law: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html> (retrieved 8/8/2023).

Colorectal cancer screening is included on Line 3 for average-risk adults aged 45 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

Screening CT colonography (CPT 74263,-) is only covered for patients who are unable to complete a screening colonoscopy due to colon structural problems (for example, colonic obstruction, stricture, or compression or tortuous or redundant colon).

FIT-DNA (CPT 81528) and mSEPT9 (HCPCS G0327) are included on Line 495 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS.

Colorectal cancer screening for average-risk adults aged 76 to 85 is covered after informed decision making between patients and clinicians which includes consideration of the patient’s overall health, prior screening history, and preferences.

Supervised evidence-based exercise programs for fall prevention for persons aged 65 or older OR younger patients who are at increased risk of falls are included on Line 3 using CPT 98961 or 98962 or HCPCS S9451. HCPCS S9451 is only included on Line

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3 for the provision of supervised exercise therapy for fall prevention. Programs should be culturally tailored/culturally appropriate when feasible.

Note: CPT 96110 (Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument) can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes.

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>

GUIDELINE NOTE 108, CONTINUOUS GLUCOSE MONITORING

Lines 1,8,27,60

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

CPT 95250 and 95251 (Ambulatory continuous glucose monitoring) are included on ~~this line~~ [these lines](#) for services related to real-time continuous glucose monitoring but not retrospective (professional) continuous glucose monitoring.

~~Continuous~~ [Therapeutic continuous](#) glucose monitors are ~~not~~ included on ~~these lines~~ [Lines 1 and 27](#) for ~~people~~ [individuals](#) with type 2 diabetes or gestational diabetes; ~~who use short-~~ or ~~for people with~~ [intermediate-acting](#) insulin ~~resistance~~ [injections when ALL of the following criteria are met:](#)

- A) ~~Have received~~ or ~~metabolic syndrome~~ [will receive diabetes education specific to the use of CGM, AND](#)

~~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.~~

- ~~B) Have used the device for at least 50% of the time for a 90-day period by their first follow-up visit (within 3-6 months), AND~~
- ~~C) Have one of the following at the time of CGM therapy initiation:~~
 - ~~1) Baseline HbA1c levels greater than or equal to 8.0%, OR~~
 - ~~2) Frequent or severe hypoglycemia, OR~~
 - ~~3) Impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM), OR~~
 - ~~4) Diabetes-related complications (for instance, peripheral neuropathy, end-organ damage)~~

~~Every 6 months following the initial prescription for CGM, the prescriber must conduct an in-person or telehealth visit with the member to document adherence to their CGM regimen to ensure that CGM is used for diabetes treatment planning.~~

~~Two trials per year of CGM are allowed to meet adherence for continuation of coverage.~~

~~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-Blog.aspx?View={DE654D2C-76D6-4607-B754-C7862C05B54F}&SelectedID=5~~

GUIDELINE NOTE 112, LUNG VOLUME REDUCTION SURGERY

Line 281

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 281 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/m² ~~or less~~ (men) or \leq 32.3 kg/m² ~~or less~~ (women)
- B) Stable with \leq 20 mg ~~or less~~ prednisone (or equivalent) dose a day
- C) Pulmonary function testing showing
 - 1) Forced expiratory volume in one second (FEV 1) \leq 45% ~~or less~~ predicted and, if age 70 or older, FEV 1 \geq ~~at least~~ 15% predicted value

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- 2) Total lung capacity (TLC) ≥at least 100% predicted post-bronchodilator
- 3) Residual volume (RV) ≥at least 150% predicted post-bronchodilator
- D) PCO₂, ≤less than or equal to 60 mm Hg (PCO₂, ≤less than or equal to 55 mm Hg if 1-mile above sea level)
- E) PO₂, ≥at least 45 mm Hg on room air (-PO₂, ≥at least 30 mm Hg if 1-mile above sea level)
- F) Post-rehabilitation 6-min walk of ≥at least 140 m
- G) ~~Non-smoking and abstinence from all nicotine products for 6 months prior to surgery, as shown~~ initial surgical evaluation and throughout the pre-surgical process.
 - 1) This must be demonstrated by a negative serum or urine cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date level (if not using nicotine replacement products), or an arterial carboxyhemoglobin less than or equal to 2.5% if using nicotine replacement) prior to surgical authorization.

The procedure must be performed at an approved facility (1) certified by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) under the LVRS Disease Specific Care Certification Program or (2) approved as Medicare lung or heart-lung transplantation hospitals. The patient must have approval for surgery by pulmonary physician, thoracic surgeon, and anesthesiologist post-rehabilitation. The patient must have approval for surgery by cardiologist if any of the following are present: unstable angina; left-ventricular ejection fraction (LVEF) cannot be estimated from the echocardiogram; LVEF <45%; dobutamine-radiionuclide cardiac scan indicates coronary artery disease or ventricular dysfunction; arrhythmia (>5 premature ventricular contractions per minute; cardiac rhythm other than sinus; premature ventricular contractions on EKG at rest).

GUIDELINE NOTE 118, SEPTOPLASTY

Lines 42, 119, 201, 244, 285, 309, 463, 499, 518, 570

Septoplasty is included on Line 309 for gender affirming treatment.

Septoplasty is included on Lines 42, 119, 201, 244, 285, 463, 499, 518 and 570 when

- A) The septoplasty is done to address symptomatic septal deviation or deformity which
 - 1) Fails to respond to a minimum 6 week trial of conservative management (e.g. nasal corticosteroids, decongestants, antibiotics); AND
 - 2) Results in one or more of the following:
 - a. Persistent or recurrent epistaxis, OR
 - b. Documented recurrent sinusitis felt to be due to a deviated septum and the patient meets criteria for sinus surgery in Guideline Note 35, SINUS SURGERY; OR
 - c. Nasal obstruction with documented absence of other causes of obstruction likely to be responsible for the symptoms (for example, nasal polyps, tumor, etc.) [note: this indication is included only on Line 570; OR
 - B) Septoplasty is performed in association with cleft lip or cleft palate repair or repair of other congenital craniofacial anomalies;
- OR
- C) Septoplasty is performed as part of a surgery for a neoplasm or facial trauma involving the nose.

Septoplasty is not covered for treatment of obstructive sleep apnea and is not included on Line 201 SLEEP APNEA, NARCOLEPSY, INSOMNIA AND REM BEHAVIORAL DISORDER.

GUIDELINE NOTE 127, GENDER ~~DYSPHORIA~~AFFIRMING TREATMENT

Line 309

~~Hormone treatment with GnRH analogues for delaying the onset of puberty and/or continued pubertal development is Gender affirming treatments are 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 according 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 the provisions of House Bill 2002 (2023), when provided in accordance with Version 7 of according to Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, published by the World Professional Association for Transgender Health (WPATH) Standards of Care (www.wpath.org).~~

~~Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria. To qualify for surgery,), whether or not the code for the service appears on the patient must:~~

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- A) ~~_____ have persistent, well-documented line. These services are included for 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 affirming treatment~~
- E) ~~_____ have or for 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 condition represented on this line as part of pre-surgical preparation for chest or genital surgical. To simplify administration, the line includes a variety of 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 that may be considered medically necessary and prescribed in accordance with the WPATH 8.0 standards of care.

Mammoplasty (CPT 15771, 15772, 19316, 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.

Gender affirming treatments billed using CPT or HCPCS codes not on this line must also be covered in accordance with the provisions of the bill.

In addition, the bill prohibits denial or limitation of services determined to be medically necessary by the provider who prescribed the treatment, prohibits denying or limiting services considered by plans to be 'cosmetic' and requires that any denial or limit be reviewed and upheld by a provider with experience prescribing or delivering gender affirming treatment.

GUIDELINE NOTE 166, BREAST REDUCTION SURGERY FOR SYMPTOMATIC MACROMASTIA

Lines 399, 414, 423, 554

Breast reduction surgery ~~for~~ is included on Lines 399, 414 and 423 only when ALL of the following conditions are met:

- A) The patient is aged 15 or older; AND
- B) The patient has a diagnosis of macromastia ~~is not covered as a~~ (size D or higher); AND
- C) At least one of the following criteria (1 or 2) have been met:
 - 1) Back, neck or shoulder pain
 - a) Must be documented to have adverse effects on activities of daily living
 - b) Must be unresponsive to conservative treatments for three months within a year prior. Conservative treatment must include at least three months of:
 - i) a documented trial of analgesics. AND
 - ii) physical therapy or chiropractic/osteopathic manipulation treatment or acupuncture. AND
 - iii) use of support wear ~~for neck or back pain resulting from~~ the breast; OR _____
 - 2) Persistent severe intertrigo in the inframammary fold unresponsive to documented prescribed medication for at least three months within a year prior; AND
- A)D) The treating surgeon must document that breast reduction has a high likelihood of improving the symptoms that limit activities of daily living caused by the macromastia ~~due to lack of high quality evidence of effectiveness.~~; AND
- E) The expected bilateral reduction volume must be greater than 300 grams (1 cup size) per breast; AND
- F) Women aged 40 and older are required to have a negative screening mammogram within two years of the planned reduction mammoplasty; AND

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G) Member should be a non-smoker or should not have smoked within the 6 weeks prior to surgery as documented by the surgeon.

Additional criteria for patients aged 15-17 years:

A) The patient must have completed puberty (Tanner stage V)

B) The patient must have a one year history of growth stabilization evidenced by a minimum of four visits with documented heights or puberty completion as shown on wrist radiograph read by a radiologist.

Otherwise, breast reduction surgery is included on Line 554.

GUIDELINE NOTE 172, INTERVENTIONS WITH MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS FOR CERTAIN CONDITIONS

Line 495

The following interventions are prioritized on Line 495 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS:

99174, 99177	Photoscreening	More costly than equally effective methods of screening	May 2019
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GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 654

The following Interventions are prioritized on Line 654 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
0173U, 0175U, 0345U, 0392U, 0411U, 0419U	Pharmacogenetics testing for management of psychiatric medications	Insufficient evidence of effectiveness	November 2023
0275T G0276	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar Blinded procedure for lumbar stenosis, PILD, or placebo control, performed in an approved coverage with evidence development (CED) clinical trial	Insufficient evidence of effectiveness	October 2021 September 2023
0390U, 0243U	Maternal serum biomarker tests with or without additional algorithmic analysis for prediction of preeclampsia	Insufficient evidence of effectiveness	November 2023
A0475, E0446	Topical oxygen therapy	Insufficient evidence of effectiveness	September 2023
0404T A9268, A9269	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency ingestible vibrating devices for the treatment of constipation	Insufficient evidence of effectiveness	August 2021 September 2023
A9292	Prescription digital visual therapy for amblyopia	Insufficient evidence of effectiveness	September 2023
C9788	Optoacoustic breast imaging	Insufficient evidence of effectiveness	September 2023
C9790	Histotripsy for malignant renal tissue	Insufficient evidence of effectiveness	September 2023
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Insufficient evidence of effectiveness	September 2023
E0490, E0491, K1028, K1029	Daytime intraoral neuromuscular electrical tongue stimulation for snoring and obstructive sleep apnea	Insufficient evidence of effectiveness	September 2023
S8930	Electrical stimulation of auricular acupuncture points by proprietary electrical stimulation devices, such as P-Stim and E-pulse [note: auricular electroacupuncture	No evidence of effectiveness	March, 2018

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Procedure Code	Intervention Description	Rationale	Last Review
0720T	provided by a licensed provider in a clinical setting is covered under CPT 97813-97814] Percutaneous electrical nerve field stimulator (PENFS), percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) for irritable bowel syndrome (for example, IB-Stim)		September 2023 for IBS indications
S8948	Low level laser therapy and all similar therapies	Insufficient evidence of effectiveness	August 2020
22836-22838	Anterior thoracic vertebral body tethering	Insufficient evidence of effectiveness	November 2023
31627- C7509- C751431242, 31243	Computer-assisted bronchoscopy Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation or cryoablation, posterior nasal nerve	Insufficient evidence of effectiveness	January, 2024 November 2023
31647-31649, 31651	Bronchial valve insertion/removal/replacement	Insufficient evidence of effectiveness	December, 2012
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis	Insufficient evidence of effectiveness	November 2023
58580	Transcervical ablation of uterine fibroid(s)	Insufficient evidence of effectiveness	November 2023
74261-74262	Computed tomographic (CT) colonography		December, 2009
76376-76377 93319, C7557, C9793	3D rendering of imaging studies	No additional proven benefit beyond the standard study, therefore not reimbursed separately	November 2021
81470, 81471	X-linked intellectual disability (XLID) genomic sequence panels	Insufficient evidence of effectiveness	November, 2014 November 2023
92620-92621	Evaluation of central auditory function	Insufficient evidence of effectiveness	January, 2005 November 2023
97037	Application of a modality to 1 or more areas; low-level laser therapy (i.e., nonthermal and non-ablative) for post-operative pain reduction	Insufficient evidence of effectiveness	November 2023

GUIDELINE NOTE 216, RHINOPLASTY

Lines 42, 119, 227, 285, 309, 463, 499, 518, 570

[Rhinoplasty is included on Line 309 for gender affirming treatment.](#)

Rhinoplasty is included on Lines 42 and [525119](#) when

A) ~~it~~ is performed to correct a nasal deformity secondary to congenital cleft lip and/or palate or other severe congenital [craniofacial anomaly](#).

~~craniofacial anomaly; OR~~

- B) ~~Rhinoplasty is included on Lines 227, 285, 499, 518 and 570 when it~~ is performed as part of reconstruction after accidental or surgical trauma or disease (e.g., for example, Wegener's granulomatosis, ~~choanal atresia~~, nasal malignancy, abscess, septal infection with saddle deformity, ~~or congenital deformity~~) AND
- 1) There is prolonged, persistent obstructed nasal breathing unresponsive to a six week trial of conservative management (e.g. nasal corticosteroids, decongestants, antibiotics); AND
 - 2) Airway obstruction will not respond to septoplasty and turbinectomy alone; AND
 - 3) Photographs demonstrate an external nasal deformity; AND
 - 4) There is significant obstruction of one or both nares, documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality; ~~OR.~~
- ~~C) There~~ [C\) Rhinoplasty is included on Line 463 when there](#) is nasal airway obstruction causing chronic rhinosinusitis when all of the following are met:
- 1) The criteria for sinus surgery are met in Guideline Note 35, SINUS SURGERY; AND
 - 2) Airway obstruction will not respond to septoplasty and turbinectomy alone; AND
 - 3) Photographs demonstrate an external nasal deformity; AND

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- 4) There is significant obstruction of one or both nares), documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality

GUIDELINE NOTE 228, PANDAS, PANS AND AUTOIMMUNE ENCEPHALITIS

Line 313

[Lines 8,27,310,522](#)

ICD-10-CM G04.82 (Other encephalitis and encephalomyelitis) is only included on this line for autoimmune encephalitis and related non-PANDAS/PANS conditions and is not included in this guideline. Autoimmune encephalitis must meet established diagnostic criteria (for example, the International Encephalitis Consortium 2013 diagnostic criteria).

Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) is included on this line when coded with ICD-10-CM D89.89 (Other specified disorders involving the immune mechanism, not elsewhere classified). Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) is included on this line when coded with ICD-10-CM D89.9 (Disorder involving the immune mechanism, unspecified).

Up to 3 monthly immunomodulatory courses of intravenous immunoglobulin (IVIG) therapy is included on this line to treat PANDAS and PANS when both of the following are met:

- A) A clinically appropriate trial of two or more less-intensive treatments (for example, appropriate limited course of nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, selective serotonin reuptake inhibitors (SSRIs), behavioral therapy, short-course antibiotic therapy) was either not effective, not tolerated, or did not result in sustained improvement in symptoms (as measured by a lack of clinically meaningful improvement on a validated instrument directed at the patient's primary symptom complex). These trials may be done concurrently, AND
- B) A consultation with and recommendation from a pediatric subspecialist (for example, pediatric neurologist, pediatric psychiatrist, [pediatric mental health nurse practitioner](#), neurodevelopmental pediatrician, pediatric rheumatologist, pediatric allergist/immunologist, as well as the recommendation of the patient's primary care provider (for example, family physician, pediatrician, pediatric [or family nurse practitioner](#), [naturopathfamily or pediatric physician assistant](#), [naturopathic physician](#)). The subspecialist consultation may be a teleconsultation. For adolescents, an adult subspecialist consult may replace a pediatric subspecialist consult.

A reevaluation at 3 months by both the primary care provider and pediatric expert is required for continued therapy of IVIG. This evaluation must include clinical testing with a validated instrument, which must be performed pretreatment and posttreatment to demonstrate clinically meaningful improvement.

Long term antibiotic therapy is not included on this line for treatment of PANDAS/PANS.

Therapeutic plasma exchange (CPT 36514) does not pair with PANDAS or PANS (ICD-10-CM D89.89 or D89.9).

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>

ATTACHMENT E
DELETED GUIDELINES

~~GUIDELINE NOTE 93, IMPLANTABLE GnRH ANALOG THERAPY~~

~~Line 187~~

~~Use of drug delivery implant therapy for GnRH analogue therapy (such as histrelin) (CPT 11981-11983) is covered only when injectable depot medications (such as Lupron) are contraindicated or after such medications have been tried and complications preclude further use.~~

~~GUIDELINE NOTE 159, SMOKING AND SURGICAL TREATMENT OF ERECTILE DYSFUNCTION~~

~~Line 523~~

~~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.~~

ATTACHMENT F

CHANGE LOG FOR THE OCTOBER 1, 2023 PRIORITIZED LIST

- 1) On November 13, 2023, the guideline note placement files (.txt and .doc) were republished correcting errors related to formatting of mathematical symbols (\leq and \geq symbols were replaced with spelled-out descriptions to ensure they display appropriately in other data systems). The guideline notes that were affected include:
 - a. DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE
 - b. DIAGNOSTIC GUIDELINE D6, BREAST MRI
 - c. DIAGNOSTIC GUIDELINE D18, ADVANCED IMAGING FOR STAGING OF PROSTATE CANCER
 - d. GUIDELINE NOTE 8 BARIATRIC SURGERY
 - e. GUIDELINE NOTE 21, SEVERE INFLAMMATORY SKIN DISEASE
 - f. GUIDELINE NOTE 27, TREATMENT OF SLEEP APNEA
 - g. GUIDELINE NOTE 42, SOLID ORGAN TRANSPLANTS
 - h. GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR
 - i. GUIDELINE NOTE 95, IMPLANTABLE CARDIAC DEFIBRILLATORS
 - j. GUIDELINE NOTE 112, LUNG VOLUME REDUCTION SURGERY
 - k. GUIDELINE NOTE 125, CAROTID ARTERY STENTING
 - l. GUIDELINE NOTE 145, TREATMENTS FOR BENIGN PROSTATE ENLARGEMENT WITH LOWER URINARY TRACT SYMPTOMS
 - m. GUIDELINE NOTE 153, PLANNED OUT-OF-HOSPITAL BIRTH
 - n. GUIDELINE NOTE 186, TRANSORAL INCISIONLESS FUNDOPLICATION FOR TREATMENT OF GERD
 - o. MULTISECTOR INTERVENTION STATEMENT 5: MULTICOMPONENT INTERVENTIONS TO IMPROVE SCREENING OUTCOMES OR ATTENDANCE FOR BREAST, CERVICAL, OR COLORECTAL CANCER

- 2) On October 17, 2023, the list was republished correcting errors related to the headers at the top of pages indicating a guideline note is continued (CONT'D) from the previous page.